

*Agency, Structure and Subjectivity:
Towards a New Metaphorical Model of the Mind*

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Abstract

The current thesis is based on the research of the psychoanalytical concepts of agency, subject and structure while it correlates the same notions with the clinical observations of patients with personality disorder in crisis [patient group]. It also proposes an answer to the problem of agency and structure, incorporating structuration theory and recursivity. This is done by the construction and outline of a new framework, which is designated as the scaffolding model.

The analysis of the analytical observations demonstrated that patients present in the clinical arena with dual narratives that include two accounts, which have been identified as *the problem and the solution formed scenarios*. This twofold situation is guided by a *dyadic functioning process*, which is a functional pattern that not only regulates language but it also maintains an integrated function in the brain and in the mind of the subject. It constitutes a new structure, which associates the brain-mind and language [+senses], forming a “self-organization system”. Agency, here, is the power or vacuum that allows symbolic action.

This research offers a new tool in the treatment of members of the patient group or in the treatment of subjects who present ambivalently or in conflict. This new approach designated as dual narratives facilitate a different perspective than the ones already established, such as cognitive analytical therapy, which give answers to the same clinical situations. Dual narratives work at two levels. This is done by preventing risks and by looking into the causes of the ambivalence of the subject, using Lacanian concepts, such as the notion of the signifier, and exploring the subjective position.

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Introduction

This thesis is the result of application of psychoanalytical ideas to my clinical experience. My role as an active listener has allowed me to observe that during my work as a mental health practitioner, there were certain discursive patterns that repeated while working with patients with a diagnosis of personality disorder who were in crisis. This has been a long-term exercise, in which my thought process has been articulated with the presentation of clinical cases. My work presents an interaction between clinical material and conceptual considerations and it also exhibits a positive and eclectic theoretical framework. This perspective could be employed in order to find solutions to the therapeutic demands of patients in ambivalent or conflictual situations.

I have always thought that the successive schemas of the mind in Freud's works had to be re-evaluated from a Lacanian perspective. Freud talked about the psychological apparatus as a gradual correlation of successive systems and Lacan mentioned a "symbolic matrix" (Lacan, 2006 [1966], p. 76) as a container of signifiers, which are articulated and separated by an absence [gap]. The Freudian ideas of a psychological apparatus and its successive schemas have long been criticized because his models proposed a mechanical notion of the mind (Schafer, 1976). Yet, it included a subliminal idea of the subject, which is an indicator that Freud's approach emphasized the subjectivity of the patient.

To this, we should add that a subject is not only embedded in language, which facilitates the formation of representations, but is the one who is also produced by narratives, which pre-determined his/her existence, adjudicating him/her a name, an identity and a certain place in life in order to develop his/her subjectivity. Lacan's

works showed an emphasis on subjectivity that enables us to understand that language is a pivotal concept in the construction of a subject who is positioned in a certain place in relation to imaginary others.

These two authors have inspired me for many years, despite the fact that I have worked, at times, with other approaches. The use of other perspectives has also been a positive influence on my theoretical ideas as they have informed me of different schools of thought. For example, the use of cognitive psychology has enabled me to understand the importance of positive thinking against negative ideation in order for the patient to work towards wellbeing. The interaction of approaches has also allowed me to integrate diverse viewpoints and to produce this dissertation today. My work also emphasizes that in the therapeutic arena there are certain elements which have to be rediscovered, revisited and re-conceptualized, creating new approaches in order for the practitioner to find new tools to work with the patients. In this thesis, these concepts are the idea of agency, subject and structure, which will be reviewed and extended, conceptually, as a result of the clinical observations.

While searching the notion of agency, I have found that this concept has created contradictions within the psychoanalytical literature due to the fact that it has been used inconsistently. This is because Freud used the terms agency and system interchangeably in regards to the components of the psychical apparatus while in fact agency or will-power relates to the activities [conscious or unconscious] of the subject. My readings of Freud's works support the idea of a duality of agency [conscious-unconscious] as a sequential process, rather than the existence of two or more different agencies or systems in the psyche. This is a linear and sequential form, which also includes a multiphasic interaction of connective narratives.

The idea of agency is seen today as a dual phenomenon [conscious and unconscious]. Here, the patient narrates the impossibility of performing a particular action, which is due to certain unknown motives, and also the likelihood of acting freely in different circumstances, which relates to his/her conscious state of mind. This thesis exposes that agency is presented in a dual narratives system when a client with personality disorder in crisis demands for treatment because his/her unconscious agency is overtaking the subject's entire life, giving him/her feelings of uneasiness. The problem, in the patient group, is that the positive and conscious solution to their problems is obstructed by negative and unconscious motives, creating instability to the subjective structure. This produces acting outs, negative thinking, low mood and depression, and also suicidal ideation.

All of this has brought me to explore the concept of subject, which has been critically analyzed in Freud's works because his ideas were based on the notion of an anthropomorphized model (Schafer, 1976). Once again, the subject in Freud's works is a subliminal concept embedded within machinery in where there is a conversion of quantitative charges into qualitative ones, creating a thought process and allowing displacement of energies within representations.

In comparison, the notion of a subject is explicit in Lacan's works when he introduced the idea of language and with it the phrase "a signifier is what represents the subject to another signifier" (Lacan, 2006 [1966], p. 694). Here, the concept of a divided subject between the conscious and the unconscious or between two signifiers is equivalent to the idea of a presence that is associated with an absence. This is the same as saying that there is a lost element [absence] in the linguistic chain, which allows substitutions and the inscriptions of new representations [presence].

This thesis analyses the concept of a divided subject and concludes that the subject is an *ambivalent subject*. This is reinforced by the clinical observations of the patient group in which the subjective position of the patient associates with an imaginary ambivalent or doubtful situation that triggers feelings of uneasiness in the patient. It is here that the imaginary ambivalent situation unfolds the subjective position of the patient as a dual opposite place, such as the ‘master/slave’ or the ‘winner/loser’. This allows me to talk about a process in which dual elements [or dual narratives] have been interlocked within the subjective structure, articulating the dual subjective places.

The result is a subject that discursively repeats in treatment, by the use of a *dyadic functioning process* –an archaic or primary functioning system within the structure of the brain, mind and language [+senses]–, a dual positional system or a *knot in the representational system* that is interconnected with the patient’s subjective place in life. The unconscious unfolds the unknown subjective position, which triggers a contradiction between the conscious and the unconscious agency, making the patient feel unease about certain of his/her actions or the impossibility to perform them. The therapist, by the use of the therapeutic approach presented in this thesis, which has been designated as dual narratives, will unveil the unconscious dual elements of the subjective position of the patient in order for the subject to re-think and re-view his/her subjective place.

However, the importance of subjectivity in other areas, such as anthropology, is based on the transition from nature to culture, which includes the notion of language. The discourse of the Other [place of language] has facilitated the function of an organized society, an order (Lévi-Strauss, 1963 [1958]), and a solution to a chaos, in which nature occupied the place of an absence of order. It is for this reason

that ontogenesis repeats phylogenesis, because it is the order of things that is reenacted in each individual during his/her development.

All of this connects with the concept of structure. In Freud's works, the idea of structure is presented as the whole system of the mental apparatus. Yet, it was previously mentioned that Freud talked about systems while Lacan introduced a subjective structure, which was articulated by the use of the signifier. Therefore, the concept of structure in psychoanalysis changed from a simple system [mind] to a complex subjective structure determined by language and narratives. It is modified again within the Lacanian theory when he introduced the lack of an element in the linguistic chain. Here, Lacan moves from a structuralist to a post-structuralist point of view due to the fact that the structure changes from being a whole system to an incomplete one.

This brings me to mention the idea of a structuration process stated by Giddens (1984), which embraced a recursivity process between agency and structure. The lack of an element within the structure allows for the interaction of components within the linguistic chain. It is here that there is a dynamic aspect of the subjective functional structure that is included in this research by the use of a *dyadic functioning process*.

There is an exchange between a lack of an element within the structure and the assimilation of new representations that allows subjective activity. Agency facilitates the dynamic aspect of the structure by incorporating and engraving dual elements within language and mind, governed by the functional brain. As a consequence, the psychical activity of the patient within the therapeutic setting is observed, at times, as ambivalent or dual due to the interaction of the dyadic components. This is because the agency reproduces the dual activity of the components within language and

narratives. Here, agency presents as conscious and unconscious. Patients express feelings of uneasiness, which are triggered by the contradiction between the conscious and the unconscious agency.

Nevertheless, the idea of agency and structure brings me to mention the debate that has caused continuous divisions of thoughts within the social sciences. The dilemma is between the existence of a structure that has primacy over action [agency] and the idea of an actor, who produces changes within the structure. Here, the Functionalist and Structuralist approaches present a battle against Hermeneutics. This is because, for the functionalists and structuralists, there is an emphasis on objectivism within the naturalistic approach. There is also a “pre-eminence of the social whole over its individual parts (i.e., its constituent actors, human subjects)” (ibid, p. 1). And for hermeneutics, the concept of subjectivity is at the center of any developmental fact, which includes culture. Here, subjective experience is the nucleus of activity [agency], in which the natural world without the human actor is something inexplicable.

The two extremes of this controversy separate theories instead of unifying them. My research will attempt to amalgamate the ideas of the current theoretical debate between agency and structure. This will be done by the creation of a metaphorical model of the mind [scaffolding model] that includes recursivity as a dynamic property, which prioritizes the integration of concepts. My understanding is that, at times, integration of elements provides solutions to conflicting hypothetical approaches. I also believe that the view of an interactive and inclusive perspective between agency and structure will provide a better understanding of psychological processes.

This current research was based on Giddens' (1984) previous work on agency and structure from a sociological perspective. This has been reinforced by Moran (1993) who proposed a theoretical solution for agency and subject in psychoanalysis. In this, she put forward that "agency, subject and language are, rather, proposed as interdependent concepts within the framework of a dual structure" (ibid, p. 152).

As a solution, Moran analyzed the concept of recursivity from Giddens's sociological approach and she proposed the use of the notion of recursivity between the ideas of agency and structure in psychoanalysis, which also presents an answer to the problem of dualism. This is because recursivity integrate both concepts: agency and structure in a dyadic and dynamic way. The obstacle was that dualism has been previously understood as an epiphenomenon, in which the psychical world was seen as a consequence of the physical world. Here, there were two divided components (i.e., brain and mind), one acting on the other. Materialism was commanding immaterialism. Yet, dualism today has to be comprehended as a recursive interactional and functional process within a structure, in which the brain, mind and language [+senses] are articulated. I want to clarify here that the idea of [+senses] includes the perceptions of the subject and the function of the gaze. Recursivity is activated by a *dyadic functioning process*.

As a result, things become more complicated due to the fact that the interaction between the activities of an agency within the structure is facilitated by a dual functional system, which is part of the structure. Therefore, there is a prevalence of a double process in which agency is the power or the engine, acting between the components of the system, facilitating recursive and integration between dual elements. This structure also contains sub-layers or subsystems. These subsystems are characterized by the incorporating of the same repetitive pattern of a twofold activity

in each single one of them. Once again, this prototype of functioning is the *dyadic functioning process*.

In order to re-elaborate these concepts I have started from the clinical setting in which the narratives of the subject were found to be split. My observations have shown me that patients with personality disorder in crisis expose in a therapeutic situation a *dyadic functioning process*. This is a phenomenon, a discursive pattern, which is manifested when a patient from the patient group has used dual narratives. For example, the subject describes an event, which is split in two sections, or he/she presents different chronicles, which could be considered as a problem and a solution form. One of them has been termed by me as the *problem formed scenario* and the other one as the *solution formed scenario*.

I would like to emphasize that agency [action] is understood from my perspective as having these two phases. The first one is a presentation, in which the patient experiences and communicates feelings of uneasiness. He/she is narrating a particular situation in the *problem formed scenario*, in which his/her agency is incapacitated. The client does not know [unconscious] why his/her activity is impossible or an obstacle to his/her desire. The second one is considered as solving a problem, which has to be mediated by the interventions of the analyst during treatment along the *solution formed scenario*.

I believe that there is a gap or link between these two moments of the activity [will and counter-will] of the subject, which is also part of an interactive phenomenon of communication between the subject and the therapist and within the mind of the subject. This is the same as saying that the psyche is split, forming two groups of thoughts interconnected by an absence. It is in this way that the *dyadic functioning process* includes a vacuum [absence] that allows for subjective activity [agency]. One

can also think that the gap facilitates agency or it is action [will-power] in its own right.

These observations emphasize the analysis of dual narratives in the clinical arena, which have facilitated the basis for me to start thinking about a new metaphorical model of the mind. Also, the work I have undertaken with patients with psychosis has contributed to my ideas because I have observed the positive effects of medication within the brain and the symbolic system during the recovery process. Today, I understand that the maintenance of the normal functions of the brain are very important in the development and stability of a patient's subjective reality, in which language makes possible the articulation of an individual's shared meaning that is comprehended by imaginary others.

All of these factors have influenced me to construct a figurative representation of the psyche that includes a functional system, which repeats its dual functions within the subsystems of the structure. This brings me to imagine a *self-organization system*, which interacts by the use of this *dyadic functioning process*. In order to do this, the point of departure was to observe the investigated concepts in psychoanalysis and correlate them with my clinical observations.

To illustrate the investigated concepts in this thesis, I depicted clinical cases from my own psychotherapeutic practice. To investigate this, in chapter one, I included a series of clinical observation of patients with personality disorder while in crisis. The clinical observations presented in this thesis were accompanied by clinical interventions while I was working as a mental health practitioner in a crisis resolution team in the public sector in London. My role was based on the treatment of patients in crisis situations. Treatment in these cases was needed in order for the patients to avoid risks to themselves or others, to support clients until the crisis resolved, to prevent

‘actings out’ –by helping the client to gain an insight into his/hers ways of communicating –, and to contain the client, giving him/her a space to articulate his/her problems. This was done by empowering patients, promoting independence and responsibility, using boundaries and creating rapport.

All these cases were reconstructed from my notes, which were taken from my work as a therapist. There is only one case, which remained under the diagnosis of personality disorder, but it was taken from outside the public sector in London. This was a case study from my practice in Buenos Aires as a psychologist within the private sector. My role, there, was to work with patients who demanded therapy because they were experiencing uneasiness, depression, anxiety, and phobias or grieving processes. I was one of the two psychologists, working in a private hospital in a multidisciplinary team, which offered psychological treatment to patients who were financially covered by a private medical health insurance plan.

All of these clinical observations are very vivid in my memory and I have reconstructed them omitting any personal details and obliterating certain details in order to keep confidentiality. Names and personal information have been changed for obvious reasons. And none of these cases have been sensationalized. These observations present, at times, very extreme but they are very good examples of patients’ presentations in our current western society.

The patient group is composed of clients with personality disorder. The American Psychiatric Association DSM IV–TR defines personality disorder as “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (2000, p. 685). This definition includes a classification that is composed

by eleven categories, which are: paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, obsessive and not otherwise specified (ibid).

For practical purposes, this thesis recognizes all of the above-mentioned categories, which are included under the definition of personality disorder without the need for differentiating every single one of them. Therefore, I will talk about personality disorders in general while I refer to any of these categories despite the patient's specific diagnosis, differentiated features within categories, or symptomatology. This is mainly because: "It is important to recognize that there is no 'perfect' example of any of the personality disorders. Some individuals will only demonstrate a few of the diagnostic criteria while others may vividly demonstrate a host of characteristics" (Dobbert, 2007, p. 132).

In this research project, the only category that I will single out for special attention is the category of borderline personality disorder, which, at times, includes as a main diagnostic feature the presence of pseudo auditory verbal hallucinations [pseudo-voices]. "Auditory verbal hallucinations (AVH) in patients with borderline personality disorder (BPD) are frequently claimed to be brief, less severe and qualitatively different from those in schizophrenia, hence the term 'pseudohallucinations' [pseudo-voices in this particular case]" (Slotema et al., 2012, p. 1).

It is here that the category of borderline personality disorder will be particularly specified due to the presence of this special factor [pseudo-voices]. This is because I envisaged the presence of pseudo-voices as part of the structure of language of the patient group. Patients' narratives are, at times, focused on this particular characteristic; they inform us that 'the voices' are talking down on them, making

them feel uneasy and portraying negative thoughts.

It is for this reason that I am demarcating this particular category within the personality disorder definition in order to give a set of hypotheses to complete the work of this thesis without producing any variations to the general definition of personality disorders, which includes all of the eleven categories.

In my opinion patients with personality disorder show a particular subjective structure in which language portrays a special phenomenon: a dual narrative system integrated by one positive and one negative pattern. This is due to the fact that the patient group unfolds pathological or extreme ways of viewing the world. As a consequence, the negative narrative is the one that is present within the discourse of the client while the positive narrative appears blocked or repressed.

Here, the negative narrative includes certain characteristics that are described as an impossibility to express their thoughts and emotions, which has as a consequence the presence of acting outs, the demands for attention, the extreme and ambivalent position in relation to their beliefs [‘the all or nothing’] and the negative views about themselves and others. Here, the American Psychiatric Association DSM IV–TR established that “a Personality Disorder is an enduring pattern of thinking, feeling, and behaving that is relatively stable over time” (2000, p. 688).

This produces a continuous pattern of behaviour by which the patient unfolds immature coping mechanisms. Apart from the diagnosis of personality disorder, the patient group has developed certain coping mechanisms, which are not successful in order to help the client to cope with stressful situations. Here, there is a correlation between maturity/immaturity and the type of coping mechanisms that the subject employs. Dombeck (2004) stated that emotionally mature subjects have more elaborated coping mechanisms than emotionally immature ones.

Patients with personality disorder could be considered less emotionally stable than others who are more or less stable in relation to their coping mechanisms. One can say that more mature people are able to cope better with daily life's stressors than patients with personality disorder, who find certain life situations very problematic. They experience these situations with a lot of difficulties, triggering feelings of uneasiness. The question is: why patients with personality disorder are considered immature?

This is because the patient group favours more primitive and also disorganized ways of coping while more emotionally stable subjects prefer other complex methods (ibid). Sophisticated coping mechanisms relate to more conscious and elaborated symbolic process while poor coping methods are unconscious and they lack of a pre-elaborated attitude (Dombeck, 2004). This means that the symbolic system of the patient group has been affected in certain ways, giving as a result the incorporation of certain unsuccessful coping mechanisms. In fact, the symbolic world of the patient group appears symbolically immature or with a lack of symbolic thinking.

The use of immature coping mechanisms informs us that there is a patient who presents extremely dissociated between positive and negative elements of his/her discourse, and he/she is also very ambivalent about their personal situations. This might be the product of a lack of emotional containment during childhood [poor caregivers' attachment (Bowlby, (1997 [1969]))] or the fact that parents might have been toxic. The idea of "toxic parents" (Forward, 2002) includes the therapeutic clinical observations in which patients "have suffered a damage sense of self-worth because a parent had regularly hit them, or criticized them, or "joke" about how stupid or ugly or unwanted they were, or overwhelmed them with guilt, or sexually abused them, or forced too much responsibility on them, or desperately overprotected

them [or ignored them]” (Forward, 2002, p. 4)

I would like to extend this idea of the ‘toxic parents’ to the toxicity of the other [in general] who does not need to be a caregiver but an[other], who has influenced by actions and narratives the subjective structure of the human being. In the case of the patient group, the result is a blockage in the symbolic word of the subject that could have affected, for example one particular area of the patient’s personality, or the whole self. The consequence of this is a lack of symbolic tools in order to communicate their feelings and emotions.

This thesis will observe how the above-mentioned concepts are re-conceptualized in association with the clinical observations of the patient group who are affected by an unconscious agency, which triggers feelings of uneasiness. The patient group shows the extreme pathological views of a negative reality that in a ‘normal’ subject is less extreme, less ambivalent and more balance. This means that the techniques [dual narratives] used in the treatment of the patient group would be also applicable to any ‘standard’ subject when he/she presents ambivalent or in conflict.

This is because the structure of the subject is the same in patients with personality disorder than in any emotionally stable subject. The problem is that in personality disorder patients the structuration process has been affected by early problematic experiences, giving as a result the current unstable structure. As a consequence, personality disorder patients show the extreme negative views, which are under control in a ‘normal’ subject due to the employment of successful coping mechanisms and more elaborate ways of thinking.

However, contemporary authors have argued that Freudian theory lacks concepts in relation to the notions of subject and agency (Moran, 1993). This is

because Freud constructed a mechanical model of the mind, which did not include the concept of subject, while he mentioned that the notion of agency represented a system of the psyche. These arguments have emphasized the presentation of these concepts in an intertwined manner.

It is for this reason that my *first contribution to knowledge* is based on a conceptual review of the above-mentioned concepts while presenting a new therapeutic technique [dual narratives approach]. This will be done in order to clarify and expand these concepts while working with subjective ambivalences or conflicts. My *second contribution to knowledge* is the outline of a metaphorical model of the mind, named by me as the scaffolding model, which is based on the analysis of the previously cited clinical observations. This construction will attempt to amalgamate theoretical approaches in order to obtain a holistic idea of the subject, from different disciplines.

Therefore, I will introduce a representation of a *framework of the mind that is an eclectic set of analogies* between Freudian and Lacanian theories and certain thoughts from brain and mathematical and physical sciences. As a consequence of this, integrated research will be carried out in the present thesis, triggering future investigation, which will open up new routes for research.

However, this new proposed model will take into consideration the discussion of the previously researched primary and secondary sources from the field of psychoanalysis. The investigation of other perspectives and approaches will complete the presentation of a metaphorical framework and the comparison of dual narratives with other therapeutic interventions.

My work will also facilitate an understanding of how to explore *dual narratives* in a therapeutic way, giving new tools to practitioners working towards

integration of positive and conflictual elements. This is demonstrated in this thesis by comparing dual narratives with current approaches, such as cognitive behavioural therapy (CBT).

From a psychoanalytical point of view, dual narratives explore the subjective position of the patient by working with patient's language, narratives and signifiers. Here, the therapist explores the roots of narratives and how the interaction between the subject and the other [Other] has produced the subjective place in which the patient is currently positioned. In order to distinguish approaches, I want to state that dual narratives are differentiated from cognitive behavioural therapy (CBT) and from solution-focused brief therapy.

The name of problem and solution formed scenarios are only ways to catalogue the way that patient's present to therapy looking for unknown solutions to their problems. The only similarity that these approaches joined with dual narratives is a certain way to organize patient's daily routine [in an imaginary way] in order to prevent risks. The rest of the interventions are analytical ones, which are performed by finding the deep interaction of narratives that are causing the presenting complaint [the problem with the unconscious agency].

Dual narratives are also differentiated from other approaches that also work with similar clinical cases, such as cognitive analytical therapy, interpersonal therapy and dynamic interpersonal therapy, which have integrated psychoanalytical ideas. The difference is that dual narratives use Lacanian concepts in order to integrate language; narratives and signifiers, while these other approaches do not analyze the trajectory of the signifier, which in these cases is observed as couple of elements embedded within the subjective place.

In order to give a summary account of this dissertation, I will provide a general overview of the five chapters.

Chapter one starts developing the arguments by presenting and analyzing the Freudian case of the mother who could not feed her newborn baby (Freud, 1892-1893b) and the case of the Rat Man (Freud, 1909d), which are correlated with the cases of patients with personality disorder in crisis.

In these two Freudian cases, there are three elements that associate with my clinical material. One of them is the idea of solving a problem, placed on the side of the therapist by the use of hypnosis or by the idea of free association. The second one is the feelings of uneasiness that the patient unfolds in treatment due to the impossibility of performing an action, such as feeding the baby, in the case of the mother who could not feed the newborn, or making a decision, in the case of the Rat Man. And, the third one is the presentation of ambivalent scenarios, such as the desire and the impossibility of the desire that both Freudian cases presented.

There are similarities in these cases, which are related to the presentation of dual discursive states. This associates with two moments in the clinical practice. The first one is in which the client presents his/her demand for treatment by the use of a narrative [problem form]. Here, the client feels uneasy and uncomfortable within him/herself while talking about this situation. There is a second phase or narrative [solution form] in which the patient who is guided by the therapist shows a more positive approach to his/her reality. Here, [at times] the client is able to construct solutions and be reflective about his/her problems. Other times, the patient finds him/herself repeating the negative situation. Here, boundaries to secondary gains have to be placed by the therapist in order to progress within the treatment.

Similarities of both cases will be reinforced by a case, which was discussed at the Philoctetes Centre in 2006 in which the theme of discussion was “The Place of Agency and Norms in Psychoanalysis”. The claim of that presentation was that in psychoanalysis disavowing is agency [action] (Ahumada et al., 2006). This means that the subject denies any responsibility (disavow) for his/her action [agency], which presents as an unconscious part of his speech and activity.

By the use of these clinical materials I will state that dual narratives support two scenarios (problem and solution form) and that the *problem formed scenario* contains unconscious elements, which are part of the discourse of the client. This also adds that there is also a conscious action of the subject, which is under his/her control and reincarnated in the *solution formed scenario*.

These observations correlate in clinical practice with the fact that there is a positive and a negative agency. The positive agency is the one that facilitates reflection and the potential to grow, which is also conscious. The negative one [unconscious] remains a problem for the subject because it triggers a lack of control over his/her actions.

I will also establish that action for the subject is symbolic activity and that narratives are split into positive and negative elements, acquiring a dual function that is embedded within the symbolic matrix. This highlights two main issues in relation to the construction of a metaphorical model of the mind. One of them is the existence of a matrix or surface, which is formed by systems or layers of symbolic activity. This characterizes the mind of the subject and his/her unique production of narratives that is supported by a functional brain. Here, the mind is a mediator between brain activity and the external world. The second issue is the capacity of dual action, which is reflected in the dual system of narratives that a client presents in the analytical arena.

I have envisaged that duality is a property of the mind, which triggers certain speculations about a dual phase within the functional brain, which has to be investigated further in relation to the duality of brain functions.

Chapter two will present an exploratory and critical analysis of Freud's models of the mind. This will be done in order to introduce certain concepts in parallel with my thoughts about a proposed model of the psyche. The concept of agency, subject and structure [system] will be investigated in order to compare then with Lacan's ideas and to extend them as this thesis progresses.

This chapter will also present a synthesis of Freud's constructions of a psychological apparatus. This will be done in order to place certain foundations to present an analogical model of the mind. The main point here is that the mind is a subjective construction, which includes certain qualities, such as duality. Duality is also mentioned in Freud's works when he talked about the split of consciousness as a consequence of a traumatic event (1894a). I have also observed the idea of a splitting of the psyche in my clinical work with patients from the patient group. Yet, I have seen this differently from Freud. For me, the split of consciousness is reflected in the patient's discourse via dual narratives. Once again, this is because narratives appear also to be split, forming a dual system named by me as *the problem and the solution formed scenarios*.

Chapter three will be based on the analysis of Lacan's works. Also, I will continue debating the above-mentioned concepts. This will be done by observing how language allows the structuration of the subject via the imaginary other and the presence of the Other (the place of social rules, norms and language) (Lacan, 2006 [1966]).

By critically observing Lacan's works I will gain an insight into language and the symbolic world, reinforcing the notion that there is a subject who is embedded into a dual scenario by the use of language. This will be analyzed in relation to the Saussurean sign, which was observed and modified by Lacan (2006 [1966]) from the *Course in General Linguistics* (Saussure, 2006 [1972]). For Lacan the sign is a presence of an absence, which has not got a fixed meaning. This brings me to talk about the lack of an element in the linguistic chain, which was previously mentioned as a post-structuralist momentum in Lacan's works.

I will also give a critical explanation of the idea of structure in Lacan's works (1991 [1954-1955]). In his approach, he mentioned the concept of a divided subject (Lacan, 2007 [1969-1970]), who is subordinated to the signifier (*ibid.*). This means that there is a fracture within the subjective structure, which is reorganized around linguistic elements. Therefore, there is gap, which is characterized by an absence of an element within the structure, which is translated as a lack of knowledge in the subjective structure (Lacan, 2007 [1969-1970]). For this thesis the subject becomes ambivalent more than split. This is due to the doubtful presentation of the client group during treatment.

I will specify the changes in Lacan's theory with the introduction of the notion of "object *a*". This shows a move away from a whole or complete structure to one that lacks an element [gap in the chain of signifiers] (Fink, 1995). In my viewpoint, this underpins the production of dual narratives because the gap [absence] in the chain of signifiers allows a split in the symbolic manufacture of linguistic elements constructed within the symbolic world [matrix] of the subject.

I will compare the Freudian construction of the Fort-Da (Freud, 1920g) with my theoretical ideas of dual narratives. In the Fort-Da, the child constructed his reality

based on the dual circuit of absence-presence. I believe that the same phenomena observed by Freud in the child's activity is present in the clinical setting while one is analyzing double scenarios. This is because twofold narratives are a presence based on an absence, which relates to the splitting function of language [signifier-signified] and mind [conscious-unconscious]. I mean, with this, that I see the split of the psyche as a property of language [and mind]. The same splitting of consciousness that was in Freud's works the result of a trauma, is in my opinion a basic property of language that is equivalent to this substitution, which operates between absence and presence.

Also, I will expand my ideas by adding the *deconstruction* of my previously introduced *problem and solution formed scenarios* through the use of a clinical observation. This will support my thoughts on the formation of twofold narratives as two moments of the psychical life of the subject, incorporating an inaugurated structural impasse named by me the *problem and solution formed activities*.

The analysis of case studies will offer an understanding of how dual narratives are positioned within the subjective production of discourses. This will give an insight into how a *linked signifier* separates narratives and articulates conflicts or solutions within different scenes. Also, it will demonstrate that dual narratives are interlocked in response to the message of the Other. This means that they could show, for example, a reaction to the imposed narrative of the Other or an attempt to deceive the Other, which also might deceive.

At the same time, these examples will establish how sexuality and the articulation of twofold messages are integrated within the subjective reality of the patient that is retroactively signified in the therapeutic situation. In addition, the discussion of the binary pair of elements, such as feminine and masculine, which are stated as a socially imposed construction (Butler, 1990), will offer an insight into the

ways that the subject is questioned and is positioned, in relation to his/her sexuality. In certain cases, this binary pair is observed to offer extreme views of the world, in which the subject articulates the question: Am I a man or a woman? The solution to this interrogation will be a therapeutic maneuver in which the role of the analyst is based on the integration of elements, pointing out a less extreme position for these components.

In chapter four, I will propose and outline a metaphorical model of the psyche that has certain attributes or characteristics, such as quality and duality. While chapter two and three will discuss and analyze the works of Freud and Lacan, chapter four will unify them by proposing a model, which is based on the interaction between the brain, mind and language [+senses]. My proposal is based on the fact that language and mind share *a dyadic functioning process*. It is by adding the functional brain that the model will be seen as a dual reflection system facing the functional organ and the outer circle or others.

This will form a structure based on a structuration process (Giddens, 1984) by the use of recursivity. The main structure will be composed by substructures, in which duality via the *dyadic functioning process* will be repeated as a function of the whole system in each component or subsystem. The structure also holds a vacuum or a gap, which allows activity and exchange of elements that also, is contained in each one of the sub-layers. In order to obtain this main system, this thesis will look into other theoretical and conceptual areas.

In the Fort-Da (Freud, 1920g), the absence of the mother allowed the child to construct a presence [a game]. This relates to the concept of an absence that represents the thing [something structurally lost for the subject] as an empty space

[gap] that facilitates the symbolic articulation of the signifier within the linguistic chain.

It is for this reason that this notion of something lost or dead is associated with the possibility of symbolic articulation of the subjective structure because it is the lack of an element that allows interaction of elements or words. This idea is reincarnated rather well during the observations that Sharp (2006) made in relation to organ transplantation when he introduced the concept of “organ transfer” (Sharp, 2006, p. 250). This is because the bodies of deceased hospitalized patients [kin donors] whose vital organs are kept alive by the use of a ventilator, in order to preserve them from decay, represent the lack of personhood as a “shadow of death” (ibid, p. 6) that involves organ donation in patients who are declared clinically death.

For Sharp “the construction of personhood rests firmly on the medicalized assumption that the self is lodged in the brain: with severe and irreversible head trauma, we cease to be who we are, we are no longer human and thus we cease to exist. The brain dead donor, then, is but a human shell, a body that functions physiologically but no longer thinks or senses the surrounding world” (ibid, p. 17).

Otherwise, my use of the concept of “organ transfer” is a representation that the brain transfers its functions onto the mind. Yet, we are humans who have a brain and also a mind. This is observed as a dual functional system. The brain is considered as the organ that keeps us alive and the mind is seen as an “organ transfer”. This will include the idea that if there is a transfer of functions from the brain onto the mind, there is also another property, which is *reflection* from the functional brain onto the psyche, transferring its characteristics. This is because the mind is envisaged as a dual reflecting system: internal [from the brain] and external [from the outer circle].

Therefore, the idea of reflection will come from two sources. The first one includes the Lacanian concept of “The Mirror Stage”, in which the *reflection* of the subject in the mirror facilitates a “reality ... [that] duplicates” (Lacan, 2006 [1966], p. 75). The second theoretical source will be stated by taking into account ideas from quantum physics in which the analogical idea of “dual electric charges” (Stern, 2000, p. 88), informs us of how the mind becomes a topological space. This is because there is a presence of two electrical charges, one supporting the brain and the other creating a topological space [mind]. This will be compared with Freud’s ideas where he presented his hypothesis about the neuroses of defense, in which “the human mind works by virtue of mental forces and energies following patterns of investment and displacement similar to those in a complicated electrical apparatus” (Sulloway, 1979, p. 61).

If one imagines that the mind acts by the use of a dual reflection, which envisages that the functions of the brain and the external reality are reflected, assimilated and reproduced, one can state that the mind operates like the brain does. It also reflects its running system over the external world, such as using language as a way to allocate a dual narrative system within its confines.

The new framework will be a construction of a metaphorical model of the psyche. Its name comes from neuroscience. It is because of the idea of *scaffolds as producers of patterns of activity* in the brain (Chklovskii, 2005), that I will call the current analogical construction of the mind: the scaffolding model. As a consequence, the name of this theoretical building is inherited from neuronal activity, as a way to give an account of the importance of the functional brain in the construction of the mind.

However, the current model will be characterized by the developing factor of activity or symbolic action [agency] that is circumscribed by the previously discussed concept of a structural absence in the linguistic chain. The gap or absence is equivalent to the linked signifiers, which separate dual narratives. The scaffolding will be a reflection of the scaffolds or “wiring of the brain” (Chklovskii, 2005, p. 1) that surrounds the mind, giving it support and facilitating the operation of *transfer of functions* from the brain onto the mind [organ transfer]. The developing factor will be associated to genetic and environmental information by building up a symbolic matrix, which is surrounded or framed by the reflected scaffolding.

I will state that the brain-mind and language [+senses] is grouped and shaped onto a structure, creating individual subjectivities through the use of reflection and transfer of functions via the scaffolding model. Here, I will focus on holonomic theory (Pribram, 1971, 1985, 1986, 1991, 1993, 2005), self-organization systems (Turing, 1951) and chaos theory (Lorenz, 1995). This will be done in order to give a functional structure to the outline of the model.

The continuity of patterns between the subsystems of the major structure, which is the brain, mind, and language [+senses], will be based on certain properties. One of them is the *dyadic functioning process*, the other one is *quality and duality* and the last one is *absence* [vacuum or gap]. These characteristics will be repeated in each component of the structure, which will be facilitated by reflection. This will constitute a *self-organizing system*, which acts in a recursive manner through the help of an absence, which is the engine of the system that allows an exchange of elements within each sub-layer of the structure.

Chapter five will approach the use of dual narratives as a therapeutic tool in which the therapist’s role emphasizes the work with the subjective position of the

patient and the prevention of risks [acting outs]. Here, there are two positions that the therapist will take during the use of dual narratives: an immersive and a reflective form (Bollas, 2003). These two stages will articulate and give the therapist a flexible place to move from a patient's conscious stage, in order to prevent risks, to a subjective unconscious scenario, in order to explore the components that articulate the subjective position. For example, the loser vs. winner situation in an ambivalent gambler.

This chapter will also compare approaches, such as dual narratives with cognitive behavioural therapy (CBT) and with solution-focused brief therapy. It is stated here that the names of problem and solution formed scenarios appear to have links with cognitive behavioural therapy. In fact, in dual narratives, this is a way to name the impasse that is related to negative [problem] and positive [solution] elements, which connect with conscious [positive] and unconscious [negative] process. This related to the concept of a dual agency in psychoanalysis: one conscious and one unconscious. The articulation of both of this agencies [in narratives] produce contradictions to the desires of the subject, which triggers a demand for therapy. Similarities and differences will be stated between these above-mentioned approaches and dual narratives. This will frame a dual narratives perspective, giving tools for therapeutic interventions in order for the therapist to work with patients with personality disorder in crisis and also with subjects who present ambivalently or in conflict.

It is the emphasis on conceptual psychoanalytical research that also brings me to specify the similarities and differences of other approaches, such as cognitive analytical therapy, interpersonal therapy and dynamic interpersonal therapy, with dual narratives therapy. This will clarify that the use of dual narratives makes use of

Lacanian theory by supporting the exploration of the signifier in the linguistic chain of the patient while the previous mentioned approaches do not take into consideration this theoretical framework.

The limitations of this research are due to the choice of the framework. This is a conceptual research supported by clinical material during the investigation of the concepts of agency, subject and structure. This has been done basically from a psychoanalytical perspective. These notions can be extended to other areas of analysis that could make the exercise into a more extensive piece of work, which could be impossible to complete and delimit within the time frame and word count of a standard PhD thesis.

Despite this, this dissertation opens up new areas of research in the construction of agency, subject and structure as a recursive process [dual system]. The aim was to find answers -by the presentation of a therapeutic tool- to the demands for treatment of patients with personality disorder in crisis, while preventing risks, or with subjects who present ambivalently or conflictive.

In addition, this current dissertation places certain boundaries around quantitative analysis but circumscribes further investigations, in which the proposed and outlined metaphorical model of the mind could be tested and investigated further. More research is needed in order to continue analyzing the interaction of approaches, in which the brain, mind and language [+senses] system envisages the construction of subjective realities.

Chapter I

The Mind as a Dual Scenario

1) Introduction

The demand for therapy is the route by which the patient, narrating his/her complaints, presents to mental health services. This is also a way for the client to inform the therapist of the pathways of his/her subjective existence. It is by the account of the discursive pattern of a patient's dissatisfaction that the therapist listens to the subjective structure. A patient tells us about his/her feelings of uneasiness while, in fact, he/she is notifying us of his/her unconscious structure. There is a combination of elements, forming a place, in which early experiences, plus the sum of pre-determined discourses or narratives, and traumatic events intertwine together, giving as a result a subjective foundation. This is a working structure, which is taken into consideration by the therapist while he/she observes and listens to the discourse and narratives of the client. I see this system as the mind of the subject.

If one analyses the beginning of psychoanalytical theory, one can elucidate that Freud noticed that his patients presented to analysis with a specific discursive pattern. This was based on a presenting complaint that the client recollected in relation to, for example, an impossibility to perform a desired action. Therefore, patients' dissatisfactions also gave Freud certain clues for the building up of the foundations of his theory of the unconscious. This developed in a way in which Freud, by listening to his patients, discovered the unknown scenario of the discourse of the subject: the unconscious.

Freud's works have inspired me in order for me to think about my clinical work. It is for this reason that this research project started by a systematic analysis of Freud's findings in his work with neurotic patients. The first chapter will introduce an

analysis of psychoanalytical observations, emphasizing certain material and cases, which I have considered relevant to my work as a clinician. This will be done in order to introduce my clinical cases and my working hypotheses. In order to follow these thoughts, I would like to introduce one of Freud's earliest cases.

2) The Case of the Mother who could not Feed her Newborn Baby

This is "A Case of Successful Treatment by Hypnosis" named by Freud as a *hystérique d'occasion*, which "was a case ... of a mother who was unable to feed her new-born baby till hypnotic suggestion intervened" (1892-1893b, p. 117).

Freud emphasized that this patient's account was based on narratives in which certain specific actions of the client were interrupted by unconscious motives. The patient was feeling uneasy about this impossibility of performing her actions and this was a trigger for her demand for analysis, which was also part of the narrated material that was accounted for during the analytical sessions. Here, Freud pointed out that it was the unconscious that was responsible for these subjective limitations, which precipitated her psychological symptoms and complaints.

I will expand on Freud's case in order to observe that within his clinical data a patient, at times, presents with conflicts or oppositions in which it is impossible for the subject to choose between the alternatives. Is the therapeutic situation based on finding solutions to this conflictive phenomenon? Or, does the therapist have to be aware of the vicissitudes of a patient's conflictual situations in order to intervene, without giving advice, but facilitating insight?

One can say that the presence of ambivalent situations in a client is due to the existence of the unconscious because the therapeutic experience shows that there are always contradictions between the conscious and the unconscious subject. In other

words, the patient does not know why he/she is in a situation in which his/her desire is incapacitated due to an uncertain position between wishes and certain subjective unknown obstacles, which are restraining the conscious subject from performing the desired actions. This emphasizes the construction of a hesitating mind, which is manifested as if it was constituted by two scenarios. In Freud's case the dual scenes are the conscious and the unconscious.

The determination of Freud's patient to feed her child evoked in the mother a series of physical symptoms, such as, loss of appetite, pain, vomiting and sickness. Therefore, the impossibility of feeding the child is related to the presence of the symptoms and the inability of the mother to perform the action of feeding the child. This was named by Freud as "perversion of will" (Freud, 1892-1893b, p. 123), which shows the influence of the unconscious over the subjective desired conscious actions.

Freud explained this by saying that the mother's will-power was incapacitated by the presence of somatic symptoms. The patient recovered after the use of hypnosis and as a result, the woman started feeding her child normally. Freud stated the patient's words as follows:

"... 'I felt ashamed', the woman said to me, 'that a thing like hypnosis should be successful where I myself, with all my will-power, was helpless.'..." (1892-1893b, p. 120).

It is important to prioritize that with the presentation of this case and his "Studies on Hysteria", Freud (1893-1895d) showed that his intentions were to find the link between the psychic and the somatic, which was the unconscious. This was a way to construct a theory that included the promised organic basis, in which physiological processes [conversion symptoms] were based on a psychic phenomenon (Bilder & Lefever, 1998).

However, in his analysis, Freud observed that there was a phenomenon in the discursive presentation of this client in which the patient expressed certain symptoms and feelings of “dissatisfaction” that were related to her condition. Therefore, the symptom formation, via the use of the body, communicated something that the patient was not able to articulate. This is because the subject was not aware of certain [unconscious] actions (David-Ménard, 1989).

One can infer that Freud thought that symptoms were associated with something that was unfeasible for the subject, which was an obstacle to her will-power. This means that there was an unconscious force that was presented by the patient in the analytical setting. Freud discovered that, in fact, this clinical material appeared to emphasize a “problem” with the client’s will-power [agency]. This, today, could be seen as the presence of a subject who is acting on unconscious motives, which sustains a contradiction within his/her narratives. This is understood as acting out of his/her conscious agency, which creates confusion, frustration and no pleasure for the client (Ahumada et al., 2006).

In the Freudian case, the problem was the impossibility the mother was experiencing by being unable to feed her newborn baby. This was accompanied by the disturbance of the somatic symptoms. The solution to the problem, in this case, was imposed by Freud through the use of suggestion. This counteracted the patient’s fears of being unable to nurse her child. Freud hypnotized this woman instead of letting her talk about her fears. It was stated: “She may perhaps not be conscious of her fear, she is quite determined to carry her intention through and sets about it without hesitation” (Freud, 1892-1893b, p. 123). This Freudian assumption could have been a part of her narrative, on which the patient was unable to elaborate

because of the hypnotic intervention that Freud applied. Yet, the narrative was imposed by Freud.

I would like to state, here, that current research emphasizes that patients with conversion symptoms show a heightened suggestibility or proclivity to hypnosis (Roelofs et al., 2002 [a]). This correlates with the idea of perversion of will, in which the patient's conscious will-power is overtaken by unconscious elements or forces. Therefore, the patient with conversion symptoms can easily be swayed by the external use of hypnosis or influenced by the internal power of the unconscious. Despite this, one can say that every subject is affected by the unconscious. This functions as if there was an unconscious subject who wanted to impose his/her will-power onto the conscious one. It is for this reason that the unconscious is like another person who has agency and lives within us (Ahumada et al., 2006). This supports the idea of agency in psychoanalysis, which is split, divided, or dual [conscious and unconscious] and also, that the subject is not totally aware of his/her psychic reality.

In addition, Freud treated this particular client by attempting to solve the patient's problem using hypnosis via discursive interventions. Freud filled the gap of the narrative of the patient because it followed a symbolic logic within the subject's chains of thoughts. This underlines an oscillation between the complaint or presentation of a patient's problems and the solution that the patient received when Freud applied hypnosis. Is this variance between the presented problem and the apparent solution to the situation, a dual movement that is produced in the clinical setting? If this is a dyadic phenomenon of interaction, is this related to a way in which the individual and the collective mind, by the use of language, develop and function? Does this dual functioning exist beyond any interactional process? Is solving

problems a way to deal with the vicissitudes of the ambivalent mind [conscious and unconscious]?

In the Freudian case, one can observe two scenarios, which include a problem and a solution. One of them is the problem presented by the mother who cannot feed the child because of the presence of somatic symptoms. The other one is the solution given by Freud to the problem via hypnosis. This shows an approach to solve a problem: the use of suggestion and the direction of the cure applied by Freud.

In fact, Freud embraced, symbolically, this client by the use of hypnosis. Here, there are two discourses. One is the patient's discourse, which is based on impossibility, frustration and, it is a "negative form" of narrative. The other one is Freud's discourse, which is suggestive and "positive", bringing a solution to the problem. The objective is clear, to solve a problem.

The practical result brings up a conflict of interest, in which Freud chose to solve the dilemma for the patient (by the use of hypnosis). Is solving the problem an action by which the therapist sustains his narcissistic desire? Or, is there something else about the role of the therapist in relation to solving a patient's problems? Do clients demand of the therapist a solution to their problems? Is Freud responding to the demand of the client? Or, solving a problem is part of the functional system of the mind of the subject and the therapeutic alliance? Has the directive use of hypnosis been an obstacle to the direction of the cure? Or, is the way that the therapist uses language in relation to client's expectations what brings us to talk about a directive versus non-directive intervention?

The case of the mother who could not feed her newborn baby exposed the supposed unconscious symptoms and the presence of an agency or will-power which presented itself as divided between the intentional and the unintentional action. This,

for Freud, infused the subject with an agency which was ambivalent or in conflict within two scenarios: one conscious and another one unconscious.

However, the notion of agency alludes to subjective or symbolic activities. It is for this reason that I examine the actions of the subject by analyzing the production of narratives. This is because the subject talks about his/her conscious and unconscious actions. As a consequence, agency could be seen as a dual characteristic of the symbolic activity of the subject. Therefore, one can imagine that it forms two states of mind: one intentional and another one unintentional. This brings me to understand the mind as having two phases. The duality of the mind, here, is seen as a *dual functional system* because it integrates these two phases of a process, which are one conscious and another one unconscious. One of them, in which the subject supports his desire by the use of reflection, control and activity and a second phase, in which the subject acts out of his/her agency without control (Ahumada et al., 2006).

It is for this reason that a patient demands therapy when he/she cannot solve the conflict between these two agencies. The client demands a solution from the therapist about his/her ambivalent agency. Does the therapist have this solution? Is the therapist aware of his/her own limitations in order to give an illusory answer? Does the client need certain guidance, at times, by the therapist, who has to abstain from undertaking a directive role, avoiding the violation of patient's desires and subjective position?

The analysis of this first Freudian case has pointed out that there is an analytical movement in which solving a problem could be a therapeutic maneuver. Also, it shows that the patient presents to therapy with a problem with his/her unconscious agency. There is something that the patient is not happy about and this appears to be associated with an unconscious element that interferes with a client's

conscious will-power. This coincides with the idea of a dual agency [conscious and unconscious], which is interacting and producing contradictions for the subject.

In order to reinforce this previously presented material, I want to present another case, which in my opinion Freud offered as an example of the character of the ambivalent mind or, in other words, the conflict of oppositions in which the subject appears to be submerged, which shows that will-power is possibility and impossibility for the patient.

3) The Ambivalent Mind of the Rat Man

In “Notes Upon a Case of Obsessional Neurosis” (Freud, 1909d), Freud discussed a patient who presented with obsessional thoughts and compulsive behaviours. The patient’s discourse revealed that he was greatly preoccupied with his fiancé, and his father. The latest had actually been dead for several years. During this case analysis, Freud considered that his analysand’s obsession had a conflictual ambivalent characteristic between love and aggressive tendencies in relation to both characters: the fiancé and the father.

At the same time, the case presented the defensive nature of the patient’s thoughts, which unfolded a battle of a secret idea. For example, he wished his father to die so he might be able to inherit all his money, which contradicted the shame anointed with the fantasy of the death of his father, who would not leave him anything [money]. Freud also recounted the narrative of the analysand, who described an obsessive fantasy of punishment and cruelty, which was narrated as follows: “...the criminal was tied up ...’ –he expressed himself so indistinctly that I could not immediately guess in what position– ‘ ... a pot was turned upside down on his

buttocks ... some rats were put into it ... and they ...' –Into his anus, I helped him out" (Freud, 1909d, p. 166)

One can infer that this fantasy was an utterance of the structural constitution of this patient's unconscious reality, which expressed the ambivalent feelings and the need for punishment in relation to them. This means that the patient's structure was based on a fantasy of punishment, which constitutes the *core modality of his subjective position*. Here, the subjective position is beyond the ambivalent interplay of feelings.

Therefore, the fantasy as the narrated projection of the subjective structure was described in the Rat Man as the patient's unknown knowledge, which Freud observed in the patient's facial expressions. Freud emphasizes, "his face took on a very strange, composite expression. I could only interpret it as one of *horror at pleasure of his own of which he himself was unaware*" (ibid, p. 167).

Later on, Freud mentioned that "the thought-process itself becomes sexualized" (ibid, p. 245) due to a battle between feelings of love-hate and the sadistic component of love that remains unconscious. Freud observed that certain patient's expressions [body language] are related to unconscious pleasure. It is, here, where the thoughts of the client are reflected on his/her face [facial expressions or grimace], disclosing an unconscious pleasure, which reflects the client's secondary gain.

In this case, my analysis of Freud's data shows again, like in the case of the mother who could not feed her newborn baby, the descriptive analysis that Freud constructed in relation to his patients. The Rat Man felt incapacitated to perform certain actions by being poised between ambivalent situations. Also, he was invaded by guilt, which was observed in the need for punishment that was unfolded in the fantasy. The impossibility of performing a desire action was due to the preventive

attribute of the analysand's chain of thoughts. Freud mentioned that the main characteristics of his client's presentation were the "*fears that something might happen* to two people of whom he was very fond –his father and a lady whom he admired" (ibid, p. 158, italics are mine). This thought presents *two characteristics*: a preventive character of an action and an exacerbated negative thought [or chain of thoughts], which contains the prevention of the activity.

The above-mentioned fantasy was the structural base of the patient's thoughts [negative and preventative]. The clinical case is not only encompassed by the patient's "compulsive impulses" which included ideas of deliberated self harming, but also "prohibitions" of unimportant nature. The prevalence of preventive mechanisms, which impede that "something must happen" positioned Freud's patient as an indecisive man fighting against two places: the conscious [love] and the unconscious [hate] mediated by narratives and fantasies.

This is very well established by Freud when he mentioned that the patient "became seriously incapacitated from working" (ibid, p. 175) due to the complexity of the displacement of thoughts in which the Rat Man was immersed. Prevention, here, acts as an obstacle to the patient's action, which is delimited by *a double game of activities* and *an impossibility of performing a decided behaviour*. The compulsive character of a dual mechanism also reinforces this. For example, the action by which the subject was removing and replacing the stone from the road where the lady was to drive her carriage. This reflects the impossibility of decision between love and hate, "between a moral self and an evil one" (ibid, p. 177).

Here, Freud pointed out an analogy between the conscious [moral self] and the unconscious [evil self]. By doing so, Freud sustained the splitting character of the structure of the subject without mentioning the word subject. This repeats the

previously mentioned makeup of the notion of agency, which is split or ambivalent due to will-power being conscious and unconscious. One can visualize here that there is a subject that sustains an action [agency] that is ambivalent. This means that subjective duality reincarnates in the concept of an agency [split or dual], which is maintained by ambivalent actions, depending on the structural place of the subject that is unfolded in narratives and fantasies. Will-power as conscious and unconscious seems to be the dual interactional force [functional process] that allows the existence of a subjective position.

As a consequence of this, for Freud, the unconscious became the unknown place or “the infantile” (ibid, p. 177) in which early experiences were contained or repressed and to which the subject returns by the use of a regressive mechanism. These ones were the “real” producers of ideas and behaviour, which were currently linked with new events, giving the compromise solution between two systems: the conscious and the unconscious, and with it the ambivalent world of the Rat Man. These early experiences were seen by Freud as actively accomplished in obsessions and passively consummated in hysteria.

In the Rat Man case, Freud mentioned to his client the “underlying principles of psycho-analytical therapy” (ibid), in which there is a displacement of affect from one thought to another. It is in this way that Freud prioritized the idea of the existence of a “false connection” (ibid, p. 176) in regards to this displacement of affect that is charging representations and by which the Rat Man linked thoughts unconsciously. The repressed material facilitates this concept of a false connection. If there is something repressed, it might have to be connected with a new representation, forming a compromise solution.

Freud also presented the idea of the dead father and the preoccupation that something might happen to him, which exposed the relationship with the unconscious and portrayed the guilt as a consequence of the interplay of the ambivalent feelings. Here, the patient's preoccupations, obsessional thinking and compulsive actions were associated with the repressed materials. These also were the narrated elements of the client's discursive presentation, forming part of the case scenario. All of this, for Freud, related to a regressive character, supporting a theoretical account of the Oedipus complex.

The Oedipus complex was for Freud the "nuclear complex of the neuroses" (Freud, 1909d, p. 208n) due to connections between feelings of love and hostility that the child experienced for the mother and the father. Here, secondary processes [current events] repeat the primary ones [structural trauma], being the Oedipus complex as the archaic node of the subjectivity of the patient. The theoretical support was that love and hate related to defenses in order to counteract those feelings, which were producing intensive contradictions. Therefore, the Oedipus complex is like a central mechanism of the structure of the mind for Freud. It is also a fundamental stone, which associates with the events of early childhood, with ambivalent feelings and its mechanisms. Dual or ambivalent feelings here are supported by the concept of the Oedipus complex, which reincarnates a function that is beyond the ambivalent elements.

The Rat Man is a great exponent of the theoretical construction of psychoanalytical ideas, in which early infantile experiences were the foundations of a subjective reality. Freud believed that the mind of the Rat Man formed a conglomerate of sexual experiences intertwined with punishment for childhood masturbation and the vicissitudes of sexual curiosity. Here, Freud talked about

“childhood neurosis” (ibid, p. 164) in which “there have been conflicts and repressions” (ibid) that are linked with the “uncanny apprehensions and an inclination to the performance of defensive acts” (ibid, p. 165) due to “premature sexual activity” (ibid).

The narrated theme of the dead father also reenacted the early stages of life and with it, the pivot concept of the Oedipus complex, which in fact sustains a division between roles, characters and feelings: love and hate. The Oedipus complex is the use of a metaphorical phrase, in this case the myth, in order to establish that the mind is divided between dual elements supported by a function, - a primary one [structural] -, which proposes the figure of the father who gives order and normalizes the ambivalent structure.

The case of the Rat Man shows that there is impossibility for the subject to maintain a firm position and therefore, there are doubts for the neurotic patient. This incapacitates the patient to choose between the alternatives and the result is “a new type of method of constructing symptoms” (ibid, p. 192), which includes the obsessive and ambivalent action.

Freud wrote his theory making use of metaphorical constructions in order to give an account of the functioning of the mind. This supported patient’s scripts, which is also observed in previous cultural productions, such as, the mentioned myth of the Oedipus complex. Are these cultural productions equivalent to representations of systems and processes? Freud clarified this when he considered that there is a regressive character [infantile type] in the patient with compulsive thoughts. And this is because, in the psychological system, there is a conflict between opposite impulses, which have to be compensated for due to the mechanism of inhibition. This is a

question of economy of energy in order for the subject to change the external world or its perceptions (ibid).

The uncertain feelings of love and hate of the Rat Man incarnated into his thoughts and his compulsive and symbolic act of, for example, once again, removing the stone and placing it back again. There is incapacity of decision in Freud's patient, which brings us to the same impairment as the mother's who could not feed her newborn baby. The difference is that the Rat Man is contradicted by his obsessive thinking while the mother who could not feed her newborn baby is incapacitated by her hysterical somatic symptoms. This shows the idea of a split agency, fighting between the conscious and the unconscious forces.

Therefore, in the Rat Man there are two scenarios, which are unfolded, for example, during the presentation of constant ambivalent actions [doubts]. This dual scenario relates to feelings of love (removing the stone) and hate (placing it back). Here, there are also dual indecisive discourses within the two scenes. The symptom formation is the obsessive action, which, in fact, facilitates the presentation of a twofold agency that is split or ambivalent. This is because the patient performs certain acts that are outside of his conscious control while in fact his conscious agency wants to act differently. All of this incarnates into a pathological form.

Also, the case of the Rat Man shows that the conflict of feelings is this "normal vacillation between male and female which characterizes every one's choice of a love-object" (ibid, p. 238) that is the result of the undecided feelings for his father and his fiancé, which is re-enacted by the Oedipus complex. This is also a characteristic of the human mind and the affairs of the two systems: the conscious and the unconscious. Yet in the Rat Man it is observed in an extremely formed behaviour.

Here, in this relationship between love and hate, Freud mentioned “a partial paralysis of the will and an incapacity for coming to a decision” (ibid, p. 241). Freud talked about love and hate as feelings that produced a division between conscious and unconscious processes, creating doubts, indecisions, uncertainties and protective measurements. Looking beyond the “love-hatred complex” (ibid, p. 243), can one observe these elements as components of a process, in which the human mind is embedded? Does the concept of the Oedipus complex need to be reviewed in order to instill a new meaning to this dual functional system of the structure of the mind? Or, are the ambivalent feelings, intertwining with a paralysis of will of the subject?

The presentation of this Freudian case reinforces the limitation of the subject’s will due to the patient’s thought process and the characteristic of the conscious and unconscious system. Here, love and hate are a client’s feelings, which act as components of the subject’s mind that due to narratives is presented to the analyst in the form of subjective actions [or their symbolic contradictions]. In this case there is not an external influence [hypnosis] of the therapist like in the mother who could not feed her newborn baby, but a presence of the analyst, who facilitates the symbolic process. Incapacity of will-power is seen, here, as doubt, an undecided function which is sustained by the mind of the subject. The question here is: Is the ambivalent mind a typical process, which is exacerbated in certain clients who are less adapted to social circumstances than others?

My current experience, working with patients in crisis as a psychologist and a community psychiatric nurse in the public sector, has enlightened me to the way of treating service-users with personality disorders. This was due to the patients’ presentations in which an ambivalent narrative system was displayed. This client

group shows, at times, extreme ways of viewing the world, in which their will-power is incapacitated.

I observed that in fact, the patient group viewed the world in a very negative manner. Therefore, they did not find intermediate points between positive and negative characteristics in order to balance, for example, what they thought about other people's attitudes and behaviours. I envisaged that a skeptical view of the world made them act out their emotions, possibly due to a lack of symbolic power or tools. This was done in order to show to others their concerns, instead of communicating their feelings. Their acting outs communicated their emotions in a very resentful way because they believed that the behaviour towards them was unfair. This appeared to be like this, due to the patients' negative views of themselves and others, which increased risks. This triggered an observable characteristic of this patient group, which was their demanding behavior. Their demands were focus on having their viewpoints recognized by others.

The general presentation of this patient group have placed them in a situation in which they cannot cope with most of the standard life situations, and they feel rather demoralized and depressed. Most of these patients demand for help when their daily living activities and emotions are too much for them. They feel anxious about themselves at the point in which everything becomes negative and impossible. As a consequence of this, they start self-harming, they take overdoses or they become suicidal. At this stage, they are referred to mental health services for an assessment, which includes a mental state examination and a plan of action, in which risks are evaluated and prevented.

My clinical observations have shown me that patients in crisis, who are diagnosed with personality disorders or who have pathological personality traits,

demand for consultation *by presenting the same kind of ambivalent scenarios that Freud found in the previously presented clinical cases.* The reading of Freud's case histories, plus my clinical experience has brought me to think that the splitting of the mind is an exacerbated characteristic that one can observe in patients in crisis. Yet, in fact, I envisaged that the divided mind appears to be a normal attribute of the subject. Yet, in certain cases this scission is extreme, causing problems to the service-users by which patients' coping mechanisms become affected at the point where he/she cannot manage with the normal emotional factors of daily life.

In these cases, it is not a coincidence that service-users present for mental health assessments with a discourse that is fractured in two scenarios. I have called these *dual narratives*, which are similar discourses to the Freudian theoretical data previously presented. This is due to the narration being divided in one account that is positive and another one that is negative. Here, the therapeutic treatment will be focused on working with the dyadic narration system, empowering clients to find the solution to the presented complaint that they present during their demand for treatment. This idea of a dual narration, which throws light onto the concept of a twofold agency, will be discussed by briefly introducing an observation, in which the idea of agency is presented as acting on unconscious motives.

4) Twofold Agency and Dual Narratives

At the roundtable at the Philoctetes Centre in 2006, in which the theme of discussion was "The Place of Agency and Norms in Psychoanalysis", Garrett Deckel introduced certain ideas about agency in the analytical arena.

On the one hand, this presentation included a conscious state of mind in which a subject by the use of reflection, the analysis of certain paths and the process of

decision making is able to put into action [agency] his/her desires and goals. In this sense, agency is experienced by the patient as a process in which the subject is having certain control over his/her life.

On the other hand, there is another phase, which is unconscious. The same one is presented by the same speaker's clinical example of a female patient, who was in a relationship with a man she wanted to marry. Yet, she finds herself cancelling dates with the mentioned man at all times. The patient does not understand why she is doing this, which is to the detriment of that relationship. In this sense, the patient is acting out her unconscious agency. The patient does not know about her unconscious motives, which might be that she is afraid of intimacy and rejection. It is in this way that psychoanalysis claims that disavowing is action [agency] (Ahumada et al., 2006). This is because there is a part of the subject that is not aware and repudiates why he/she does execute or does not perform certain actions.

The question here is: what do we do in this case, as therapists, when the discourse of the client is fractured and there is an incapacitated subject, who complains about feelings of uneasiness?

Here, there is a psychotherapeutic process in which the hypothesis of the therapist, via interventions, might bring certain solutions to the ambivalent scenario. Normalization is a way for the therapist to work in order to facilitate solutions to a patient's problems. It is here, where solving the problem is an introduction of the therapist's "powerful input of the unexpected and the improbable ... and for this reason acts to avoid derailment and disorder" (Selvini Palazzoli et al., 1980, p. 4).

The communication to the patient of the therapist's hypotheses opens up ways of working with the patient, which is also a strategy in order to prevent client's acting out. This is because it is important to introduce new meanings, via interventions, to

the patient, in a gentle way and symbolically [verbally] containing the patient in order to avoid risks. As it has been stated “it will be left to the therapists, however, to choose the right words, the right phrasing, so that they may offer their ideas to their clients in a respectful and positive way” (Bertrando & Toffanetti, 2003, p. 13).

The problem, here, is the client’s pace of progress. Sometimes, interventions do not produce any effects because the patient is not ready for them, or perhaps the interventions are not the right ones for the patient. The key issue is that the thought process of the therapist has to take all of this into consideration. An intervention might produce certain subjective effects in the future, or might not produce any effect at all. Yet, our hypotheses have to be conveyed to the patient in a very gentle manner. Bertrando & Toffanetti sustained that “not even the most respectful and ‘not-knowing’ conversational therapist can work without hypothesizing at all” (ibid, p. 7).

However, it is by the use of the analytical technique that the subject is observed as the one who talks to the analyst from two different mental states: a conscious and an unconscious one. Yet, at the same time, a client’s discourse informs us about dual accounts of his/her narrative that include unconscious phenomena, while the therapist is embedded in a thought process, which includes the construction of hypotheses, in order to gain an insight into the client’s problems.

The process of constructing hypotheses has to be based on a preceding theoretical background. It is, here, where the previously presented Freudian cases have informed me that a patient demands for treatment when he/she is not coping with his/her current mental state because the patient is placed in an ambivalent situation. This is what was happening with the mentioned Freudian patients. Here, the desire of the subject is impossible to be performed due to an extreme [doubtful] contradiction. Also, the patients mentioned that there was a certain situation, which

has to be resolved because it was producing him/her feelings of uneasiness or anxiety. The patient conscious agency was overtaken by the unconscious one. For example, Freud's patients would say "I want to feed my baby but I cannot do it because I get all these physical symptoms which do not allow me to feed the child", or "I do not know if I am protecting my fiancé, by removing the stone from her way or, if I am endangering her life by placing it back".

These ambivalent situations, which similarities are also currently observed in the clinic with patients with personality disorder in crisis, have facilitated me a way of thinking of the split of the mind and the fracture of the discourse of the patient, by observing that narratives were also divided into two scenarios. I named this the *problem and the solution formed scenarios*.

Here, there was not just a demand for therapy because the subject was questioning him/herself: "why do I doubt about this?" yet, there was something else beyond that. The discourse was also informing that there were two situations that were fractured and divided by different feeling in relation to someone or something. Does this imply that there was a twofold functional process beyond the narrative?

The dilemma was that the feelings were exacerbated and with it, the split of the mind and the fractured narratives. *My first hypothesis was that ambivalence was the main characteristic of the presentation of this patient group. The exacerbated ambivalence was an acute disposition of the standard functioning of the mind.* This is because the extreme situation offered the observer an aggravated functional state in which the mind and the narratives were fractured. The same happened in the Freudian case of the Rat Man in which the ambivalence showed the love-hatred complex.

These facts, which were beyond the [observable] scene, like the love-hatred complex, allowed me to propose a *second hypothesis. This one was in correlation*

with a twofold functioning process. I called this process a dyadic functioning process. Therefore, I speculated that *there was in any subject a dyadic functioning process, which goes into an exacerbated functional state within the patient group, splitting mind, feelings and narratives in an acute way.* These primary hypotheses will be the main body of this theoretical work. From here on, different clinical cases will be added in order to give an account of dual narratives, their foundations, patient's presentations and demands and also the subjective position of the patient in relation to his/her ambivalent and twofold accounts.

It was mentioned that patients have the tendency to present with conflicts or oppositions in which it is impossible for them to choose between the alternatives. This brings me back to the notion of agency. In my opinion, the notion of agency is related to who we are. It is embedded in our narratives, and it is reflected in our possibilities and impossibilities that are stated in our discursive levels of communication. It is presented in a psychotherapeutic practice, when a client talks about him/herself. And this action shows a dual level of narratives. At times, the narrative system is presented by the patient as a contradiction in which transpires that the client has to take a decision but he/she does not know or understand his/her personal position.

I have observed these kinds of discourses in the mentioned patient group. The main task of the therapist is to unveil the subjective position of the patient, which is causing problems and feelings of uneasiness to the patient due to the doubtful interplay of the ambivalent elements. From here on, the work of the therapist is to help this client, to stabilize his/her situation and to question and to explore the subjective position in which the patient is immersed.

Once again, I have noticed, by following certain psychoanalytical observations and by working with patients in crisis, that there are two phases in the discursive

analytical situation, which developed a dual narrative system that integrates a problem and a solution as *phases of a process*. I shall call this *operation* the problem and the solution form.

In the first Freudian case these two moments were based on a therapeutic manoeuvre that Freud applied, which was solving a problem by the use of hypnosis [solution]. In the case of the Rat Man the patient's chain of thoughts was instilling a problem and a solution, maintaining the analysand in an ambivalent state. Do I love or hate them? It seems to be the question of the Rat Man in relation to his fiancé and his father. All of this implies that there is a *dyadic functioning process* within the mind of the subject, which repeats during the therapeutic situation. Here, I am talking about a functioning process within the mind, which is also operating within inter-relational situations.

A good example of twofold functioning is the one presented by Melanie Klein (1997, 1998), which emphasizes the development of the infant's object relation "the good part of love; and bad part of hate" (Caramia, 2008, p. 1). Klein's perspective is based on the ideas that the child's life is occupied by instinctual impulses: love and hate. This is a kind of primary function of mental activity or unconscious fantasy by which the infant constructs his/her internal and external world. These are instinctive conflicting bases of the subjectivity of the child, which are reinforced by the external interaction of the child with the mother and her "breast" that are in continual contact with the infant (ibid). This is also an ongoing conflict between a breast that is viewed by the child as a good and a bad object and vice versa.

This is because for Klein (1997, 1998), the mother is internalized as two partial objects, which are the first contacts that the infant has made with his mother: the good and the bad breast. The good breast is, for example, the imaginary presence

of an object, and the bad breast is the absence of it or, it is the object that has gone and left the infant alone. Here, the mechanism of introjection facilitates the appropriation by the child of the breast and its partial representations. The main characteristic is that introjection also allows for the internal presence in the mind of the child, of an idealized or positive object and an unsatisfying, persecutory and negative one.

For Klein (1946) the mechanism that divides this internal object is called splitting. This defensive mechanism is used by the infant in order to place a threatening or bad object outside him/herself and into the external world. At the same time, the child preserves the good object within him/herself by splitting it off from the bad one. The idea of splitting involves approaching the internal and external world of the subject by the separation between bad [negative] and good [positive] elements within the psychological reality of the subject. This ties up perfectly well with two types of scenarios and narratives. Because the twofold accounts will be divided by two objects: a good one [positive narrative] and a bad one [negative chronicle], which are integrated by a mechanism or function. Yet, in this case, the *dyadic functioning process* will link the split accounts.

Similarities to this division between ‘bad’ and ‘good’ elements, but in a pathological way, are found in the concept of cognitive distortion (Burns, 1980), which involves the extreme and irrational thoughts that are observed by cognitive psychologists while working with patients with personality disorder. It considers the concept of “the all or nothing” (ibid, p. 8) that sustains a [specular] phenomenon in which the client views the world in an extreme [pathological] manner. This could be related to the splitting of the mind or to the division of mental concepts, such as ‘black’ or ‘white’ because “the all or nothing” also sustains an extreme division of

thoughts.

Cognitive distortion associates with the fact that the subject's thinking process is based on extreme ways of viewing the world, which for dual narratives relate to the fact that there are two different scenarios [twofold accounts] presented by any subject in different levels or grades [extreme or not]. The extreme positions include both ends of these different views of the world, which are a characteristic of patients with personality disorder. As a consequence, dual scenes are based on a splitting mechanisms that allows the formation of a positive and a negative account while cognitive distortion informs us about the imaginary presentation of the concepts involved in the interplay of "the all or nothing". This suggests that beyond the duality of the concepts of 'black' and 'white' there is a dyadic functioning process operating and facilitating the process.

Patients talk about their views and experiences of the external world from an imaginary perspective while, in fact, they talk about their symbolic internal milieu. Here, the therapist has to be able to capture, symbolically, these primary partial identifications of Klein's good and bad breasts by listening to the patient's accounts. I have named the narrative that embraces the bad objects as the *problem form* and the one that contains the good ones as the *solution form*. This determines a comparison between my thoughts about a patient with an ambivalent mind and the construction of two scenes within a patient's accounts.

This way of thinking [problem and solution formed scenarios] could be similar to certain ideas forming cognitive behavioural therapy (CBT), but in fact, [in dual narratives] these are words to express a twofold movement during the therapeutic situation. The difference is that CBT used these ideas [problem and solution] to imply that the patient, who is guided by the therapist, changes his/her negative patterns of

thinking into positive ones as a way for the client to restructure, therapeutically, his/her views of the world (Beck et al., 1979). Yet, my ideas are rather different, here, when I use the words problem and solution form. Later on, I will go into detail about these issues.

For now, I would like to state that there are differences between CBT, which includes a problem-solving attitude, and my ideas about dual narratives. This is stated in order for me to be specific in relation to my chain of thoughts. Also, the term solution formed scenario might bring to mind solution-focused brief therapy. Here, the difference between the description of dual narratives, *problem and solution formed scenarios*, and solution-focused brief therapy, is that the latter is currently a discipline based on cognitive behavioural therapy, which encourages patients to talk about the future and to give an account of their skills and resources, which have been already used by the patient in a successful way in the past. This is done in order to encourage the client to continue applying the successful mechanisms (Ratner et al., 2012). This kind of approach that is effective in people with depression is also accompanied by assertiveness training and other therapeutic interventions. Here, there is prevalence on the acquisition of skills in order for the service-user to become a self-confident problem-solver (ibid).

Differently, the idea of problem and solution formed scenarios, which I have named dual narratives, are a tool to be used in the therapeutic setting in a non-directive way. The therapist does not give advice or does not teach strategies in order to improve problem solving strategies and personal skills. Dual narratives go beyond common sense in order for the patient, who is listened to by the therapist, to observe and to find his/her own contradictive system of narratives, which produces in him/her feelings of uneasiness.

This is a method in which the thought process of the therapist is guided, continuously, by a patient's chain of thoughts, which might be presented as split, and in need of unification. Therefore, the objective is to find out the knots of the chain of language in which the patient is trapped. Dual narratives are a kind of grammar, which affects the subject when the current syntax is experienced as extreme and contradictory. This creates an ambivalent system, which positions the subject, by which the subject positions him/herself, in a rather unstable place. The "all or nothing" (Burns, 1980, p. 8) are values characterized by this grammar, in which the patient imaginarily loses or gains, everything. This dysfunctional and extreme dual narrative system takes us away from a standardized view of the functioning of the mind, in which the illusion has to be balanced and stable in order to accept the loss and the gain.

I observed during my work with patients with personality disorder in crisis that the subject presents this extreme situation. *One of my hypotheses was that the subjective extreme situation was maintained by a subjective ambivalent position. My work was based on treating the ambivalent situation as an imaginary illusion, which was masking the subjective position of the patient.* In fact, the subject was beyond the "all or nothing". If one attempts to focus on this extreme situation [ambivalence], the result is the reinforcement of the imaginary illusion. I did not remain teaching skills in relation to the imaginary illusion of "the all or nothing". This is what cognitive therapy facilitates. My position was rather different.

I empowered the subject to talk about him/herself, moving the patient away from the ambivalent situation. Yet, my questions pointed out to the account of the dyadic position, interrogating the subject about how he/she was inserted between the dual components of the twofold accounts. What gains were involved? How he/she

benefited from the dual situation? In fact, I pointed out to what was beyond the dual narratives and how they were first constituted for the subject. My intention was to unfold the formation of the patient's extreme ways of viewing the world, finding contradictions and opening different routes for the patient to think about them. In fact, I pointed out to the patient that his/her ambivalent scenarios had to be seen as a continuum instead of looking at the extremes of the ambivalent ideas.

The presentation of my clinical accounts will show how the ambivalent situation, which is reincarnated in dual narratives, maintain an ontological account of the subject and how the elements contradicting these narratives have positioned the subject by which he/she has positioned him/herself in a unique place, attributing a subjective identity, which at times shows a conflictual situation between the conscious and the unconscious agency.

Therefore, the *problem and solution formed scenarios* exhibit a dual narrative system, which is unique, constructed and presented only in a particular therapeutic interaction between a patient and a therapist. However, it also repeats as a universal discursive form of interaction in the sense that it is formed by symbolic dyadic elements that are collectively embedded in each individual.

For example, symbolic twofold components could be the words 'black' and 'white' or 'man' and 'woman'. These elements are integrated in our discourse, creating pairs of components that are embedded in our language. Duality of elements here is viewed by me as a symbolic support of the functional system of language. The subject here deals with the dual elements in a specular way while, in fact, he/she is not aware of the functional system that supports the interaction of these symbolic components [representations]. These pairs of elements will also form pairs of sentences or statements, which will have the same value and opposition.

Therefore, every single pair of words could create subjective conflicts, depending on the narrative context, in which they are articulated, and relying on a personal interpretation that the subject attributes to them. These elements will also give an identity or a contradicting identity to the subject. In addition, one can say that a conflictual situation, in which the symbolic dyadic elements intervene, may be triggered by a solution to the struggle, so forming a dual process, which I have called the *dyadic functioning process*. The dual functional process of language here is beyond the ambivalent symbolic duality, which is experienced by the subject as an imaginary process.

This universal characteristic implies that narratives, which are formed by these opposite sentences or statements, have a series of enclosed patterns that are determined by cross-cultural notions, such as emotions or feelings (Hogan, 2003). The subject is surrounded by social representations of his/her particular culture, which allow him/her to construct personal accounts that include attitudes, behaviours and ways of expressing his/her emotions. Also, a particular behaviour could be a good or a bad one, which represents personal and social norms of these twofold symbolic elements that are present in the narrative. Social representations facilitate a code of communication or symbolic patterns within a cultural group while all the members share an understanding and evaluation of their situation (Moscovici, 1984, 1985).

There is an internal model of interaction within the subject that includes these dual symbolic elements, which are divided, as well, between, for example, good or bad components. This adds their representations and norms. It is for this reason that Freud was able to fill the gap of his patient's discourse by using suggestion [hypnosis] because of this universal character of the dual narrative within this particular client's utterances. The dyadic narrative shares a twofold symbolic pattern with all the

members of a particular culture. There is a belief system that includes dual narratives as patterns, which circulate within the language of each single culture.

The first of my own clinical observations exposes how patients with personality disorder while in crisis present with a dual narrative system. This will be done in order to expand the previously presented Freudian cases.

My case gives a description of how the subject is structured within a dual movement, in which the nature of his being is in a constant battle between two places [master and slave]. This is an ambivalent situation, which shows that the patient is not aware of it and that there is a dialectical relationship between these two roles [representations], which is presented by him in his split narrative.

One of these roles [the slave] is reincarnated by my patient, who feels depressed and low in mood due to the fact of having undertaking a particular place [subjective position] in life. *My main hypothesis in correlation with this case was that the patient's psychical structure was based on an ambivalent role and that the patient positioned himself and he is positioned by others in one extreme of these twofold roles. This was an ontological character, which I observed in dual narratives and that also unfolds a twofold nature of the being [subject].* Despite the dual variation of the role, the subject incarnates one extreme of the dyadic position. By placing himself in this place he started experiencing feelings of uneasiness. This case is similar that the one presented by Freud in the case of the mother who could not feed her newborn baby due to the fact that this patient is also unaware of the reasons of his feelings of uneasiness.

5) Ontological Duality

To continue, I will present this first observation from my work in the psychotherapeutic arena, which was taken from my practice as a mental health

practitioner. My background includes my previous work as a psychologist and as a community psychiatric nurse (CPN).

I want to say that my role as a CPN, within the public sector in London, is to assess a patient's mental state in order to decide if the patient needs a hospital admission or, if he/she has to be treated at home by the community teams. These assessments are facilitated by mental health services when a general practitioner refers a service-user to crisis teams or when the client presents to an Accident and Emergency Department, looking for help for his/her current mental state. Also, I have to put services in place for that particular patient. This includes referrals to counseling or psychotherapy.

In this clinical setting, I have been observing that patients have dual scenarios in their discursive presentation, in which their narratives are embedded. This is different to the dual idea of conscious and unconscious as presented by Freud. My viewpoint is that the universal construction of a symbolic world oscillates between dyadic linguistic elements, forming a twofold narrative or two scenarios within the discourse of the patient, which also includes unconscious phenomena. I will cite the observation of a clinical case to give an account of my exposition.

What follows is a case study designed to support the idea that patients with personality disorders who are in crisis present with ambivalent situations like the ones mentioned in the previous Freudian cases. This clinical observation takes into account that a patient could display conflicts or oppositions in which the patient [via his/her agency] feels incapacitated in deciding the most convenient, easiest option in hand. Instead he maintains a place in which he feels uncomfortable, getting depressed and suicidal.

Mr. X is a 36-year-old white English man who works in “graphic animation”. He holds a degree in Art and he has been working in that industry for quite a long time. He has undertaken an MSc in that specialty but his line of work is poor because he believes and experiences that “the market is very competitive”. Despite this, he mentioned that he is a very creative person and loves working within the art industry. Mr. X was referred to my team by his general practitioner (GP) and came to see me because he had been depressed for a couple of weeks and he had even thought of killing himself.

The first interview with the client includes an assessment, which follows the presenting complaint, adding social circumstances, psychiatric history and a mental state examination. This primary meeting is very important in order to set up the basis of the length of the intervention provided by the service and the kinds of expectations that the client brings to the assessment. The plan will be communicated to the patient at the end of the assessment, providing a negotiation of the planned outcome.

Despite this, during the assessment the patient stated that he was not suicidal or at risk to himself or others. This was different from the first communication transmitted by his GP to our team, which stated that the client was suicidal. The GP also informed the team that the patient had previously been diagnosed with a personality disorder.

Due to the lack of risks, I suggested to the client that he should undergo psychotherapy. This would be done in order for him to gain an insight into his depression and to undertake a long-term treatment. I proceeded with the referral for psychotherapy. He did not want to take any medication. Therefore, the idea was that our team would follow up the service-user while he remained in crisis. This includes a minimum standard period of approximately three weeks in order to monitor mental

state and risks. During this period, I worked therapeutically with this patient in order to contain risks, to prevent acting outs and to review his subjective situation, which made him depressed and suicidal. This is a fragment from the assessment and some of the meetings I have undertaken with this patient.

In this first meeting it was observed that Mr. X was in a conflictual position. His narrative was based on two discursive scenarios. On the one hand he stated that he was bullied at school, when he was younger, because he was overweight and clumsy. This situation from his childhood appears to be re-enacted in the presenting complaint, whilst he talked about his position as a graphic animator in a very competitive market that, like all capitalist systems, looks for efficiency, fast responses and serial production. This was also demonstrated when he told me that in his actual job, which was freelance, he had overheard that one of his managers did not want to give him any more work because he was “slow”. He told me that he did not mention anything about this matter to this manager. This re-enacted his position as a child, in which he could not defend himself and allowed other children to bully him.

From this account on, when the patient mentioned that he had being bullied when he was a young boy, the client, without even know it, had already brought into the first session certain material, which was recognized by the therapist as primary. This is because the event of “being bullied” connected with the current problem [being called slow: low in mood, depression and possible suicidal ideation]. One can say that the patient was unaware of the connections between this first utterance and what will follow.

Mr. X continued narrating that in relation to the animation industry, he felt that “I know that I am not one of them there”. And he said that he was just waiting for

them to give him some work to do because the money was very good. He stated: “I am waiting for someone to throw me a bone”.

This expression, which occupies a very important value [the value of a signifier], has a very heavy weight within the patient’s utterance. The therapist listens to a patient’s accounts looking for statements, sentences, words or representations, which are in connection with the current problem. In this way the therapist thinks of the possible connections between the problem and the solution formed scenarios. At times, the utterances relate to unknown subjective material, which places the patient by which the patient places himself in a certain subjective position. For example, my hypotheses in relation to this particular expression [I am waiting for someone to throw me a bone] were that the phrase unfolded the unconscious and the unwanted place in which the patient was experiencing feelings of uneasiness. This is because he was not aware of the implications of that place, which depressed him. He only thought of the “benefits” of obtaining “good money”.

This shows that he was waiting for their charity, occupying the place of a slave. This situation located him in a place that did not help him and made him feel depressed. For now, I only want to mention that in this case, the phrase: “I am waiting for someone to throw me a bone” [which has a special value for this patient], represents the patient’s subjective position [a slave waiting for the charity of the master] that is articulated in his discourse.

The second discursive narrative is formed by a scenario that is presented by the patient as an attempt to solve the first one. This was produced by the patient while he was prompted to talk about something positive in his life.

Mr. X had been involved in different jobs and one of them was teaching art in one of the Universities in London. He had the opportunity of undertaking certain

teaching qualifications and even a PhD. This was a situation in which he did not find any bullies, or at least at that moment, but the money was not that great. He also stated that: "I am one of them there".

The question here is: Why is this patient engaging in these two situations instead of taking the most convenient one for him, as a solution?

This is an interrogation that relates to this patient's subjectivity, which characterizes the psychical activity of this subject. In this case, the narrative of Mr. X associates with a subjective position, in which he has to wait for someone to throw him a bone. It was stated that the discursive use of this phrase by the patient stated his position as a slave or a dog before his master or owner [manager]. This means that this patient, unconsciously, positions himself and he is positioned by others in a place that re-enacts his childhood in which he was bullied by others and subjected to their power.

The idea, here, is to show the client that he is unconsciously placed in this subjective position that makes him feel depressed and suicidal. This has to be done by the therapist in a gentle way, containing the patient's anxiety, and encompassing his way of thinking this new information in order to avoid the patient's acting outs. It is a priority that the client receives information, via interventions, about his own subjectivity, which is an unknown situation for the subject, but it is presented in a masqueraded form in his/her dual narrative system. Silence or lack of interventions on the part of the therapist, in this case, would create more anxiety and a long-term problem, which the patient might never resolve. This is because the patient might avoid any other therapeutic interventions due to his previous experience with a silent therapist.

The patient is already in crisis and he/she needs to be emotionally contained [by the use of language], from a psychotherapeutic point of view [discursively], in order for the patient to re-view his/her reality that due to the crisis presents as destabilized. Emotional containment is given by creating rapport with the client and offering a place to talk about his/her current reality. This also includes an analytical place in order for the therapist to listen to the client's main concerns, linking them with the discursive material. This is not about producing a regressive state of mind but a *link of different utterances* in order to re-establish a lost balance, which is the result of the crisis.

The best way of doing this is by listening to the patient's narrative, in which the different values of the accounts will provide the basis for understanding and translating the patient's reality into new personal information. This includes comprehending the subjective position of the client. For now, I would like to say that in applying dual narratives one has to use an inter-game of containment and rapport, which interacts with the psychotherapeutic work.

This includes analyzing the dualities that unfold in the discourse of the client. Interventions are based on the detection of representations that are connected with certain unconscious material, which have to be re-discovered and analysed by the therapist in a positive way, creating new meanings for the subject. This is something that the patient brings to the therapeutic setting instead of being something that the therapist suggests. Here, the therapist is not helping the client to gain new skills but bringing to light, by the use of interventions, why the unconscious agency has produced undesirable actions and behaviours in the subject.

In the clinical observation of Mr. X, there are certain elements that I want to point out. First of all, in this case, there is a dual discursive scenario [conflictual and

ambivalent material] that the patient is showing us: these are the animation business and the teaching job. These two scenarios relate to a dual form of presentation. One of them is sustained as a problem form. Here, the unconscious is discursively stated by “the other scenario”, in which the patient seems to be the slave or the dog waiting for the bone from the master. The other one, the second narrative, appears to be the solution form. And this is the one, which the subject feels he can identify with. He stated that he belongs to that scenario [conscious], when he said that he is “one of them there”.

In the case of the mother who could not feed her newborn baby, there was also a problem and a solution. The problem was the incapacity that the mother experienced at not been able of feeding the newborn baby and the solution was externally imposed by hypnosis. This was related to the way in which Freud was dealing with the therapeutic interventions. In the Rat Man, there were also ambivalent feelings in relation to love and hate, which were associated with patient’s actions, for example, to remove and replace the stone. I imagine that Freud’s therapeutic work was based on treating this patient’s doubts via interpreting the unconscious material. Both Freudian cases sustain the aim of the therapeutic alliance, which is to solve a problem, within the ambivalent mind of the patient, based on a recapitulation of an interactional encounter with the other [the therapist].

Again, Mr. X’s discourse presents with an oscillation between a problem and a solution form that, in fact, is ambivalent [duality of mind] and, as a consequence, he cannot make a decision, feeling depressed and low in mood. The therapist’s role, here, is to reveal to the client, via interventions, his subjective position. Therefore, the therapist will hypothesize about the unconscious material, expressed in the client’s narration, producing interventions in relation to the analyzed material and taking into

consideration dual accounts. Here, the patient will be able to think about the interventions, which have been based on his subjective position. This will give the subject the opportunity to have a conscious choice. This is because the work of the therapist will translate the unconscious subjective position into a conscious one.

For example, the unknown role of “a slave waiting for a bone from his master” was interpreted by the therapist and re-signified by the patient as an unwanted and an unknown situation. Yet, the patient became familiar with his ambivalent positioning. The consequences of this is that the client will have to accept the loss of one side of this ambivalence in order for him to move away from it, recovering part of his will-power. This is obviously a long-term exercise, but the subject becomes aware of his/her subjective contradictions, after the therapist’s intervention.

Yet, Mr. X presented with this duality, in which his will-power was incapacitated, and he could not choose the solution formed scenario as the definitive one. Instead his doubts were increased and he attempted to deal with the problem formed scenario, which depressed him, every time he had to deal with the actual business in hand. Duality here involved the character of the agency, which is intentional and unintentional. This is a dynamic movement that represents a dyadic functioning process as an impasse of the action of the subject.

There are other factors to take into consideration in the narrative of Mr. X, I do not want to extend this observation, but my viewpoint, here, is that this dual construction is part of the constitution of the subject. Duality is a way for the subject to negotiate his/her existence, which is within a dual functional system.

Some patients, who have personality disorders and present in a therapeutic situation while in crisis, are positioned, most of the time, between two narratives. Despite this, twofold accounts are not easy to detect in a standard subject. This is

because other patients [neurosis] who do not belong to the patient group, in general, maintain good levels of integration of positive and negative elements, which are expressed in narratives. This is because they do not view the world so extremely.

Yet, in crisis situations one encounters severe situations aggravated by the patient's extreme ways of viewing the world. Here, subjects present to the therapist with a fractured mind and discourse. One can envisage that this split of the mind and language is present in every single subject but in a different level or modality. This is not as extreme in every single subject as it was observed in the patient group. Yet, in general, the mind and the language of the patient remain split because these two systems [mind and language] are supported by a dyadic functioning process, which is based on interplay of dual symbolic components [separating and differentiating elements]. It is for this reason that the problem and the solution formed scenarios allow a division of two subjective narratives that are separated by a void, which facilitates a space for the subject to question his/her subjective existence. This is what has to be unfolded in dual narratives therapy.

The interventions of the therapist have to trigger a process in which will-power is maintained by the subject as a question or doubt about his/her place in life that is also re-enacted in the therapeutic situation. The work of the therapist is to clarify these dual scenarios, in which the person is trapped. And this is done in order for the patient to gain an insight into his/her will-power and personal obstacles. As a result, the unconscious elements that the patient brings into analysis will become consciously subjected to choice as compared to when they were unconscious (Ahumada et al., 2006).

If there is a patient in analysis who talks to the analyst, he/she could mention those dual scenarios, which are the product of his/her existence. The subject is the

result of an inter game of two main discursive interactions. These are the external introduction and the internal appropriation of narratives, which made and condemned the subject. This relates to a position of *assujettissement* (Foucault, 1979), which means that the subject is introduced into the world of language by the narratives of those who pre-existed him/her. At the same time, he/she is positioned in a place in which he/she is subjected to these narratives that have determined his/her existence as a subject.

The dual formed scenario, which has been formed by these discursive interactions, represents a pattern of narratives that is embedded in our language, which includes the unconscious system. Our caregivers introduce us into the symbolic world, externally, but at the same time we appropriate and change that reality through experiences, which are conscious and unconscious (Rucker & Lombardi, 1998).

The next clinical observation attempts to reinforce the idea of the existence of dual scenes: *the problem and solution formed scenarios* in the discourse of the patient. Yet, in fact this new case presents *a variation* in the way that the scenes are unfolded.

In order to understand this, firstly, I would like to say that one could find that a client presents with *a very negative story* about him/herself, and another account, which is positive, relatively. Here, there is 'a kind of equilibrium' between the dyadic elements of a dual discourse [negative and positive thoughts] despite that *the negative scenario is more extensive than the positive one*. Yet, at times, there is not balance between the positive and the negative elements. This brings me to state that there are different variations of these dual narratives. Secondly, in certain observations, the negative scenario is rather extreme and complicated. In these cases, which are rather common scenarios presented by the patient group, the positive scenario is *repressed*

and the negative one takes over the whole discourse of the patient. And thirdly, on other occasions, the negative and the positive scenarios are equivalent and the client is more likely to be rather insightful about his/her ideas. This is observed in standard subjects.

I believe that the less integrated the scenarios are, the more problematic the presentation of the client is. Here, the role of the therapist is to intervene in order to establish a balance between the dual scenarios: *the problem and the solution form*, in relation to the desire of the service-user. This is because the typical characteristic is that the positive utterance appears to solve the problem or question that is formulated by the negative account, without the patient's knowledge of it.

I have stated that, in certain occasions, the solution appears also repressed. These dual storylines are present, at times, in the narration of the client and, at other times, there is only one script, which I called "the negative scenario" while "the positive chain of events" is absent. Here, the work of the therapist includes working with the unconscious material, which forms part of the repressed positive narration. My position, here, is that the therapist, by listening to the patient's accounts and intervening in relation to the analyzed material, empowers instead of directing the client to listen to his/her own discourse and contradictions.

The next clinical material is an account of a patient who presented the solution formed scenario in a repressed form [absent]. *My hypothesis here is that dual accounts are not always communicated in the narrative, but at times, one account, the solution formed scenario, presents repressed or absent.* This is because the fractured mind and the narratives are exacerbated, prioritizing a negative view of the world that is constantly exposed by the patient in his discourse. I have observed this as a main characteristic of pathological personality disorder patients who are in crisis when they

have talked about this negative views of the world that have refrained their conscious agency, invading their narratives, making them feel unease, depressed and at times, suicidal.

6) Dual Narratives Containing a Repressed Component

This is the clinical material from a patient I met after an assessment by other professionals within the mental health services in an Accident and Emergency Department (A&E) in one of London's hospitals. This patient was followed up by me after an overdose because he needed to be seen on a regular basis in order to avoid a hospital admission and risks to himself.

My role in this particular case was supporting the client whilst he was in crisis and helping him to gain an insight into his 'acting-outs' and previous personal history. As a mental health practitioner, this is a kind of role that involves psychological interventions in order to prevent deterioration of a patient's mental state. This was a short-term input, until the crisis was resolved. This patient was followed up by a private psychotherapist for long-term treatment, after my intervention.

The case of a male student at Cambridge University shows how one narrative [positive] remains hidden while the other one [negative] takes over the whole discourse of the subject. The negative elements, which were discursively presented in the account, informed us about an unconscious secondary gain or unconscious pleasure [*jouissance*] that the patient continuously experienced by the use of his negative thoughts. This maintains the subject in a position of *pleasurable disturbance*. "*Jouissance*, is properly speaking what goes against life" (Lacan, 2007 [1969-1970], p. 45). And, it involves the mechanism of repetition: "What necessitates repetition is *jouissance*" (ibid). This is because repetition not only relates to the normal cycle of life but also to "the return of the inanimate" (ibid), which Freud associated with the

death drive. This means that when a narrative repeats as negative, in fact, what is at stake is the return of the death drive, in the form of *jouissance* or via a *pleasurable disturbance*. Here, the negative chain of thoughts was displaying the pleasurable disturbance that was refraining the patient's conscious agency.

The afore-mentioned patient came to a consultation after an overdose [first one], which occurred when he was feeling that his coping mechanisms were not efficient anymore. He could not study or concentrate, he was suicidal and started self-harming. He took an overdose of fifty-six tablets of five hundred milligrams of Paracetamol because he did not want to live anymore. This was in the context of being rejected by his current partner, who was another male, twice his age. The patient did not want to give much information about his partner. My client described himself as a homosexual, having had only one relationship lasting several months. He felt his mother might have struggled with his homosexuality, initially, but he does not feel that this is a current problem. He stated that his father was *horrified* about his sexual orientation.

The presentation of this client was very different from an ordinary young male. He presented looking older for his age; very negative about any issues he could bring into a session, and he enjoyed challenging me about "knowledge" in general. I decided to maintain a high level of abstinence in relation to his questions. This included being in relative silence, covering myself with an "obscure cape", in order to avoid this patient's fantasies, which could affect transference (Carveth, 2007). Yet, he wanted to know about my thoughts in relation to my personal opinions on current affairs. Instead, I challenged his negativism, which was expressed by the use of a sequential line of negative ideas. Also, he described his mood as very low and labile, with fleeting suicidal thoughts and ideas of self-harming. He was acting impulsively

by superficially cutting his arms, when he was affected by, for example, the contents of a television programme. He self-harmed in isolation.

His narrative was always elaborated in a negative form. He focused on cynical points. For example he spoke quite harshly about an uncle he had recently visited, and expressed his dislike towards him, ignoring the suggestion that this was a projection onto his uncle. When asked about what he enjoyed, focusing on more positive things, such as running or going to the gym, he dismissed this relatively quickly. He was recently given a diagnosis of personality disorder. He mentioned that he was searching the Internet because he wanted to know about this diagnosis, which was given to him by a psychiatrist. He was concerned about his “splitting mechanisms” and he recognized that he saw things as ‘black’ or ‘white’.

I comprehended that the positive narrative was repressed and absent from the scene. The negative account was embedded in unconscious pleasure, which I understood as a feeling of *pleasurable disturbance* that he manifested. He stated that he was very focused on television programmes: “I have felt *negatively inspired* by some of the contents of certain ones”. He did not want to go into detail about the material or themes of those programmes despite the fact I told him that it was very important to talk about his thoughts.

In addition, his gaze expressed a kind of enjoyment while he was narrating his current situation, which was more related to a perverted masquerade of death than an enjoyable feeling of life. This coincides with certain ideas that Schafer expressed in his works. He stated that there is “a gain of pleasure concealed within the chronic psychological suffering that analysands present for treatment. It is now one of the chief aims of psychoanalytic work to interpret this gain in pleasure” (Schafer, 2003, p. 1).

I believe that *interventions instead of interpretations* around this secondary

gain facilitate a more effective way to operate for the therapist. This is because an intervention is based on a therapist's hypotheses, which could be less oppressive than an interpretation. In addition, the action of interpreting patient's contents of the psyche positions the therapist in a place of total knowledge when, in fact, the therapist is supposing to know 'something' about a patient's internal reality. I want to reinforce, here, that it is a priority that the therapist has to base his work on his thought process, which does not have to maintain a place of total knowledge, while interacting with patient's internal reality.

The repetition of the negative thoughts of the Cambridge student communicated something else that the patient could not tell anyone. In fact, it appears that he wanted to say that there were certain issues in relation to his father and mother that he could not understand nor communicate on a one-to-one basis. At one point, he stated that he felt unable to talk freely with me. The patient agreed for me to meet his father, who seemed very distant in relation to his son and the young man's problem. The father, a middle-aged man, was a doctor in medicine and had had a very good reputation associated with this career. My patient also was studying medicine at Cambridge University but he was not enjoying the course. His mother was a professional as well. She was a surgeon and "very busy attending her patients".

The patient spoke about his father in a rather dismissive way. For example, my client mentioned that his father was unfaithful to his mother, which gives elements in order to understand the devaluation [dismissive character] of the father figure and the male figure that comes from the act of unfaithfulness. It is for this reason that he was very upset with his father. He stated: "My father did not exist for me after that". It transpires that he could not integrate the problems that his parents might have had within their relationship.

After several meetings with the client, the team reached the conclusion that the client was not suicidal and there were no risks to himself or others. The community team and I decided to discharge the client giving him the responsibility of holding and administering his own medication (I want to clarify that my work with patients in crisis is only a short-term intervention, while the crisis resolves). The discharge medication was composed of antidepressants and sleeping tablets. As soon as he was discharged from the community team, he presented in the Accident & Emergency Department again, after an overdose [second overdose] of the medication prescribed. The client was admitted to hospital and I had the impression that he wanted to communicate something else by the use of this second overdose.

The man, who has taken two overdoses, repeats feelings of extreme anxiety. As a consequence, one can observe 'acting-outs', which are messages in its own right. This observation is in parallel with the case of little Hans, who presented anxious in relation to the absence/presence of the phallus. This is because he found that his mother had not got the phallus while he thought, "all animate beings have a phallus" (Lacan, 1962-1963, [VI], p. 70). Lacan, in his *Seminar IX*, "Identification" defined anxiety "as a sensation of the desire [gap] of the Other" (Lacan, 1961-1962, [XVIII], p. 244). The Other, here, represents the place of language, which has an absence and facilitates the desire [gap] of the subject. If there is an absence, there is a possibility to fill the gap with some kind of desired object. Anxiety, here, is the effect of the gap [absence], the consequence of the unexpected.

One can state that the Cambridge student acted out his anxiety, which was increased due to feelings of immense deception that the family narrative produced in him. I have already stated that the father was unfaithful to the patient's mother and this seemed to cause a lot of distress to the young man. The desire of the father, here,

incarnated the desire of the Other [an absence]. It is for this reason that the idea of an absence in the other [desire of the father], who might have gone with another woman, could have produced feelings of rejection in the patient. The very same emotions are repeated within the subject, when the community team discharged him, and when his partner rejected him. The consequence of this, for the subject, was an increasing anxiety, and as a result two overdoses.

Therefore, the enactment of a fantasy, in which the father left the mother [or him] for another woman, activated his anxiety and as a consequence the client acted out his feelings instead of verbalizing them. The most important thing to observe, here, is that the patient's sexual election was of a man whose age was in parallel with the father's age. By undertaking this acting out, the Cambridge student was communicating to us that he wanted to retain his father, and the best way to do it, was by positioning himself in the place of "the other woman", who was dating an older man.

This also coincides with the subject's identification, in which he identifies himself with the other woman. Lacan, in his *Seminar XXI*, "The non dupes err" (1973-1974) mentioned that "the woman, namely, she who does not exist, ... [is] an imaginary of the void" (Lacan, 1973-1974, [I], p. 16). Here, *jouissance* is at stake because for Lacan, "*woman* does not exist, woman is not *whole (pas toute)* [some remains] –woman sexual organ is of no interest (*ne lui dit rien*) except via the body's *jouissance*" (1999 [1972-1973], p. 7). In fact, my patient identifies with the *jouissance* of the other woman. At the same time, he wants to destroy her [himself via identification] by taking overdoses and experiencing negative thoughts. It is, here, where he becomes the other woman, who also enjoys [secondary gain] punishing her [himself via identification]. He experiences negativism as a way to reinforce the

thought that the other woman has not got the phallus [she is also incomplete]. The refutation of women's existence in Lacan's works is due to the consideration of the phallus in relation to gender identities.

The phallus is considered as a symbolic organ [absence of a signifier], which marks the imaginary absence of a penis in a woman's body (Johnston, 2011). It is for this reason that *jouissance* is experienced in a woman's body as shapeless, as a surplus of *jouissance* and as a *privation* [real hole] (Guignard-Luz, 2010). Also, the distribution of feminine and masculine *jouissance* allowed Lacan to qualify feminine as non-phallic *jouissance* and masculine as idiotic *jouissance* based on their different qualities (Anonymous). Phallic *jouissance* relates to the impossibility of the One [lover's unit] sexual relation (ibid). Yet, for Lacan "[a woman is] not-whole ... she has supplementary [extra] *jouissance* compared to what the phallic function designates by way of *jouissance*" (Lacan, 1999 [1972-1973], p. 73).

It is for this reason that the Cambridge student, who identifies with the other woman, is reinforcing his corporal enjoyment [*jouissance*] by self-harming, by increasing his negative thoughts and by adopting the position of the degraded woman who is choosing an older man. In other words, my patient [in fantasy] becomes the other woman, who has all the men and keeps some *jouissance* for her corporeal enjoyment, telling us that a woman does not exist because women do not have a penis, which is the imaginary representation of the phallus.

I understood that, for my patient, the Other (place of language, law and knowledge) was associated with the representation of a male and a female figure [his parents] within his subjective reality. The Other knew too much about everything but, at the same time, that knowledge was challengeable, and in certain cases, he felt and attempted to disqualify that information. This coincided with the parents' professions

and with the current marital problems. I also observed that men, for my patient, had to have a special characteristic, which makes them unsuitable for something, or they had a lack or deficiency in a specified respect. For example, during one session this patient narrated a previously stated visit to an uncle, who was “a good man” but “irritated me very much”. This was because his uncle was “very negative about certain issues”. My patient did not accept that he was projecting his internal thoughts onto his uncle. He just wanted to disqualify any male figure at the same time as he was doing it to himself.

It was very clear that the “repetition [of the negative thinking] was based on the return of jouissance” (Lacan, 2007 [1969-1970], p. 46). The client repeated, unconsciously, the negative thinking as a way to prioritize jouissance over his life instinct. Also, the Cambridge student had to situate the Other [father] as a castrated by reinforcing, attacking and disqualifying the other [father], and in particular the male’s knowledge.

My impression of this case is that the patient had feelings of longing for the father and with it the father’s function, which appeared “morbidly elaborated”. This is similar to the Lacanian analysis of the Freudian case of little Hans, in which the figure of the father appeared rather weak (Sauvagnat, sd.). Lacan analyzed the case of little Hans in his *Seminar IV*, “La Relation d’objet” (Lacan, 1994 [1956-1957]). For Sauvagnat, “Lacan thinks that Hans' father, in spite of all his efforts, offers no effective way of guaranteeing the father function; the final formula proposed by the child is the following: "I will marry my mother and daddy will marry his", which cannot be considered as a classical outcome of the oedipal conflict (Sauvagnat, sd., p. 1).

I would like to expand the metaphor of *the name of the father*, here. This is a

Lacanian construction that was inspired by the monotheistic religion, in which there is a third party [Other] involved. *The name of the father* “has the value of a formalization” (Miller, 2008, p.1) which differentiates between “place and element” (ibid). “First, the place denotes the function; second, the element can be substituted for, at the same place, by any other element” (ibid). It is important to “discriminate between the symbolic father, that is the "plain symbolic function", and the degraded imaginary function”... Lacan noted that both resulted from the incapacity of the patient's father to live up to a "full" father function; this compelled the patient to [a] morbid elaboration about the ‘name of the father’ ” (Sauvagnat, sd., p. 1).

Butler sees *the name of the father* as a threat, in which the law of the father “determines appropriate kinship relations” (1993, p. 100). From this point of view, the subject will unconsciously and passively submit to the father’s laws or rebel to it in a contestatory way. The Cambridge student undertakes this contestatory way by communicating his deception in a way that “horrifies” his father.

Therefore, *the name of the father* attempts to inscribe in the subject a kind of order, which represents “our Rock of Gibraltar” (Fink, 1995, p. 74), in the neurotic subject. In “The Subversion of the Subject and the Dialectic of Desire”, Lacan stated that: “The Father the neurotic wishes for is clearly the dead Father...the perfect master of his desire” (Lacan, 2006 [1966] p. 698). And this is what *the name of the father* involves: the place of the desire of the Other, which is the primordial signifier and represented by Lacan as S_1 , which allows it to bind to another signifier, such as S_2 within the signifier chain. It is for this reason that Lacan stated that “a signifier [S_1] is what represents the subject to another signifier [S_2]” (2006 [1966], 694), in which S_2 retroactively gives meaning (“s”) to S_1 during the analytical experience.

In the Cambridge student there is the problem with the increased anxiety that

relates to the rejection and absence of the other [desire of the Other as a gap]. The desire of the other (mother), who seems always absent from the scene, “very busy attending her patients”, reincarnates the lack of the Other.

The question, here, is: What does the Other want? The answer is limited to granting an absence on the side of the mother. Here, “the degradation of the father's image is determined by the mother's desire” (ibid). The mother desires beyond the father and the patient. The father was present all the time (he was accompanying his son and waiting for him while the young man was attending his appointments and he was always present in the discourse of the patient), and when he was absent; he wanted another woman beyond the mother of the client. For Lacan, there is something similar in little Hans, when “the child is anxiety-stricken because he doesn't know where his desire for the mother- confused as it is with the mother's own desire - is going to take him” (ibid). It appears that it is going to take him to an absence, which triggers anxiety.

The case of the Cambridge student adds another issue, which is in relation to a negative thought process and to the question proposed by the subject to the Other: What does the Other want from me? This is based on an answer to the question that, in this case, it is not imaginarily ambivalent. This is because the patient does not present any positive constructions in relation to this interrogation.

In this case, the positive part of the sentence is repressed. Jouissance takes over by restraining the positive thinking of the narrative of the subject. The Other, for the subject, is the one, who rejects the subject. This also relates to the Lacanian phrase “the sender receives his own message back from the receiver in an inverted form” (Lacan, 2006 [1966], p. 246). With this I want to state that the subject produces a refusal by maintaining a spurning behaviour that is taken by the Other -via the

imaginary other- as unacceptable, and as a consequence, triggers the dismissal action.

The father does not accept the behaviour of his son, the Cambridge student. This is demonstrated, when the patient stated “my father was *horrified* about my sexual choices”, which, in fact, seems to be a response from the young man to his father’s election of another woman. Here, there is an unconscious agency that acts by retaliating against the father, or in other words, in a functional way, against the function of the name of the father.

The case of the Cambridge student has emphasized the notion of agency in psychoanalysis, which involves two scenarios of the narrative of the subject. In this particular case, the *problem formed scenario* is invaded by anxiety and presented in a negative form. The *solution formed scenario* is repressed or absent.

The gap between the two scenarios represents the function of the *name of the father*, in which via castration, the subject interrogates the Other about his/her desire. The Lacanian metaphor of “the name of the father” (Lacan, 2006 [1966], p. 230) incarnates a representation of the person who supports the function of the father. In other words, the metaphor of the *name of the father* is a personification of the enigma [empty signifier], which is occupied by a primordial signifier representing the dead father of the incestuous mythological Oedipus complex (Zizek, 2007).

Is it here that the concept of the Oedipus complex has to be reinterpreted as a *dyadic functioning process*, integrating the love-hatred complex from the subjective position? Is this an integration of the basic dual structural functional process of the human being that triggers the desire of the subject, which is facilitated by the presence of dual elements [dualities]?

In the case study, rejection [feelings of emptiness] positions this patient in a very negative place, in which his identifications get muddled up with feminine

fantasies of retaining his father. This shows unconscious fears presented by the subject in relation to losing his father because the function of the *name of the father* is morbidly elaborated.

This previous case brings me to mention that the idea of dual narratives is connected with the patient's sexual identity. In particular with the sexual orientation and desire of the subject which associates with the dual inter-game of the words feminine and masculine [woman-man]. *My hypothesis, here, is that the foundations of sexual identity are supported by narratives, which are presented by two oppositional terms or components. Despite this, sexuality is an interactional process of bio-physiological, inherited and socio-psychological factors.* My hypothesis is equivalent to say that the subject is positioned and positions him/herself in relation to pre-determined narratives [and dynamics], which show an ambivalent relationship between elements. For example, the ideas of a 'woman' or a 'man' are two components that present oppositional values, which are unfolded in narratives. In order to observe this inter game of dual symbolic elements that are interacting in dual narratives, I will introduce a new clinical material.

7) Opposite Dual Components as Foundations for Sexual Identity.

Sexual orientation, in which the subject occupies a place in life based on his/her sexual role and an election of a partner, is something that is portrayed in patient's narratives. The current clinical case presents the display of a patient's account, which is dual and split into two different representations or components, which acquire two different *values*, depending on the opposition of the words used in the subject's speech. This dual aspect, which is embedded in the discourse of this patient, has a characteristic of being incorporated within a binary chain of representations. Here, it is the dyadic difference of the value of two words that confers on the subject a sexual

role and a position in life, which is supported by a dyadic functioning process.

The idea of split storylines, in which the problem and the solution formed scenarios appear divided, could be exposed in patients' narratives by the presence of phrases [sentences or statements], which are ambivalent. This special syntax has the attribute of being unfolded by the subject as conflictual because they convey messages that have been imposed upon the subject by others.

The present case shows the value of this syntax as conflictual material between patient's wishes and pre-determined narratives. This means that the value of dual narratives is also exposed by ambivalent phrases, which trigger in the subject, during his/her discursive account, feelings of uneasiness. This is because the patient feels that the construction of the syntax does not belong to him/her but was imposed by others.

The main issue is that this special syntax has to be considered as part of the subjective structure, which is difficult to modify. Awareness of the imaginary structuration process by the therapist, which is based on "structuration theory" (Giddens, 1984, p. 16) that includes "the concepts of 'structure', 'system' and 'duality of structure'" (ibid), will facilitate an insight into a patient's subjective position [role] in life. And this is the function of the therapist, to make possible an understanding into the patient's subjectivity, which has to be based on a continuum dual process rather than on an extreme ambivalence. The use of interventions by the therapist will trigger in the patient a thought process, which might remediate the ambivalent position.

This case study was extracted from my clinical work in Buenos Aires, as a psychologist, working in an outpatient private clinic. My role included the treatment of patients who demanded therapy because they were experiencing feelings of

anxiety, or in certain cases, depression, phobias, or they were grieving. The service was offered to clients who were privately sponsored by one of the healthcare services providers in the country. The assistance was composed of a multidisciplinary team, which was based in a private hospital. I was one of two psychologists working there, seeing adults and children. Depending on the presentation of the case, the approach used by me was rather flexible [positively eclectic]. I mean with this that I was able to intertwine different theoretical frameworks. Yet, my training was based on a psychodynamic perspective using Freudian psychoanalytical tools and English and French approaches. The latter included the Lacanian theory.

I want to clarify that this current clinical observation is not an account of a patient with a diagnosis of personality disorder while in crisis. The presentation of this material will allow me to give an idea of how dual narratives are constructed by the introduction of two opposite symbolic meanings. This gives the foundations of the subjective position of the client, which in this case includes also his sexual identity.

This shows the narrative of a patient who remembers a scene in which he was a little boy running in the streets meeting his father on his arrival from work to the family home. The age of the individual, when this account took place, was not remembered by him. He reported that, before this encounter with his father, he was making a set of long papier-mâché claws. He called them "tiger's claws". As soon as he finished making them, he glued them onto his fingernails. At that time, he remembered that the meaning of this act, for him, as a child, was: "I am like a tiger; I have claws like a tiger".

In telling the story, my patient presented the image of himself, as a child, having his hands up showing his "tiger's claws" to his father. The father of my patient was a working-class man, who worked as a bus driver. At the moment of the scene, the

patient's father was with a work-colleague, when they saw the boy running towards them.

During the analytical session, my client recalls his father's comments to his colleague, which were made in Spanish and based on a comparison that his father made between my patient and his sibling. My client had a younger brother.

The recollection of the patient was based on what his father said to his work-colleague: "Mira, uno de mis hijos me salió camión y el otro camioneta". (See, one of my children has turned out to be a 'lorry' and the other one a 'van'). When the client's father mentioned a lorry or a van, he meant to say: like a lorry or a van. The translation of this sentence marks the opposition and difference of two vehicles: a lorry (camión), which in Spanish is a male object, and a van (camioneta), which in the same language is a female one.

Nevertheless, the way in which the patient's father had interpreted the child's game of the "tiger's claws", had produced a totally new meaning for the patient. One can add that his father did not listen to the child, at the time of the game. If this had happened, the father would have had understood that the meaning of the act for the child was a totally different one. For the father, this was a feminine action, which was associated with having a long set of nail extensions that the boy applied onto his fingers, instead of having a series of "tiger's claws". Whatever, the meaning of "tiger's claws" seemed to have a much stronger and masculine value for my client. My patient remembered his thoughts of the event as: "I am like a tiger; I have claws like a tiger".

His father did not interpret this as my patient thought of it. As a consequence of his utterances, the father positioned one of his sons as a male subject and the other one [my patient] as a female one.

The reaction of my client, while he reported this story, was anger against his father, because of the outcome of the narrative. He did mention the effect of surprise that this situation still produces within him.

This brief observation brings me to mention Lacan's ideas of the Other as a place, from where the subject is supported and structured by the use of language. In my opinion, the place of the Other is a location for narratives. Lacan mentioned: "The Other of speech as being where the subject recognizes himself and gets himself recognized" (2000 [1955-1956], p. 168).

And this is the scenario, in which the Other is reincarnated in the imaginary father of my patient. This observation sustains a location that articulates a question for the subject: Am I a lorry (*camión*) or a van (*camioneta*)? Or in other words: Am I a man or a woman? This also maintains a place of twofold narratives, which is split, by opposition, between the values of the representation of the two words.

Here, the concept of agency is negotiated between the message from the Other and the submission of my patient to the accounts of his father. This appears to ascribe a place and a question, which is binary [Am I this or that?] for the subject. Nevertheless, the subject [by being subjected via narratives] tells us, how the activity of the functional recursive process was negotiated. As Lacan stated "the subject's act of addressing [*allocution*] brings with it an addressee [*allocutaire*] –in other words, that the speaker [*locuteur*] is constituted in it as intersubjectivity" (2006 [1966], p. 214).

Homosexuality, for Lacan, is not a subject's fixation to an anal, oral or even genital stage but "a question that arises for the subject at the level of the signifier, of the to be or not to be, at the level of his being" (2000 [1955-1956], p. 168). This means that narratives allow the subject to unconsciously take on certain sexual

characteristics or roles. This is because narratives communicate to the subject a sexual identity, despite the social negotiations that the subject has gone through within his/her existence.

At the same time, a patient in analysis presents his/her own constructed account in relation to his/her sexuality, which is conscious and unconscious, and directly connected to that place of the Other, who is "the One" who has transmitted an unconscious discourse via an imaginary other. Lacan stated that: "If it [unconscious narrative] speaks in the Other, whether or not the subject hears it with his ear, it is because it is there that the subject finds his signifying place in a way that is logically prior to any awakening of the signified" (Lacan 2006 [1966], p. 579).

It is for this reason that the patient of the case of the man with the tiger's claws felt angry with his father while he communicated to me this chronicle, which was imposed by his father and did not belong, at that time, to his constructed discourse. Yet, the narrative entered, at that particular time, into his symbolic system reinforcing a sexually imposed [alienated] identity, which this patient unconsciously accepted. This is because the subject wanted to be loved by, in this case, his father.

Yet, in fact, the subject unconsciously wants to be accepted and loved by the big Other. As a consequence there is a submission to the narrative of the father (Other). Lacan stated "nowhere does it appear more clearly that man's desire finds its meaning in the other's desire, not so much because the other holds the keys to the desired object, as because his first object(ive) is to be recognized by the other" (2006 [1966], p. 222). In relation to this, Žižek stated that: "Between the late 1940s and the early 1950s, Lacan tried to articulate the psychoanalytic process in terms of an intersubjective logic of the recognition of desire and/or the desire for recognition" (Žižek, 2006, p. 1).

I would like to draw a parallel between my case of the man with the tiger's claws and the case of Joseph Eisler. Lacan in his *Seminar III*, "The Psychoses" (2000 [1955-1956]) presented an observation of this analyst, who was a psychologist of the Budapest school during the 1920's. The patient was a tram conductor who, after having an accident by falling from a tram, presented with different symptoms, which were not from an organic origin. At the end of an extensive physical investigation, this patient was diagnosed as having a traumatic hysteria. He presented certain periods of crisis with symptoms of increased pain in his lower rib, which used to spread onto his side with an increment of discomfort. The main feature of this clinical case was that the analyst observed that his client presented a fantasy of pregnancy, which triggered the subject's question: Am I or am I not someone capable of procreating? (ibid, p.170)

The narrative of this patient was supported by a conversion symptom, which was a masquerade of his subjective homosexual position. Lacan reported that: "The subject finds his place in a performed symbolic apparatus that institutes the law in sexuality" (ibid, p. 170). It is important to mention that Lacan introduced the idea of a symbolic apparatus, while Freud presented a system or a mechanical apparatus of the psyche.

In the case of Joseph Eisler, for Lacan, the question for this patient "is located in the level of the Other, insofar as integration into sexuality is tied to symbolic recognition" (ibid). The dual symbolic elements that constructed this question are: Am I [or] am I not? which are the dual ontological base that links with the question: Am I a man or a woman? This relates to a *dyadic functioning process*, in which the human being is embedded when he/she has to deal with his/her sexual circumstances at that time. This is because there is a functional process, which operates around these

dual characteristics of language that institutes and organizes the subject within a certain imposed and transmitted order. Duality here is composed by symbolic elements that are supported by an action that is triggered as a dyadic functioning process.

Within the analysis of dual narratives, the therapist is able to listen and observe the subject's activity [agency]. Duality is a property of the mind, which was previously observed by Freud as a split of the mind [conscious/unconscious] in his work with neurosis. I want to state again that a patient with a personality disorder, who is in crisis, presents in therapy supported by a symbolic *dual functioning process*, which is observed in the *problem and solution formed scenarios* of the narrative of the client. Lacan observed something similar when he mentioned that "the dynamics of phenomena in the analytical field are linked to the duality that results from the distinction between the signifier and the signified" (Lacan, 2000 [1955-1956], p. 173).

This means that the subject in therapy refers to another scene, which is the one that is beyond the conscious ego. The inference is that the mind is dual or is supported by a dyadic dynamic process, which allows the subject, via sexuality, to position this ambivalent question via language about his/her sexual identity: Am I this or that? Lacan stated that in Joseph Eisler's case "this question was aroused as symbolic, and not reactivated as imaginary, that the decompensation of his neurosis was triggered and his symptoms became organized" (Lacan, 2000 [1955-1956], p. 170) He added that "his symptoms have the value of being a formulation, a reformulation, or even an insistence, of this question" (ibid).

The case of the man of the tiger's claws offers the foundations for the construction of dual narratives. This is due to dual narratives being articulated by two words [signifiers], which exposes a *special syntax mode*. The opposition of the

articulation of the elements that composed this grammar conveys a twofold construction that is transferred by the other and experienced by the subject as being imposed. This is because we are subjected to language. This transfers is based on opposite dyadic accounts, which are both positive and negative and its articulation depends on the subject's experience. The novelty is that this basic [positive and negative] articulation allows the subject a particular subjective position in life.

The foundations of dual narratives are two opposite words, which are valued and signified by the other, and transmitted to the subject as a way to place him/her into a certain socially linguistic place. These two words convey different meanings and representations, depending on their linguistic articulation within the chain of language. Sometimes, one of the components might be absent [repressed] from the narrative of the other but the meaning is still transmitted and articulated. If the linguistic chain portrays an overvaluation of negative thoughts, there is an increase of feelings of uneasiness and depression in the subject. This is observed in the therapeutic arena while a patient talks about an ambivalent situation in which negativism has been reinforced by past events. Previous experiences, here, are not only related to facts but to the transmission of messages via opposite words, which create ambivalence.

The presentation of the next case will attempt to give an insight into the articulation of these twofold components and how negative feelings of loss are emphasized and overvalued within the subjective position of the patient. Here, negative thoughts also trigger experiences of abandonment. All of this is based on ambivalent ideas, which question the patient's identity. The next clinical case interacts negativism with the duality of sexual identity, which is reflected in the question: Am I a man or a woman? *My hypothesis here is that sexuality presents as*

an ambivalent question, which in the patient group is exacerbated, increasing negativism and questioning the ontological place of the subject. The dilemma between “to be or not to be” is presented from the sexual identity viewpoint of the patient.

8) The Duality of Sexual Identity

This brings me to mention another patient, whom I have seen, continuously, for at least six months as an exception -crisis interventions are short-term support- due to her ongoing crisis. This was an observation undertaken by me in the same, previously mentioned setting [public sector], when I worked with patients in crisis in London. This is an examination of a case study of an Austrian female patient or Miss D.

This patient presented to mental health services with a series of ongoing situations, which were part of the *problem formed scenario* of her narrative. The facts were that this service-user had taken several overdoses, self-harmed and suffered from low mood and depression, for rather a long time. She mentioned: “I want to kill myself, no-one is helping me”. The current stress for this patient, while she demanded treatment, was that her current therapy -the patient was in therapy previously to our assessment- was reaching to an end and her therapist was discharging her from therapy. Her current therapy was a service provided to this patient, which had a specific time limit. Her therapy was finishing before she presented to our service, asking for help for the eminent end [loss] of her therapy.

She has been in therapy for more than four years. As a consequence of this, she felt that she was not going to be able to cope with the loss of her therapist. This triggered in the patient suicidal ideation. It was for that reason that she took a rather serious overdose before she was admitted to hospital. She had also had an eating

disorder in the past and currently, she stated: “I have been bingeing this week”.

This client has ongoing suicidal thoughts but when she drinks alcohol she becomes more at risk. She said: “I just want to go out and drink”. She also has a diagnosis of Emotionally Unstable Personality Disorder, Borderline Type given by a consultant psychiatrist. In addition, she has been in different relationships with men and women. She told me “I do not know what I want, if a man or a woman”. She also said “I cannot take any more of this pain” in association with the fact that her therapy was finishing. I would like to add that the current treatment that the patient undertook for four years, which was coming to an end, was previously allocated by one of the personality disorder units.

The *solution formed scenario* was composed of certain positive elements. This included the fact that she had, as a choice, to focus on her profession by continuing her education. This was implied in my interventions, which immediately produced a change in her mood, which made her feel more positive about her life, empowering her. She has a first-class honours degree in arts and she has been working in photography for a while. She enjoyed her work and she was currently doing some editing jobs, which acted as a protective factor against her suicidal ideation.

The main issue that Miss D. presented was her isolation and her mixed feelings and contradictions about her own sexuality. She did not know who she was, in relation to her gender, and also she had doubts about her election of a partner or a sexual object. Her extreme ways of perceiving the world and her fatalistic perception of certain situations had taken her to view “loss” (in this case: the loss of her therapist) as an intolerable fact, which triggered anxiety. As a consequence, her acting-outs became dangerous due to her feelings of not being able to cope and being unsupported in her struggle. She presented in therapy with the same characteristic

question that has been previously stated: I do not know if I am a man or a woman.

Her whole life revolved around this problematic question. This is also similar to the case of the tram conductor. Lacan suggested that the questions in this case were: Who am I? A man or a woman? and Am I capable of procreating? (2000 [1955-1956], p. 171) The observations around these interrogations were that "the subject's entire life is reorganized from its point of view" (ibid, p. 170). This means that the patient was thinking the world from a doubtful viewpoint, which relates to an *inconclusive subjective position*.

The Austrian female patient experienced abandonment in a very intensive way. Her negative scenario occupies a massive place in her narrative, while the positive storyline is very limited. The Other, here, relates to a presence, which is felt by the subject as permanent, confusing the client because she cannot think of a possible substitute for the loss of her therapist. The Other is also experienced, at times, as an absolute absence, in which her thoughts of losing her analyst [representation of the Other] become a terrified vacuum, triggering anxiety.

These feelings underpinned an empty space [absence of the therapist] with the sentiments of uneasiness in the client, in which the ultimate solution was "to kill myself" or "go out and drink", because she could not "take any more of this pain". At the same time, the Other is also a place of impossibility and lack of containment, in which "no-one can help me". All of these show the extreme situations in which this patient is placed. This also relates to her question about her identity: Am I a man or a woman? It seems, here, that the acceptance of the incompleteness of the Other is one of the main points that the therapist has to point out during the therapeutic work. This is because the other [Other] has not got her answers, or all the supports she needs. The other [Other] is also incomplete.

This and similar cases, which seem to be observed in extreme pathological states, at times, are presented in crisis as destabilized positions, giving an idea of the mind of the subject as split or dual. This is due to the fact that narratives are fractured and in need of unification. Integration, here, has to be proposed as a way to palliate the psychological pain of the client. One can infer that there is a fusion of narratives in subjects, who do not demand for therapy, when this ambivalent question is more consolidated. This might be because there is a more unified state of mind in these individuals with regards to their identity.

The integration of the *problem and solution formed scenarios* is a way to amalgamate the ambivalent question and as a result the patient would benefit from a more fortified identity. Yet, the mind remains working by the use of this *dyadic functioning process*, which is also observed as two moments in the daily life of the subject, such as the construction of dreams, when one goes to sleep, and along the waking life of the subject.

To observe the relationship between the concepts of ‘woman-man’ [feminine and masculine], which are articulated in the previously mentioned question, as two ends of a single line implies that as subjects we move from the positive to the negative pole of a linguistic perspective. This is the same as attributing a certain kind of hegemony, for example, to extreme sexual differences. For example, to view the world as ‘black’ or ‘white’ is an extreme situation, which does not coincide with the external reality of our every day experience. This is because things are not only ‘black’ or ‘white’. Duality here is seen as formed by two components, which are located in the extreme of a hierarchical line, interacting by a dyadic functioning process by the use of predetermined narratives and subjective experiences.

Femininity and masculinity are interactive components of a vast chain of

linguistic connections that is articulated not only in a linear and sequential form but also as a multiphasic interaction of connective narratives. I want to state with this that it is the sum of accounts, which gives the subject a view of the world that could be pathological [fracture] or adjustable [integrated]. The role of the therapist, during the treatment of the patient group, was to help the client to become more flexible in the ways he/she views the world by introducing interventions in the linguistic chain, which will modify these extreme ways of viewing the world.

In relation to this latest clinical material, I would like to advance certain theoretical ideas about gender and sexuality presented by Butler (1990). In her book *Gender Trouble*, Butler debates the fact that the binary conception of gender [feminine-masculine] is an imposed socially constructed restriction, which is embedded in the Other and transmitted to the subject as a way to maintain the hegemony of power of the phallogentric illusion (Butler, 1990). She mainly refers to women's sexuality and the fact that women are oppressed by "the universal or hegemonic structure of patriarchy or masculine domination" (ibid, p. 5). Žižek mentioned something very interesting in correlation to this point. He said that "the first reaction of the oppressed to the oppression is that they imagine a world simply deprived of the Other that exerts oppression on them –women imagine a world without men" (Žižek, 2008, p. 79). This is the viewpoint that Butler maintains, in which the oppressive Other has to be confronted and contradicted.

Butler sees the binary pair [woman-man] as a restriction of gender, or in other words as mutually exclusive choices for the subject (Butler, 1990), instead of thinking of the twofold elements as two extremes of a sequential line embedded within a multiphasic interaction of accounts, which is supported by a *dyadic functional process*, allowing certain choices and freedom [conscious or unconscious] for the

subject. I believe that between the dyadic opposite extremes, there are different gradations of the two values of feminine and masculine that consciously and unconsciously the subject amalgamates and recreates, forming his/her identity. This depends on his/her experiences in life and it is based on the narratives that have predetermined him/her.

I do not concur with Butler, when she stated that "... "the lesbian" emerges as a third gender that promises to transcend the binary restriction on sex imposed by the system of compulsory heterosexuality" (ibid, p. 26). This is because for Butler, "the lesbian" is a response, a rebellion to the system, a fight with the Other, who compels the subject to be a man or a woman. For this reason, she talks about the "matrix of intelligibility" as a way to contest an institutionalized continuity of sex, gender, sexual practice and desire (Butler, 1990).

The case of the Austrian female patient shows how the subject also views these two signifiers [man-woman], in an ambivalent and confused way, because they are seen as mutually exclusive choices of a very extreme scenario: am I a man or a woman? Foucault sees the opposition between these two concepts, man and woman, as highlighted by a mechanism of knowledge and power, which is institutionalized by the Other (Foucault, 1998 [1976]). This also relates to the relationship between the signifier and the signified, which are separated by the reinforced bar in Lacanian terms (Lacan, 2006 [1966]). This is because the signifier is articulated within a chain of elements instead of having a fixed meaning for the subject, in which there is only one attribute or meaning at hand.

In the case of the Austrian female patient the meaning for the subject takes over both extremes of the expression of the words, 'man' and 'woman', by the presentation of the question [Am I a man or a woman?]. This becomes a conflict for the subject.

In other words, my viewpoint is that sexual identity moves along a chain of signifiers that prioritized a *dyadic functioning process* demarcated by twofold elements, which in this case installs boundaries around certain themes or narratives. The action of the subject is at stake in a recursive relationship within a symbolic matrix that is bounded around a binary pair. This supports the Lacanian phrase “a signifier as being what represents a subject for another signifier” (Lacan, 1968-1969, [I], p. 22).

Therefore, the questions: Am I this or that? Am I a man or a woman? Am I a lorry (camión) or a van (camioneta)? Am I or am I not someone capable of procreating? etc. are manifestations of this dual symbolic system, which presents in the narratives of the patients. The subject in therapy will gain a new understanding of this phenomenon in a retroactive way if one points out and interprets the extreme character of these elements. Žižek mentioned that "the experience of a linear "organic" flow of events is an illusion (albeit a necessary one) that masks the fact that it is the ending that retroactively confers the consistency of an organic whole of the preceding events. What is masked is the radical contingency of the enchainment of narration, the fact that, at every point, things might have turned out otherwise" (1992, p. 69).

This passage involves the idea of contingency, which allows for individual differences in relation to narratives, in comparison to the concept of universality, which implies that something exists regardless of biological or sociological influences. In fact, there is a character of universality in this *dyadic functioning process*, which acquires a contingency value in each individual case. This is demonstrated in the way that dual narratives and the presentation of the question about "to be or not to be" is encountered in the clinical setting, which involves a dyadic presentation of linguistic elements found in different patients of the patient

group during a therapeutic situation.

Yet, sexuality is presented in the linguistic chain. It always represents a space, a gap of knowledge between two narratives. I mean with this that if sexuality is not implicit in the narrative, it occupies a space or a gap separating the narratives and producing different meanings within the linguistic chain. This is because sexuality is an enigma.

The role of the therapist is an attempt to unveil this place or enigma for a particular subject, in which sexuality insists, as a place of production of narratives. At times, sexuality carries an ambivalent value between two accounts, questioning the subject. In other occasions sexuality triggers a conflict within the discourse of the subject and the pre-determined narration of the others.

There is not a fixed reality for the subject but a continued subjective construction, which is based on messages allocated in the Other (place of language), which are transferred to us via an imaginary other [mother, father, etc.] supporting a desire that is in fact a transmitted message. It is for this reason, that Lacan “gives primacy to the signifier arguing that the signified (meaning) is an effect of the ‘play of signifiers over the continuum of experience” (Wright, 2000, p. 4).

Dual narratives show us that there is an action (agency) that is not perceived by others who are outside the analytical arena. This is because patients, at times, talk about certain elements, which have the purpose of deceiving us, taking us away from other accounts of their discourse, which are hidden.

I believe that those hidden scripts are the basics of the subjective structure of the client. This happens because language has the attribute of confusing us and making us believe that the truth is exposed, but in fact is hidden. This facilitates an ambivalent space for narratives that supports the imaginary idea that there is a question, which is

maintained by twofold elements. In fact this is a place of contradictions that needs to be reviewed. In support to my thoughts, a new clinical observation is added. *My hypothesis, here, is that a dual narratives system expose the fact that language deceives and disguises the subject's identity. Dual narratives unfold the subjective position by the use of twofold scenarios. Those scenarios show a doubtful situation, which hides the subjective place of the patient.* It is the therapist who has to unveil the unknown subjective situation by questioning the patient about his/her desire.

9) Dual Narratives which Deceive and Disguise 'others'

My role, when I saw this patient, was the same one which was previously established whilst I was working with patients in crisis in the public sector in London. This was a very short intervention, which lasted approximately two weeks because this client did not engage with treatment. He missed appointments and in the end he decided that he did not want to continue attending. During this time, he was diagnosed by a psychiatrist of having a personality disorder.

This is the case of a young man, who presented to mental health services after feeling "trapped and empty about everything". The patient lives with his mother and a little brother. He is the breadwinner of the family because his parents divorced not long ago and the father left the family home. He has taken the father's role since his father went away, and he stated that "people think that my young brother is my son". He is frightened to live. He attended mental health services because he acquired a gun with the purpose of using it on himself. This was an impulsive act, after a stressful day at work. He told me that "it was not for a suicidal attempt". Yet, he "wanted to feel a different pain" and thought how he could obtain it by using a gun. Briefly, he thought of employing it but he changed his mind because he was concerned about his

family. He stated: “who is going to look after them”.

The frustrated boxer also envisaged another way of killing himself, which was by undertaking a passive suicide. He told me that he had thought of “presenting for the conscription in the Turkish army” –his parents are from Turkey. Once there, he imagined getting himself killed. He also mentioned that he does not belong to the United Kingdom despite being born in London. He also narrated an episode, in which he was ushered out of a public place because he “lost it”. This takes him to add that “my mood fluctuates, from high to low”. He is also distracted by negative thoughts, which affected him doing his job properly. He believes that the world is an unfair place to live with a long distance between rich and poor. Sometimes, he wants to rip peoples’ heads off because he feels that people had bullied him.

The patient presented split scenarios in his dyadic narrative. I will move forward to analyze how his discourse is divided into positive and negative elements. The client expressed that in the social network there are criminals [negative elements], who are equivocally recognized by the “Government” (Other) as victims [positive components]. This is because the real victims who have been assaulted by criminals have defended themselves. And, as a consequence of this, the criminals are able to file claims for compensation.

His views of the world are focused on these exaggerated and extreme dual scenarios of his narrative, where everything gets confused. He also told me that he always wanted to be a boxer but he could not accomplish this because he had to work to maintain his family. In this observation, the signifier [boxer] supports a twofold ambivalent position, for this subject, as a victim or criminal [perpetrator]. This is because “boxer” is an expression that represents him in this doubtful state of victim or criminal. I will attempt to give an insight into this.

This material accentuates that there is an action [agency], which is invisible to any spectator or listener, who does not observe it beyond the conscious narrative. This patient assumes the role of a boxer [signifier], who is frustrated because he cannot access this professional activity and so becomes depressed and angry. As Žižek expressed it: “By ‘pretending to be something’, by ‘acting as if we were something’, we assume a certain place in the intersubjective symbolic network, and it is this external place that defines our true position” (1992, p. 74).

This is also presented as a binary or fragmented account that manifests itself along the whole life of the subject. The role of a boxer conceals a dual, ambivalent position between the criminal and the victim. In fact, this is a double deception because the “Government” punishes victims and criminals get compensated. As Žižek asserted: “Only man can deceive by feigning to deceive” (ibid, p. 76). This patient who is preoccupied about these two scenarios of victims and criminals, in fact, is telling us that he wants to be a boxer, just in case he had to protect himself because for him things appear to be confused. He does not know who is a victim or a criminal. He also does not know if he is a victim or a criminal.

This current case offered a blockage in the *solution formed scenario*, which needed to be accessed by the interventions of the therapist. This has to be done by facilitating the patient other ways to view himself, showing him that he is stuck on this ambivalence, which does not allow him to move in life. The idea of “I was this [nothing] only in order to become what I can be [a boxer]” (Lacan 2006 [1966], p. 209) reinforced an imaginary stance of the subject’s aggressiveness, in which frustration is projected into the role of a boxer, as a “fixed position” [frustrated boxer] because of its impossibility of becoming a professional one. My patient’s fantasy was that he wanted to be a boxer because it was the only thing he thought he could be,

despite not having the support of his father to do so. The interventions, here, are related to opening up other subjective positions that this patient can take in life, avoiding the reinforcement of the blockage of the *solution formed scenario*.

In Lacanian theory, imaginary situations relate to messages, in which there is “aggressiveness of a slave who responds to being frustrated in his labor with a death wish” (ibid). This is because there is an absence that needs to be signified by the patient, in this case, in a more positive way. The goal of solving the problem has to be accessed, at times, by the therapist. This is when the subject’s symbolic world is blocked [not in a psychotic way] or when the patient does not have the skills or knowledge to construct an alternative scenario. Facilitating different ways of thinking of resolutions, in order for the patient to incorporate them into a *solution formed scenario*, is the function of the therapist who also clarifies that “ in the social-symbolic reality things ultimately are precisely what they pretend to be” (Zizek, 1992, p. 74).

Dual narratives in this case presented a blockage in the solution formed scenario because this patient’s narratives were focused on the deceiving mechanism of the Other [place of language]. This refrained his actions, and therefore, increased his frustration.

The case of the frustrated boxer emphasized that dual narratives are based on pre-determined discourses, which position the subject in ambivalent situations, deceiving others. The main issue, here, is that twofold narratives show that there is a subject that is embedded in a discursive pattern, which misleads an audience. It is the therapist who has to be aware of the misleading attribute of the dual narrative. The ambivalence of saying and not saying, showing and not showing, hiding and exposing is what deceives the imaginary others. The intersection of the accounts, which

unveiled the doubtful pattern of the dyadic chronicles, is what has facilitated the structuration process of the subject. This is the same as saying that the subject is there where the accounts contradict themselves. Duality here adds the deceiving attribute that is related to dual elements of the narratives, which is also supported by a dyadic functioning process.

The subject's position maintains a contradiction. This is because human beings question themselves about their existence and position in life. The Shakespearean phrase "to be or not to be" shows this perfectly well. The same expression and its different variations are found in the clinical arena but with different levels of subjective insight. Therefore, the less insightful the subject is about his/her subjective position the more problematic is his/her existence. Facilitating subjective insight via interventions is the role of the therapist.

The next clinical case will expose the lack of communications skills [verbal ones] that a patient presents. This is demonstrated by the fact that he replaces his lack of verbal skills for acting outs. The case shows also a blockage in the solution formed scenario presented by the patient. It uncovers that dual narratives portrays the place of the Other [society, institutions, etc.] as composed by split scenarios, which are dissociated, in an extreme manner. This means that a patient, at times, presents a dependent behaviour due to his/her ways of experiencing and viewing the place of the Other. The illusion is that the Other will give them anything they need, protecting them and looking after them.

This case and the one that will follow disclose patients' extreme ways of viewing the world by the use of dual narratives. The accounts of the subject are split or fractured in positive and negative components in an extreme manner [the all or nothing], while a patient with personality disorders is in crisis. *My hypothesis is that*

patients, who present “in need” or, who demand, excessively, which includes demands for services, attention, love, etc., are, at times, positioned in an ambivalent situation. In fact, the demand is demand for understanding because they do not know what is happening with their fractured reality [or views of their own world].

It is interesting to observe how interventions that attempt to unify their split internal world, reduce patient’s anxiety. In order to intervene, the therapist has to be aware of the poor ways of conveying information to others that a patient communicates via acting outs. The therapist has to intervene as a way to inform the client that acting outs are ways to convey information, which needs to be replaced by verbal communication. This has to be transmitted to the patient in order to prevent acting outs and risks. Sometimes, there are problems in the way that patient inform us about their thoughts, which are translated as a blockage in the solution formed scenario. Therefore, patient’s needs, which could be expressed in a very extreme manner, become expressions of dependency. This is a way for the patient to find an external solution, via others, to his/her problems that is due to the lack of symbolic tools.

10) Dual Narratives as Demanding Messages

This is a clinical observation of a patient I saw in an Accident and Emergency Department (A&E) in one of London’s hospitals at nighttime. My role at that time was to cover the emergency mental health service as a liaison mental health practitioner. At that time, I had to assess the client’s mental state and decide if the patient needed a hospital admission or another service. I met this patient only once. It was stated, in previous psychiatric history, that this client had a diagnosis of borderline personality disorder.

This is the case of a man, who wanted not only to be recognized and loved by the Other but also to find refuge in the Other. This patient presented to mental health services escorted by two prison guards. He was on handcuffs and he was brought in to hospital because “the prisoner has been refusing to eat”. The message, which seems to be a response to the prison service system, in fact, contains dual narratives. One of them, the *problem formed scenario* is presented as the “hunger strike”. The client stated that members of staff in the prison “do not listen to me” and “everything takes too long”. This is in relation to certain kinds of food that this subject likes and dislikes, in association with his dietary intake. This patient is diabetic. The other narrative, the *solution formed scenario* seems to be blocked by the same subject due to his lack of “communication skills”; as it was stated by him.

Analyzing dual narratives is a rather fast way to find a solution to a case. The fact is that in this situation (the patient was in A&E), medical staff contacted mental health services because “we are supposed to have the knowledge to deal with these kinds of problems”. As Lacan stated in his *Seminar X*, “the analyst is supposed to know something” (1962-1963, [II], p. 1). My priority was to solve the problem without the need of admitting this client to a psychiatric ward. It is here, that the analysis of dual narratives facilitates the tools to produce a new meaning for the subject.

This patient has been sentenced to two years imprisonment after threatening housing workers and spreading petrol around a public building. He did this because staff at that site wanted him to be removed from his current accommodation after certain disputes with his neighbours. At that time, police were called and he was subsequently detained and charged. Once in prison, he was not happy with the treatment and decided that: “Now, I want to die as the physical world has not valued

me”. Therefore, he started a hunger strike, which lasted for ten days until he was brought to hospital.

He described his early years as a “difficult childhood and upbringing”. He has an older brother and a younger sister but he has no contact with them. He also reported that love was not shown in his family and that he and his siblings were often beaten up by his parents. In addition, he expressed that “I find it difficult to communicate”, which was interpreted by me as his lack of certain skills and the potential to learn them.

This difficulty has also facilitated his previous *passage à l’acte* [criminal offence] and his re-enactment of feelings of anxiety, in the current acting out of his hunger strike. The most important issue, here, was that the trigger of this acting out was that the client was finishing his criminal sentence and he did not know what to do or where to go after that. At the same time, this also precipitated anxiety because of the uncertainty feelings, which were related to the situation. He also stated that “I do not know what it means to be happy”.

Desire in this case was an unknown risk to take for this subject. The incarcerating system [Other] was protecting him from something that he could not deal with, his desire. The fantasy of institutionalization, as a secure place, in which the Other contained his demands and needs shows us the regressive position that this inmate maintained with his hunger strike [action]. This activity communicates to us something that this patient cannot tell us about his fears in relation to being released from prison, which will occur in a very short period of time.

This also shows that the place of the Other is split within the mind of the subject, in which the prison system [Other] represents a protective factor for the subject. The scission is between the penitentiary system [Other] and the society

[Other]. Here, the community is associated with the struggles for survival and the anxiety generated by the lack of resources of this client. This also triggers anxiety because the subject is confronted with the absence, which has to be substituted for new metaphorical articulations outside the prison system.

The patient's fantasies are blocked because he actually feels paralyzed by his uneasiness, which precipitates the acting out [hunger strike]. The therapeutic act was to inform the patient about these issues, which put an end to the hunger strike, organizing the subject from a more positive point of view. This case shows that the patient was not able to articulate that there were signifiers outside the prison system, which he needed to re-encounter, but he was scared and anxious about this. The unknown [real] clashed with the experience of reality. Therefore, the prison system was a place of safety.

This patient could not deal with his current change of situation [to move from the prison to the community]. Therefore, he could not find a solution to the problem because his symbolic capacity was blocked, producing anxiety for the subject. This was a kind of paralyzing anxiety that facilitated his acting out [hunger strike]. Paralyzing anxiety is seen as a lack of identity patterns, in which the solution integrates a substitute symbolic knowledge with the primary symbolic signifier (Ragland-Sullivan, 2005). And this was needed for the client: a new knowledge to deal with his current circumstances. This related to an understanding of his subjective position [the dependence on the prison system] and the need to obtain an insight about his current situation.

I would like to mention, here, that the alienation, which is experienced by the patient while in prison, reinforced the *dependency on the Other*. Therefore, the desire of the subject is obstructed and his agency remains rather paralyzed. The patient is not

able to anticipate solutions to his release from prison. It was previously stated that he found difficulties in communicating, finding symbolic substitutions in order for him to solve his problems, for example, during his transition from prison to community. I would like to mention certain ideas in connection with this. For Lacan, the absence is seen as the agency that determines “where discourse emerges or even, when it returns” (Lacan, 2007 [1969-1970], p. 71). Yet, there is not a concrete localization in Lacan’s theory for this materiality because it is a construct that limits a place, in where there is a gap or a hole.

I believe that the location of the gap has to be found between dual narratives in which the subjective position emerges. In this case the ambivalent situation of dependency/independence associates with the dual narrative system and with the “hunger strike” which is a linked signifier that shows the battle in which the subject is submerged. Duality here intercepts the dependency/independency pair as two stages of the subjective position, which is guided by a dyadic functioning process. The function is supported by language and when communication is blocked there are acting outs, which are actions to communicate an internal reality.

The case of the inmate on a hunger strike, which is observed under the analysis of dual narratives, shows the split place of the Other (society, institution, etc.), which maintains the subject in this fractured place of dependence/independence. These extreme ways of viewing the world were creating a conflict within him and as a consequence, the acting out of the hunger strike was unfolded as a way to communicate his doubtful situation. The client allocated himself to an extreme dependent situation because he was not aware of his subjective position that refrained his desire, making him scared and anxious. Here, his unconscious agency was portraying the hunger strike and with it, feelings of anxiety.

The patient communicated a series of demands to the other, which, in fact, were directed to the Other. This is also observed in most of the patients with personality disorders who are in crisis. The requests seem directed to imaginary others. Yet, in fact, this shows the extreme ways that this patient group experiences and views the institutional system. The role of the therapist is to challenge the demands directed to the Other via the imaginary others, palliating the drastic views of this patient group in relation to the Other.

The next clinical case will continue exposing that dual narratives prioritize the place of a fractured mind, which is also reincarnated in the representation of the Other as an institutional place. This means that the Other is also fractured and split into pairs of linguistic components, exposing an ambivalent characteristic: dependency/independency. The symbolic elements are grouped depending on values, giving as a result the ambivalent attribute.

These particular components are forming a doubtful condition, which, at times, is experienced and viewed by the subject as extreme. Like in the previous presented case, here, there is a difficulty for the patient in communicating her desires and fears. This is because the contradiction is refraining her conscious agency. As a consequence, the unconscious agency takes over producing acting outs and feelings of anxiety. This is what is exposed in dual narratives, which includes the subjective position of the patient. *My hypothesis, here, relates to the dichotomy of dependence/independence, which is presented in relation to others [Other]. The patient needs to depend on others [Other], excessively. This is because she has the illusion that others would contain her anxiety. This is due to her lack of resources to solve problems aggravated by the extreme fracture of mind and language, which is observed in the blockage, during the problem formed scenario.* This case might result

similar to the previous observation. Yet, the inclusion of this clinical material marks a very clear understanding of the dialectical process between dependency/independency. This is because, in this case, the subject's anxiety and the lack of previous emotional containment have influenced the patient to view the world in a very extreme way, making her dependent on others instead of being independent. Here, the role of the therapist is helping the patient to understand the dichotomy [dependency/independency] by facilitating independency.

11) Dual Narratives and the Dependent/Independent Dichotomy

I will move on to a clinical observation of a series of situations, in which a patient experienced extreme anxiety generated by the impossibility of not having a place outside the Other [prison services]. This case shows a scission in the Other, between the community and the prison services, as two places in which the subject might or might not feel supported. The Other [imprisonment system] acts as a law, including boundaries or limits and prohibitions. This clinical material is the case of a woman who wanted to be in prison.

This client's case is characterized by multiple presentations to mental health services, in which one can say that the service-user maintains a phenomenon named "revolving door". This, in my opinion, is a commonly used phrase in psychiatric jargon for patients that are seeking boundaries or limits to their own *pleasurable disturbance*.

The woman who wanted to be in prison is a service-user who has been diagnosed with having a borderline personality disorder and who chronically self-harms. In every single presentation to services, she stated that her self-harm had increased because she could not cope in the community. She had been in prison three

times, one for arson and twice for threatened arson. She was charged with imprisonment for both offences. It is not known how much time she spent in prison. She finished her sentence and moved to a supported accommodation, which is a project that works with people who need containment, for a short term, in order for them to be reintegrated into the community [social inclusion] after hospital admission or prison sentence. She found the project dirty; hated the place, did not want to be there anymore and felt that “schizophrenics” surrounded her. She stated intermittently that “I am better off in prison”. Due to the previous history of arson and in order to diminish risks, she was transferred from this accommodation to a privately rented flat.

This patient mentioned that she had a history of being sexually abused by her father as a child, and that her parents were violent towards each other. As a consequence of this, she was moved out from the family home and lived with her maternal aunt and three cousins for most of her childhood. She told us that she got on very well with that family. She did not like school; as a result she left it when she was sixteen years of age. Currently, she lives in the previously mentioned flat while she is monitored by probation and mental health services because of her past risks, which had triggered the previous criminal acts and convictions. She did commit those crimes because she felt that things were too much for her and she could not cope with her activities of daily living. When she presented to mental health services, she was feeling that prison was the only place in which she could be contained. She was telling us that she would be better off in prison, that “there is staff around all the time, things to do, no need to worry about food or anything”.

At one point, while she was in her rented accommodation, which is subsidized by the council, she felt that “things would escalate” if she had to spend, for example, Christmas there. She was actually making threats to burn down her flat if her needs

were not met. She mentioned that “independent living is more difficult than being in supported accommodation”. She added that she needed to be looked after, and that she would have been better off in prison.

She also complained of having mood swings, which she described as “up and down”, became agitated with people outside and paranoid. She stated that all her problems were “situational”, which triggered episodes of anger followed by tearfulness and giggling. At times, she could “see things crawling” and described them as “overwhelming in my head, it makes me feel like jumping out of the window”. In addition, she mentioned that “I have no coping mechanisms” and also that “I went to the police station because I wanted to go back to prison but I left because they were very busy”.

In my viewpoint, this patient presents to mental health services with *dual narratives*. The *problem formed scenario* is formed by the patient’s narrative, in which she stated that it is difficult for her to live outside prison. This includes the community in general [she also stated that she feels paranoid about people outside prison], the supported accommodation and in particular the rented flat. In these situations she has to be independent, put into practice her skills and gain new ones. The *solution formed scenario* adds a situation, in which she actually has to go back to prison where everything is done for her while she believes that she is contained by other people [inmates and prison staff].

The dilemma, here, is that the *solution formed scenario* is not a means of dealing with the difficult situation for this client because in order for her to be re-incarcerated she has to commit another crime, a thing that she does not really want to do. It is for this reason that she constantly presents to mental health services and police departments saying that she is frightened that she might do this as an impulsive

act.

In this case, I would like to talk about two moments from this *dual narrative*. First of all, the time in which the patient previously perpetrated a crime and with it, the fact that she put into action [agency] a *passage à l'acte* by means of committing an offence, i. e. arson, which risked her own life and the life of others too. A *passage à l'acte* is characterized by feelings of extreme *emotion*, “anxiety is the cause of doubt” (Lacan, 1962-1963, [VI], p. 68) and “to act is to operate a transfer of anxiety” (ibid). At that time, anxiety appeared to flood into the imaginary reality of the patient, in which the answer to the question to the Other [What do you want from me?] was too much for this client.

The precipitous act, which is presented as a reaction against the fantasy that the Other [community] “cannot contain and support me”, seems to have triggered the *passage à l'acte* by means of looking for another place in the Other [institutional penal system]. This was unconsciously done via a splitting in the Other, maintaining a desirable position in the Other. For example, in the prison service “there is staff around all the time, things to do, no need to worry about food or anything”. In fact, here, there are also boundaries or limits to her chaos and her *pleasurable disturbance*.

This maintains the split of the Other in two narratives: one that is chaotic [problem = community] and the other one that is organized [solution = prison]. It also re-enacts the place of the family of the subject [others = biological family], in which aggression, violence and abuse were the common denominators until she moved in with her aunt's family [others = substitute family], in which everything was organized. Here, the idea of the others is also divided into two accounts. The therapist here has to be aware about the needs for boundaries that the patient group requires. Boundaries have the characteristic to contain the patient's anxieties and they have to

be applied at all the time during the treatment. If the therapist fails to do so, the patient will act out the absence of boundaries.

The second moment is found after her release from prison. I would like to say, here, that there is a change in the subjectivity of this client. We are already in the presence of an act [agency]. The act, for Lacan, is traversing the fantasy that includes the repetition of the libidinal scenario (Pluth, 2007), which in this case involved looking for help in the social systems. This has been operated by a different exchange of symbolic articulations [signifiers] within the prison and mental health services.

Retroactively today, one can observe that this patient, despite her continuous presentations to services, has regained a different, more insightful, understanding of her situation. Today, this patient lives in the community and she does not need to attend mental health services at all the time thus avoiding the revolving door phenomenon. There is something in the symbolic articulation of this client that has changed. This brings me to think that she was looking for answers to her coping mechanisms in places in which the law operates [police stations] and where symbolic elements [signifiers] circulated in special ways, by which her subjective needs and desires, such as being included in society, were attended. Today, all these interventions, which have involved “doing something with signifiers” (Pluth, 2007, p. 101), have produced new meanings for the client.

In this presented clinical observation, I have shown how the institutional incarcerating system represents, in certain ways, the place of the Other [place of language and law], which is demonstrated to be outside the subject but gets also integrated within the subject’s symbolic world. The place of the Other, which in Lacan terms is the third element that supports the imaginary relationship between the subject and the other is, in fact, the place that structured us, giving us a certain order

and delimiting our *jouissance*, which could also be experienced by the subject as an excessive pleasure or *pleasurable disturbance*. Boundaries are also coming from the Other [place of the therapist] in order to place boundaries around the pleasurable disturbance.

Also, the analysis of dual narratives has been focused on the fact that interventions have to be centered on the integration of the *problem and solution formed scenario*. Once again, this has to be done in order to put certain boundaries on a patient's *pleasurable disturbance* by the use of the interventions of the therapist. The need for communicating to the patient that there is a secondary gain elaborated during the *problem formed scenario* allows him/her to understand that the *solution formed scenario* is the way to obtain a better quality of life and well being. Some patients remain in constant crisis because they have not been told that certain extreme ways of seeing the world are detrimental. The silence therapist here does not produce any effects to the problematic situation of the subject.

In this case the subjective structure of the client was also extremely split, showing that the other and the Other, within the representations of the subject, were also fractured in a very acute form. The priority is to unify these divided elements in which the subject is trapped, exposing the subjective position that contains unrealistic goals and expectations.

The next and last clinical observation attempts to show that the place of the Other is also experienced and viewed as an element of control within the mind of the subject. Here, dual narratives unveiled this illusion, which is that the other [Other] and the subject is controlled or under controlled.

Patients with personality disorders and borderline traits are characterized by the fact that during assessments they mentioned that they hear voices [pseudo auditory

hallucinations]. These voices are negative and derogatory, which include previous [negative] narratives from imaginary others.

These pseudo auditory hallucinations [pseudo-voices] are different from commanding voices heard by patients with psychosis. The criteria to differentiate hallucinations from pseudo hallucinations is that hallucinations are presented by patients who are totally convinced that the phenomena happens in the real world, which means that it occurs outside their head (Lopez Rodrigo et al., 1997).

Patients, who are not certain about the voices they heard, present pseudo hallucinations. They also state that the voices are inside their head and they are talking down on them. Personality disorder patients with borderline traits have doubts about these voices; they do not know if they are their own thoughts or real voices. Certain authors believe that the term pseudo hallucinations or quasi hallucinations classify the symptoms as unreal (Yee et al., 2005). The most important issue, here, is that those pseudo-voices have to be treated not only by psychological interventions but also by psychiatric interventions [medication].

In psychosis the presence of voices is different. Psychotic is a term restricted to the presence of delusions or hallucinations in patients who have a lack of insight into their illness (American Psychiatric Association DSM IV-TR, 2000). Patients with psychosis mentioned that the voices, as it was mentioned in relation to hallucinations, are outside their head and that, for example, they command them to do certain things. Also, once again, these voices [hallucinations] are experienced as real.

My hypothesis, here, is that pseudo-voices in patients with personality disorder and borderline traits are experienced because the negative scenario has been reinforced by pre-determined negative narratives. The reinforcement of the problem [negative] formed scenario is the product of the critical narratives, which have been

transmitted to the subject by imaginary others.

My other hypotheses, in relation to the next case, are that the current patient has introjected the controlling behavior of the Other via the image of the other [father] who does not allow her to move away from the dichotomy: controlling/being control. Here, again the twofold elements are affecting the conscious agency and the patient feels unease about her subjective position. This is reincarnated as acting outs due to the fact that there is not a way to symbolize the controlling character of the imaginary other.

The twofold elements of the ambivalent situation become also an exchange within the mind and the language of the subject by the fact that the patient starts controlling others. The subjective position changes from being control to control others [Other]. Acting outs, here, have a negative connotation [control]. This is because the patient becomes the rebel who goes against the internal other who is a controlling agency. The acting out is a way to say, “I am controlling the situation”.

12) The Negative Component of Twofold Accounts and Acting Outs

I first met this patient while I was working in the public sector, treating patients in crisis for a short period of time, until the crisis resolved. In this particular case, the crisis extended to more than six months. The patient was discharged after a place for therapy was available in a personality disorder unit in London. This was done in order for the patient to continue with psychological treatment.

The *problem formed scenario* is taken from the case of a young woman who felt overwhelmed by different issues. She was low in mood and communicated feelings of unworthiness, most of the time. In addition, the client heard pseudo-voices, which are characterized by being derogatory: “you are good for nothing”. Demeaning

vocalizations, familiar ones that appear to be in this case a remainder of the voice of her father, who is a “very strict and authoritarian” man. These voices are always talking down to the subject and, at times, she might act on them by, for example, taking an overdose or deliberately self-harming. She has fantasies of tearing her face apart and also has tried to cut herself with broken glass.

The patient needed psychological treatment as she had taken a rather serious overdose. She stated that she felt that she is “a failure”, that her family was better off without her, while she mentioned that she had been looking for a place to hang herself in her house. She found it hard to concentrate and had a lack of energy. She was also loosing control of everything and, as a result, she tried to control her husband, who is unemployed and a gambler. Her husband’s behaviour had left the family in a very difficult economical situation because they had too many debts.

She also felt very restricted because “women in my culture are limited and they do not have a choice” her parents are from Bangladesh. The relationship with her father had always been a difficult one. She had anorexia nervosa when she was young, and her father used to force-feed her. Also, she married her husband because she knew that her father would disapprove of it. Now, she regrets this. She described that she felt suffocated by her mother. There was an incident of “sexual abuse” when she was seven years of age by an uncle but her mother told her, “keep your mouth shut”.

During the *solution formed scenario*, she said that her father had high expectations of her, and she was always compared with her sister, in a positive way. While young, she used to “hold her father on a pedestal” and tried to gain his approval by doing well at school. She had very good grades. She started a degree but she had not finished it, because it was too much for her, at the current time. She works as a

lecturer in a college in London and she enjoys helping students to progress.

The imaginary place of the other [father], in this case, articulates the position of the subject in relation to the Other who controls and forces her. This is observed when she stated that her father used to force-feed her. She rebels against the image of her father by “marrying the wrong man”, despite her father advising her not to do so. This case shows how these two narratives: *the problem and the solution formed scenario* are not integrated. Again, the *problem formed scenario* takes over and, in this case, triggers a lack of solutions to her circumstances because the patient maintains herself within this aggressive battle with the imaginary father.

I previously stated that there was a gap separating the two scenarios. In this case, the gap is the representation of what Lacan called the metaphor of “the name of the father” (Lacan, 2006 [1966], p. 230), which is “the basis of the symbolic function” (ibid) that represents “the image and actions of the person who embodies this function” (ibid). In this case this metaphor seems to be morbidly elaborated. This is because the patient identifies herself with the father who controls her. Lacan called this “an act [agency] of identification” (Lacan, 2006 [1966], p. 88), in which the level of “symbolic overdetermination” (ibid) is what is named as the unconscious and has been incorporated with the authoritarian imago, in this case, of the father. She told us that she also commands her husband when she loses control of things.

Therefore, the intersubjective game is not only the imaginary perspective that the subject holds about his/her reality. It is also the unconscious symbolic interaction between those internal figures [imagos] that the patient has incorporated from his/her life experience that is “the imago, which plays a formative role in identification” (Lacan, 2006 [1966], p. 86). And, this is based on linguistic elements that, like the voices of the suicidal daughter, allow the subject to have a position in life. In this case

“a rebel” that experiences –while narrating her scenarios, which is observed in her tears and histrionic presentation– a feeling of “pleasurable disturbance”, or in Lacanian terms *jouissance* that is the “very repetition, something [that] is produced that is a defect, a failure” (Lacan, 2007 [1969-1970], p. 46). In other words, what repeats is the emptiness, the nothingness, “the function of the unary trait” (ibid), “a negative instance (*instance*)” [an insistent force that] ... [which] serves no purpose (*ne sert à rien*)” (Lacan, 1999 [1972-1973], p. 2).

At the same time, the *problem formed scenario* is embedded with the trouble of female masochism. Once again, the patient had fantasies of tearing her face apart, tried to cut herself with broken glass and had taken several overdoses. Lacan mentioned the problem of female masochism in association with the promotion of a “partial drive” (Lacan, 2006 [1966], p. 615). This is “a drive that is regressive in its condition” (ibid), pregenital in relation to its counterpart that occupies the side of the “genital maturity” (ibid).

The patient appears fixated on this imaginary battle, in this case with her father, in which the “aggressive competition” (ibid) turns her ego into a depressive position followed by a sense of inferiority, which triggers the overdoses and the deliberate self-harming. This brings us back to the dialectic between the master and the slave, in which the code that is the Other’s code (Lacan, 2006 [1966]) constitutes a place for this patient, which brings her to a permanent struggle with the imaginary father. She is showing us, by her actions and narratives, that she remains the slave of that relationship, in which the imago of the father dominates her.

Dual narratives, here, attempt to explore the patient’s unknown subjective position. The interventions involve transmitting to the patient that she is maintaining this imaginary battle with the Other, via the imaginary other [father]. The client

experiences that the other controls her and the client reinforces this by challenging the other [father], using actions and behaviours, which are produced by her unconscious agency. Her subjective place is of the slave, who rebels as a response against the control. Yet, in fact, she is fixed in this position, in which there is a secondary gain that increases, making her feel unhappy, losing control of her actions.

Analyzing twofold accounts is a way to reach the unintentional agency because the ambivalent chronicles give the therapist an insight into how to proceed with the therapeutic interventions. This is due to the fact that the contradiction that the patient presents to the therapist exposes the conscious desired action and the unconscious unwanted activity. Yet, the main issue is that the dyadic action system is maintained by a subjective position, which is a combination of pre-existing narratives and personal accounts that the subject has accumulated [compilation] along his/her life.

The role of the therapist is to make conscious the unconscious via the use of dual narratives, containing the anxiety of the patient and allowing the subject to gain an insight into his/her dual system of narratives. This will refrain patient's acting out and help the service-user to elaborate a new style of functioning in which the unintentional agency becomes less intrusive to the conscious subject. To continue I will enumerate my working hypotheses in order to link my previous stated clinical cases with my thought process.

13) Hypotheses

The previous clinical observations have presented a series of hypotheses, which I have envisaged while working with patients with personality disorder in crisis. My analytical work was based on the idea that this patient group presented the same kind of ambivalent scenarios that Freud found in the previously analyzed clinical cases.

My first hypothesis was that ambivalence was the main characteristic of the presentation of this patient group. The exacerbated ambivalence was an acute disposition of the standard functioning of the mind, which was also observed in dual narratives. This is because the extreme situation offered the observer an aggravated functional state in which the mind and the narratives were fractured.

I visualized that a twofold functioning process supported the function of the mind and the language. I called this process a dyadic functioning process, which allowed the division of narratives into positive and negative. Here, there was a fracture of narratives, which the patient group presented during the demand for therapy. I named this the problem and the solution formed scenarios. This was because my idea was that patients present to therapy looking for solutions to their problems with their unconscious agency. Therefore, I speculated that there was in any subject a dyadic functioning process, which goes into an exacerbated function within the patient group, splitting mind, feelings and narratives in an acute way. This affected the way that patients were viewing the world, which was rather exacerbated or extreme [the all or nothing]. These primary hypotheses were the main body of this theoretical work.

The new hypothesis, I would like to introduce here, is that if there is a dyadic functioning process, which is repeated in the mind and the language of the subject, the same function has to be presented in the brain of the human being. Chapter IV will offer an *analogical observation* of a proposed model of the mind named the scaffolding model. This model will give a possible account of certain characteristics that are potentially shared by the brain, mind and language [+ senses]. This approaches the idea of a shared function between the subsystems.

In addition, the presentation of my clinical observations added different working hypothesis in relation to my work with the patient group. I mentioned that one of my hypotheses was that the subjective extreme situation was maintained by a subjective ambivalent position. My work was based on treating the ambivalent situation as an imaginary illusion, which was masking the subjective position of the patient.

The presentation of my clinical accounts has showed how the ambivalent situation, which is reincarnated in dual narratives, maintain an ontological account of the subject and how the elements contradicting these narratives have positioned the subject by which he/she has positioned him/herself in a unique place, attributing a subjective identity, which at times shows a conflictual situation between the conscious and the unconscious agency. This was showed in the presentation of the case of Mr. X who was positioned as a slave waiting for the charity of his master.

My main hypothesis, here, was in correlation with the patient's psychical structure that was based on an ambivalent role. The patient positioned himself and others positioned him in one extreme of the dual roles, which made him depressed because he felt that he did not belong to that situation.

Another hypothesis was that dual accounts are not always communicated in the narrative, but at times, one account, the solution formed scenario, presents repressed or absent. This was observed in the clinical case of the Cambridge student. This is because the fractured mind and narratives were exacerbated, prioritizing a negative view of the world that is exposed, constantly, by the patient in his discourse. I have observed this as a main characteristic of pathological personality disorder patients when in crisis. They talked about this negative views of the world that refrain

their conscious agency, invading their narratives, making them feel unease, depressed and at times, suicidal.

Dual narratives also exposed the inter-game of opposite components, such as the words 'feminine' and 'masculine' [woman-man] or the ontological sexual identity of the patient. My hypothesis, here, was that the *foundations of sexual identity* are supported by narratives, which are presented by two oppositional terms or components. This is equivalent to say that the subject is positioned and has positioned him/herself in relation to pre-determined narratives, which show an ambivalent relationship between elements.

This triggered in the subject an ambivalent question about his/her sexuality. The case of the Austrian female patient interacts negativism with the duality of sexual identity, which is reflected in the question: Am I a man or a woman? My hypothesis here was that sexuality presents as an ambivalent question, which in the patient group is exacerbated, increasing negativism and questioning the ontological place of the subject. The dilemma of "to be or not to be" reflected an ambivalent sexual identity.

Another hypothesis was that a dual narratives system exposes the fact that language deceives and disguises others in relation to the subject's identity. Dual narratives unfold the subjective position by the use of twofold scenarios. Those scenarios show, at times, a doubtful situation, which hides the subjective place of the patient. It is the therapist who has to unveil the subjective situation by questioning the patient about his/her desire, opening new situation and facilitating personal growth. This was observed in the case of the frustrated boxer who was fixed in a battle between perpetrators and victims.

Patient's viewpoints, within the patient group, not only become fixed and extreme but also patients see themselves "in need". My next hypothesis was that

patients, who present “in need” or who are demanding, which includes demands for services, attention, love, etc., they are, at times, positioned in an ambivalent situation. This creates a continual doubt in relation to their existential place. In fact, the demand is demand for understanding because they do not know what is happening with their fractured reality [or views of their own world]. As a consequence, they act out their thoughts and feelings. The prisoner on a hunger strike exposed the lack of symbolic tools [verbal communication], which was replaced by acting outs.

This brought me to analyze the duality of dependence/independence because of the fact that patients presented “in need”, which increased feelings of dependence and, as a consequence, they become demanding. My next hypothesis related to the dichotomy of dependence/independence, which unfolded the relation of the patient with others [Other]. This showed an illusion in which there was a need for dependency on others [Other], which was excessive. This is because the patients have the fantasy that others would contain their anxiety, such as in the case of the woman who wanted to be in prison. This was due to her lack of resources to solve her problems that aggravated the extreme fracture of mind and language, which is observed in the blockage [lack of symbolic tools or solutions to her situation], during the solution formed scenario.

I have also analyzed the fact that patients with personality disorder and borderline traits presented with pseudo-voices [pseudo auditory hallucinations]. My hypothesis, here, was that pseudo-voices in the patient group are experienced because the negative scenario has been reinforced by pre-determined perceived negative narratives. The reinforcement of the problem [negative] formed scenario is the product of the perceived critical narratives, which have been transmitted to the subject by imaginary others and received by the patient in a very negative way. The case of

the suicidal daughter exposed the internal pseudo-voices of her father who talked down on her, making her feel suicidal.

My other hypotheses, in relation to this case, were that the current patient has introjected the controlling behavior of the Other via the image of the other [father] who did not allow her to move away from the dichotomy: controlling/being control. Here, again the twofold elements were affecting the conscious agency and the patient was feeling anxiety. This was unfolded as acting outs due to the fact that it was impossible for her to resist the secondary gain [jouissance] attributed by the voices.

The presentation of these hypotheses has introduced a therapeutic way to think the work with dual narratives. The presented cases not only facilitate a linked construction in relation to how the patient group present to services or therapy but also it attempts to clarify their situation, avoiding the stereotypical ideas that these patients are 'needy' or 'demanding'. This approach attempts to specify that this patient group present to services in an acute state in which their mind and narratives are fractured.

The main characteristic is that these patients are in disadvantage because they cannot think and elaborate solutions to their current problems due to the split of narratives and symbolisms. They cannot access a solution formed scenario due to the solution being absent or repressed and they do not know or they are not aware of certain situations because they are fixed on ambivalent situations in which their conscious agency cannot operate or it is refrained.

14) Conclusions

This first chapter has emphasized the link between previous psychoanalytical observations and current clinical data. It also has shown that analytical concepts can

be applied in the treatment and recovery of subjects with personality disorder who are in crisis or in 'normal' patients who are ambivalent and in conflict. It has allowed me to introduce a perspective [dual narratives] that intertwines analytical concepts within a psychotherapeutic framework. This is done in order to prevent risks and to explore the causes of the presenting complaint by examining the unfolded subjective position of the patient.

Dual narratives offer a rather dynamic way of working in the psychotherapeutic arena in which the use of certain Lacanian concepts, such as the notion of the signifier, facilitates an exploration of the linguistic structure that is beyond the imaginary ambivalence [questions] of the patient. The idea of duality here is supported as an imaginary construction that is presented by the patient in therapy by the use of opposite signifiers [or narratives], such as 'black and white', 'good and bad', etc. This ambiguity connects with a subjective position, which has to be re-discovered during the therapeutic work in order to find the causes of the ambivalent situation.

The patient presents all of this as a problem formed scenario that also involves a solution formed scenario. The role of the therapist is to work around both scenes, which are always present but in different modalities. For example, the solution form could be repressed, absent or blocked. During this process, the therapist has to be flexible, moving from the containment of risks and the use of boundaries to the application of interventions around the subjective position.

Dual narratives expose the subject's foundations and how dual basic components interact within the subjective structure, regulating patient's actions and behaviours. The structuration process also facilitates a way to comprehend that the dyadic functioning process maintains the interaction of twofold components by

separating positive and negative elements. This is because the mind is fractured into the conscious and the unconscious series, and the problem [negative] and the solution [positive] formed scenarios of the narrative [language] of the subject. These dual systems [mind and language] inform us that there is a functional complex [the dyadic functional process] that is placed beyond the dual symbolic components [opposite representations], allowing the constitution of the subjective position via a structuration process.

The main issue, here, is that the work of the therapist has to prioritize helping the patient to find solutions to client's ambivalence, which refrains the conscious agency and presents as a demand for help. This is, in reality, a demand for solutions, knowledge and ways to deal with the subject's anxiety, which triggers in the patient feelings of uneasiness.

To unfold the subjective position is a priority in order to find the causes of the presenting complaint. This has to be done by exploring client's feelings of uneasiness and by applying interventions in a gentle way. Chapter V will expand this by adding a section on techniques as a way to extend the role of the therapist while using dual narratives.

To continue, chapter II will embrace the idea of agency and systems within the Freudian theory in order to give an exposition of how dual narratives can be observed from a Freudian viewpoint, integrating the clinical material with the Freudian concepts.

Chapter II

Dual Narratives: An Approach to the Notion of Agency

1) Introduction

In the previous chapter I have presented the idea of a dual [ambivalent] mind [conscious/unconscious], which was combined with the notion of an agency that was split into two actions: one voluntary and another one involuntary. This was based on the introduction of two classical psychoanalytical cases, which were correlated with current clinical observations of personality disorder patients while in crisis.

This brought me to introduce my hypotheses about dual narratives. I have observed in the clinical arena that patient with a diagnosis of personality disorder while in crisis present with a twofold narrative system. Their discourse is split into two scenarios, which I called: *the problem and the solution formed scenarios*.

This was due to a *dyadic functioning process*, which is a way to visualize a standardized function of the mind that facilitates an early assimilation of opposite dual elements, during the incorporation of language by the subject. This is a function of the psyche that repeats along the life of the human being, allowing interaction of dual elements of the linguistic chain.

In the above-mentioned patient group, this function is altered producing a split of elements that are projected onto a discursive pattern or dual narratives. This gives as a result extreme ways of viewing themselves and their world. The patient experiences feelings of uneasiness because the altered function has also affected their agency. Agency is exposed, here, as [extreme] dual. The unconscious agency influences the conscious one, producing feelings of uneasiness, increasing negativism

and guilt.

While the first chapter attempted to introduce certain classical analytical cases and their similarities with current clinical observation, this second chapter will discuss the idea of agency in association with dual narratives and how psychoanalytical [Freudian] concepts have influenced my thoughts in relation to twofold discursive accounts.

In addition, I will analyze Freud's works in order to give an in-depth exposition of the concept of agency and the notion of systems. I will explore Freud's models of the mind, which were based on his clinical and theoretical work. This was previously analyzed also by other authors, such as, Sandler et al. (2005).

My theoretical construction is based on my clinical practice. This discursive experience has given me the tools to work as a listener to a subject's realities and narratives and, as an observer of behaviours, in which I have thought that the idea of agency is placed as a process between possibility and impossibility on the part of the subject. This is portrayed in dual narratives when patients with personality disorder in crisis present to mental health services looking for answers to their situation.

Because this group of service-users shows an exacerbated fractured state of the mind, which is projected onto discursive accounts, I have visualized that the phenomenon of twofold accounts is a standardized occurrence that happens on every single subject. The main point is that the patient group shows an acute point of dissociation of the psyche, which is projected onto their narratives, while subjects without this exacerbation of a dissociated mind present their narratives amalgamated. In order to understand how dual narratives intercept with the idea of a dual agency, it is interesting to observe how Freud started seeing the idea of agency and how this has evolved within the interpretation that one can obtain from the Freudian readings.

I will also analyze Freud's models of the mind because this observation will introduce new ideas in order to review certain concepts, such as systems, offering an *analogical model of the mind*, which will be introduced in chapter IV. This will be an attempt to integrate my ideas between the *brain, mind and language [+senses]* structure, which is mediated by a *dyadic functioning process*.

Therefore, *there is a functional complex [the dyadic functioning process], which is exposed by the split of the mind and the language of the patient group. This could be considered as a standard model of the functioning of the mind and the language of the subject. Therefore, one can envisage that the brain, mind and language [+senses], which forms a structure, share the same functional process, giving as a result an analogical model of the mind: the scaffolding model.* This is my new hypothesis, which I will be starting analyzing along this chapter. Chapter IV will explore how the brain might be able to deal with this dyadic functioning process by the use of dual charges.

For now, I will go into a detail exposition of the works of Freud when he theorized his ideas of the different schemas of the mind. This chapter will also be an introduction of the characteristics of a metaphorical model of the mind, the scaffolding model. I will start from the concept of agency in Freud to observe how this concept has been evolved within psychoanalysis and how dual narratives made use of this notion in the visualization of this new perspective.

2) Agency in Freud's Works

The use of the word "agency" in Freud's works is thought to be equivalent to the idea of a system (Perron, 2005). Freud used the terms agency and system interchangeably in regards to the components of the psychical apparatus (1900a, 1923b). Yet, in the

“Interpretation of Dreams”, Freud renamed the elements of his analogical construction of the psyche. He stated that “for the sake of brevity” the parts of the model of the mind would be replaced by the term “systems” instead of “agencies” (Freud, 1900a, p. 537).

As a consequence, the idea of a system became explicit because it was equal to a group of interacting, interrelated and independent elements, forming a complex whole. Yet, Freud continued to use the term “agency” to name certain components of the mental schema. For example in “Mourning and Melancholia” (1917e [1915]) he talked about a critical agency that fell between the ego and the ego ideal, which in “The Ego and the Id” (1923b) became the super-ego.

The concept of agency remains conflictive in Freud’s work because it does not point out a characteristic that involves the actions of the subject. Subjective activity in Freudian theory is described in terms of quantities. For this reason, Colby (1955) mentioned that the concept of energy in psychoanalysis was used as a way to understand psychological activity. Bilder & Lefever (1998) stated that Freud made use of the same kinds of energetic hypotheses, which have been employed by physicists for a long time. Sulloway (1979) also found that Freud’s approach presented a union between an unmistakably biological perspective and a definite non-physiological viewpoint. As a way to justify Freud’s method, Schafer (1978) added that Freud supported an anthropomorphized model of the mind. This was a metaphoric representation of the psyche based on electric exchanges and physical laws.

Due to the importance of agency in relation to the subject in Freud’s works, it is a priority to look at the translation from the German. In “The Ego and the Id” (Freud, 1923b) referred to the German word *Inстанz*, when he named the parts of the psychological apparatus. This word was later on translated into English by the use of the

word “agency”. The German-English dictionary translates the word *Inстанz* as: office or department, final court case, *second instance*, second appeal or final judgment. (Collins Dictionary, 2008, italics are mine). Also, the Oxford German-English dictionary defined the word *Inстанz* as authority in relation to “the court of original jurisdiction, the appeal court or the court of final appeal”. In addition, this word is described as *a stage of a proceeding* (ibid, the italics are mine). The word *Inстанz* in German is equivalent to the word instance in English, which means “an example or a simple occurrence of something, *a particular case*” (Oxford German-English Dictionary, italics are mine).

Therefore, the word *Inстанz* implies a certain power or authority that relates to a stage of events. Following Freud’s models of the mind, one can observe that the idea of *Inстанz*, in fact, refers to continued order that the mental apparatus follows on a sequential line [pattern]. My conclusion is that the word *Inстанz* translated as “agency” produces confusion because it does not include the reciprocal relationship of the components of the schema that Freud wanted to maintain within the building of the psychological apparatus. Therefore, the interpreted notion of *Inстанz* as agency presented us with a construction that questioned the theoretical position of the subject because it does not take into account his/her activity [conscious and unconscious]. As a consequence, the concept of agency is rather confusing.

In fact, the translation should emphasize insistence, power and certain kind of hierarchy or order, which attempts to portray a sequential pattern within the construction of the psychological apparatus in Freud’s works. This is well represented in “The Interpretation of Dreams” where Freud (1900a) stated a “chronological priority” (ibid, p. 603) between operations in the mental apparatus (ibid). Freud refers, here, to primary and secondary processes. The former ones are present in the mental schema

from the beginning of life and it is during development that the latter ones “inhibit and overlay the primary ones” (ibid). Here, there is a battle of forces between these two tasks, which also emphasizes the existence of a sequential order of activity within the function of the mental schema, which is supported by the dual power [conscious and unconscious forces] of the subject.

Nevertheless, my analysis of the notion of agency, in Freud’s works, has brought me to think that it is problematic because of this particular translated word. As a consequence, it seems to be unattached to the idea of the subject in psychoanalysis (Moran, 1993). My readings of Freud’s works support the idea of a duality of agency [conscious-unconscious] as a sequential process, rather than the existence of two or more different agencies or systems in the psyche. This is a linear and sequential form, which also includes a multiphasic interaction of connective narratives.

My perspective is that agency is well presented by patients with diagnosis of personality disorder while in crisis within a *dyadic functioning process*. This is a phenomenon, which is observed when the patient uses dual narratives. For example, the subject describes an account, which is split in two sections, or presented in two different chronicles, which could be considered as a problem and a solution form. One of them has been termed by me as the *problem formed scenario* and the other one as the *solution formed scenario*.

I would like to emphasize that agency [action] is understood from my perspective as having these two phases. The first one is a presentation, in which the patient experiences and communicates feelings of uneasiness. He/she is narrating a particular situation in the problem formed scenario, in which his/her agency is incapacitated. The client does not know [unconscious] why his/her activity is

impossible or an obstacle to his/her desire. The second one is considered as solving a problem, which has to be mediated by the interventions of the therapist, during treatment along the solution formed scenario.

I believe that a gap or link between these two moments of the activity [will and counter-will] of the subject is part of an interactive phenomenon of communication between the subject and the therapist and within the mind of the subject. This is the same as saying that the psyche is split, forming two groups of thoughts interconnected by an absence. It is in this way that the dyadic functioning process includes a vacuum [absence] that allows subjective activity [agency]. One can also think that the gap promotes agency or it is action [will-power] in its own right.

The analysis of dual narratives also facilitates the exposure of the subjective position of the client. This is because a patient by the use of his/her twofold accounts unfolds his/her place within the symbolic world. For example, the position of a slave of Mr. X waiting for his master to throw him a bone. The role of the therapist is to unveil this subjective place, facilitating an insight for the client. A subjective position is always found between a pair of linguistic elements, forming two opposite narratives, which are integrated by the use of a linked signifier. Duality here is seen as opposite dual symbolic components that are supported by the functional mind and the language of the patient via the use of a dyadic functioning process.

Narrative theory has been an important inspirational tool in the development of these ideas because it has promoted a way of analyzing the discourse of the subject in a split form, or a “two-leveled model of narrative” (Mitchell, 1981, p. 209). This adds a perspective, in which the production of narratives could be understood as having a “set of doubled terms: “deep structure” and “surface manifestation”...” (ibid), which, in other words, emphasizes a division of a system that supports an unconscious

scenario [deep structure] and a conscious one [surface manifestation].

As a result of this, one can conclude that narration is embedded within the confines of an unconscious discourse, which Lacan called the discourse of the Other [place of language]. Consequently, “the situation of narration [is observed] as an effect (or a product) of the unconscious” (Davis, 1983, p. 848) in the only possible way: “as a sequence of opportunities for linguistic substitutions and re-combination” (ibid, p. 853).

Clinical observations inform us that the unconscious is located at a deeper structural level of the mind, which is linked to the problem formed scenario. This means that when the patient talks about the problem formed scenario, the unconscious is able to erupt, producing unconscious phenomena in the discourse of the patient. This is a unique characteristic that reflects the subjectivity of the client.

Freud in his works prioritized the unknown [unconscious] scenario that is linked to one of the dual narratives, which is the problem [negative] formed scenario. Yet, Freud emphasized the unconscious because he did not have the elements, which we know today about language and narratives. Therefore, he focused on the unknown as a place of negative thoughts that were coming back to the conscious scene to disturb the patient. This strategy was very useful for him because he actually developed an insight into the unconscious. It allowed him to mention that in neurosis, there is a series of negative thoughts called distressing antithetic ideas (Freud, 1892-1893b) that could trouble the subject with a problem of a failed agency.

Freud stated that: “The antithetic idea establishes itself, so to speak, as a ‘counter-will’, while the patient is aware with astonishment of having a will which is resolute but powerless” (1892-1893b, p. 122).

And this paragraph marks the unconscious place, which is supported by the narrative of the patient in the problem formed scenario, which reveals the conversion symptoms that the patient brought into analysis but, also, the negative thoughts that are distressing the patient. As a consequence, the critical ideas are coming from the unconscious and narrated in the problem formed scenario by the client. This is an observable that is captured, for example, in the case of the Cambridge student and in the observation of the suicidal daughter. Both cases presented these negative thoughts called, previously, by Freud, distressing antithetic ideas, which maintain the service users embedded in feelings of pleasurable disturbance. Secondary gain, here, is also uneasiness for the patient and impossibility of desire.

The discourse of the client via dual narratives captures the ambivalent place of the subject and his/her subjective position. Client's storylines, at times, present extremely dissociated and problematic. In addition, the subjective agency is also ambivalent, splitting the discourse of the patient into positive and negative accounts. Here, the problem formed scenario gives the analysts the clues in order to listen the unconscious. Despite that the unconscious is positioned beyond scrutiny because of the lack of evidence (Mollon, 2001), containing the unknown knowledge of what the body and the psychic reality have experienced via the effects of the mind.

Yet, the symbolic world of the subject gives the evidence needed to look beyond of what is said. The mother who could not feed her newborn baby complains of the lack of control of her agency. Symptoms were regarded by Freud as aspects of behaviour that were outside the control of a conscious agency [will-power]. It was from this vantage point that Freud conceptualized hysterical symptoms as "counter-will"..." (Moran, 1993, p. 15). Yet, it is the patient's complains that exposes the duality of agency and the unsatisfied desire. Duality here is the split of one agency

that is conscious and another one that is unconscious. This is an operation facilitated by the dyadic functioning process and exacerbated by traumas or early experiences.

For Freud somatic symptoms were unconsciously interrupting the desire of the mother of feeding her baby. Freud stated that: “When the intensification attaches to intentions, it gives rise to the disturbances which are summed up under the description of *folie du doute*, and which have as their subject-matter distrust of the subject’s own capacity” (1892-1893b, p. 122).

At this point, and under the phrase “*folie du doute*”, Freud finds in his clinical work the crossroads at which the subject is positioned in relation to his/her desire. One can say that the desire is this vacuum or force that directs us towards an object but at the same time arrests consciousness and paralyzes us (Gorton, 2008). This maintains a clear similar perspective with the idea of agency or will-power as a conscious action towards an object, which could be interfered with by an unconscious force.

The idea of “*folie du doute*” represents this vacillation in which the subject is embedded. This dilemmatic position of the subject’s reality is introduced in the case of the Austrian female patient with the question about her sexuality: Am I a man or a woman? The clinical material observed in this case as a doubtful question unfolds the previously foundations of an opposition of dual symbolic components, during the presentation of the case of the man of the tiger’s claws. Here, there were two symbolic constructions intertwined within the discourse of the patient. The pre-determined discourse of the patient’s father was interpreted by the child as a female position in comparison with the masculine place prescribed to his brother.

Nevertheless, in the case of the mother who could not feed her newborn baby, Freud actually inferred that there were two kinds of narratives and one of them

supported an unknown knowledge (unconscious). Therefore, the subject seems to show a distrust of his/her own capacities, which appears as the impossibility for him/her to perform his/her will-power. This suggests two discursive dimensions, in which the subject is embedded and his/her will-power is limited. And as a consequence, a differentiation between an intentional and an unintentional discourse is established, which is observed in the productions of unconscious phenomena during analysis, such as the unintentional manufacturing of deformed words. Therefore, will-power shows this particular characteristic of being also outside the conscious zone of the subject because, at times, the patient cannot control what he/she says.

These two discursive positions emphasize the subjective impossibility of the human being. There is no such thing as total control of will-power on the part of the subject. It is for this reason that the idea of will-power, as a construction, is interpreted by me as an activity between the conscious intention and the unconscious eruption that is expressed in a dual narrative system, which I called the problem and the solution formed scenarios. And the unintentional discourse is presented when, for example, the subject does not want to say something that comes out in a different form, which is contained in the problem formed scenario.

To continue, I will analyze how the idea of the subject and his/her will-power is seen by Freud during his construction of the concept of neuroses of defence and with the idea of repression. I will pause at these two notions in order to discuss them. This is because these concepts are the basics to understand the idea of dual narratives and the split scenarios.

3) The Neuroses of Defence and the Hypothesis of Ambivalence

In letter 39 to Fliess dated 1st of January 1896, Freud stated, while expressing a moralistic attitude, that the neuroses of defence “are pathological aberrations of normal psychological affective states: of conflict (hysteria), of self-reproach (obsessional neurosis), of mortification (paranoia), of mourning (acute hallucinatory amentia)” (1950a [1892-1899], p. 220).

The most remarkable issue of this classification is that every single entity reflects a *negative state of mind* of the subject. This is the basis upon which Freud developed the idea of the subject’s will-power and the formation of a pathological state. Here, there is an emphasis in the negative ideation of the patient, which is reported as a problem for the conscious subject. Previously, something has been difficult to tolerate for the patient and he/she has to defend him/herself against it by the use of his/her will-power, repressing the intolerable idea. Therefore, the negative thoughts, which are unfolded in the problem formed scenario, expose the unconscious processes of the patient as something, which is repressed, producing uneasiness to the conscious agency. I will describe how this idea of a pathological state evolves in Freud’s works.

In the first instance, there was a splitting of consciousness. This was mentioned by Freud as a “primary feature of the mental change in hysteria” (1894a, p. 46). But this characteristic seems to be secondary to a “hypnoid state”. According to Freud, there was a primary “occurrence of a dream-like state of consciousness with a restricted capacity for association” (1894a, p. 46). After this, a splitting of consciousness occurred (1894a).

Nevertheless, Freud argues that the splitting of consciousness could possibly become first. As a result, he stated that “the splitting of the content of consciousness

is the result of an act of will on the part of the patient; that is to say, it is initiated [consciously by the ego] by an effort of will whose motive can be specified” (1894a, p. 46).

There is a very important point to be made, here, namely how Freud presents the concept of will and its role in the acquisition of a symptom. Moran stated that “Freud did think defense was brought about by the conscious will of the patient, but his constant use of the concept of the ego introduced a problem to this understanding of the problem of the process of defense” (1993, p. 20).

This is because Freud did not mention the word subject, instead he thought of the mind as a machine integrated by components forming a functional dynamic unit. Therefore, the concept of the ego in Freud’s works is an element of this machinery, which is incorporated in a continuous process of functioning of this apparatus. As a consequence, it is the whole system or model of the psyche, which represents the mind and supports the psychical process. It is, here, where the actions of the subject are translated into the language of functions and energies (Schafer, 1976). It is not the isolated ego on its own that embraces the idea of will-power but the whole functional construction of the idea of the mind in Freud’s works.

To see the idea of will-power from an ego viewpoint will emphasize and reinforce the approaches of ego psychology. A key proponent of ego psychology is Heinz Hartmann (1958), who understood the ego in terms of commonsense experience. For him the ego is like an institution that is provided with a controlling agency. The question is: what happens with that agency that the subject cannot control?

The idea of will-power in Hartmann’s theory is based on the efficacy of human will-power, which is unrealistic because of the existence of an unconscious

agency. The idea of efficacy of will-power portrays an entity that sustains control and the possibility of intentional change. And this is not always possible because a human being cannot control everything. These ideas maintain an approach, which does not take into consideration those two different levels: the intentional and unintentional dimensions of the discourse. Hartmann supported his work based on Freud's second topography. The ego is the central component of Hartmann's works. He stated that: "normal action in all of its varieties, even instinctual or emotional action, is formed by the ego" (1964, p. 39). Hartmann's approach is unidirectional, based on the ego as a central agency of human behaviour. The idea of action is defined as a motoric activity in relation to the external world (Hartmann, 1947), which does not include the idea of unconscious action.

This is opposed to a dualistic approach of a functional model of the mind that sustains a dual narrative system, which also takes into consideration a problem and a solution formed scenarios within the narrative of the patient. It is for this reason that I believe that ego psychology sees the subject from a place, in which the unknown limitation of the subject (unintentional discourse) is not assumed theoretically. Also, dual narratives are not analyzed because if they were, this would show that twofold accounts unfold the idea of will-power (agency) as positive (conscious) and negative (unconscious).

The split of positive and negative elements within the discourse of the patient group, also reflect the two mentioned states of mind. It is, here, where the idea of a splitting mind is rescued from Freud's works in order to discover two subjective discourses that are divided by two groups of elements. Twofold accounts are split by two groups of components: positive and negative, unfolding the narratives that pre-determined the subject. This relates to the ambivalent position of the subject who is

placed between positive and negative elements, giving as a result a unique subjective place for the client, depending on the patient's personal experiences. This in the patient group is observed as an extreme fracture between the positive and the negative elements, giving as a result problems with the will-power of the patient. This is also reflected on acting outs, which are actions undertaken by the patient in order to communicate the lack of symbolic tools to amalgamate the positive and the negative components.

This correlates with my *first hypothesis*, which was based on the presentation of ambivalent situations during the demand for therapy within the patient group. From the theoretical account of Freud's works, the ambivalent situation is the result of a splitting of the mind, which in my opinion is observed in a dual narrative system, splitting positive and negative linguistic components. For Freud the splitting of the mind was giving as a result of a pathological state of mind, which was unfolded on a negative mental state of the patient. Negative ideas were the characteristics of this pathological state, which associated with the impossibility for the subject to perform the conscious agency. In the patient group the ambivalence was exacerbated, increasing negative thoughts, which in Freudian theory is equivalent to saying that the split of the mind was aggravated due to the pathological state of mind.

Going back to the creator of psychoanalysis, one can say that Freud undertook a systematic analysis of his work with his clients, which allowed him to draw certain conclusions. Freud mentioned that patients could not have enough power to solve certain problems in which a distressing idea was in contradiction with their ego (Freud, 1894a). At this stage, the patients may defend themselves against negative thoughts.

As Freud explained, “patients can recollect as precisely as could be desired their efforts at defence, their intention of ‘pushing the thing away’, of not thinking of it, of suppressing it” (1894a, p. 47).

This implies that the ego is the first element, which encounters this distressing idea. One can say that the subject is conscious of it because of the discursive information that he/she gives to the analyst by the use of his/her discursive ego, which is seen as the conscious part of the subject in analysis.

What Moran stated in relation to Freud’s 1894 text in which “Freud talked of the role of the ego in defending incompatible ideas” (1993, p. 20) is that “the defense, understood as an act of the will, raises a theoretical problem in reference to the relationship between the subject, the ego and willpower” (1993, p. 21). Moran added, referring to Freud’s works: “who wills defense? Is it the ego, the subject, or is the ego synonymous with the subject?” (1993, p. 21)

I want to state that Freud had this idea of the mind as a mechanical system that supports functions, actions, subjective desires and emotions (Schafer, 1976). This is confusing because one can question this by saying: how can a machine support desires and emotions? The same problem appears with the whole system of the mind or with a component of it. One can question this by presenting the same kind of interrogation that Moran was submitting. What part of the system is doing what and who is moving it?

The explanation is that Freud has made use of a model by creating a certain system of the mind with a special characteristic. Once again, Freud proposed his theoretical framework by using an anthropomorphized model (Schafer, 1976), which takes into consideration a pathological state of the mind by the use of a defence mechanism that splits the contents of the psyche. Dual narratives are also found as

split in the patient group, which in my opinion they offered a pathological way to observed the scission of the mind [and narratives] in an extreme manner.

This brings us to the question about the subject and his will-power in which the subject is an abstraction included within the model of the mind in Freud's works. Freud spoke of the different parts of his models of the mind as if they were dotted with will-power, action or forces dedicated to maintain a creative purpose by making choices (Schafer, 1976). Moran appears to get it right when she stated that: "the subject would seem to be the one who wills and who employs his ego in the service of defense" (1993, p. 21).

The dual position of the subject (conscious and unconscious), his/her will-power and counter-will, and the problem and solution formed scenarios of the narratives of the patient reveal a character or a property of the mind, which is *duality* via discursive ambivalence. For now, I want to accentuate this concept of duality, which will be the foundations of an analogical construction of a model of the mind along chapter IV. In other words, there are two [duality] very different characteristics of a state of mind which cause actions: one rational and another one irrational (Ahumada et al., 2006). I see this attribute as the will-power of the subject that is reflected on the narratives of the patient. This is because duality is a consequence of the split of the mind and the language, which has been previously effectuated [splitting mechanism] by the dyadic functioning process. The functional system is beyond any duality. Dualities are the elements that the therapist observes during the presentation of the treatment, in this case, of the patient group.

In order to comprehend Freud's functional processes of the mind, I will now examine the concept of repression in his works, analyzing the idea of will-power. This will allow us to understand why Freud had to build a psychical apparatus. In addition,

this unfolds the idea of the existence of an ambivalent narrative, which exposes the subjectivity of the patient by presenting twofold accounts while the patient is governed by two contradictory agencies.

4) The Concept of Repression and the Hypothesis of the Dyadic Functioning Process

The idea of repression in Freud is accompanied by the notion of resistance within the psychoanalytical treatment. Freud stated that: “In the first place, then, when we undertake to restore a patient to health, to relieve him of the symptoms of his illness, he meets us with a violent and tenacious resistance, which persists throughout the whole length of the treatment” (1917 [1916-1917], p. 286).

If psychoanalysis is an attempt to review the contents of the mind of the patient in transference, it is during that process that the patient feels uneasy about the possibility of talking about certain thoughts or ideas. Also, negative beliefs are more difficult to express and change than positive ones because they are associated with previous experiences that trigger anxiety, fears and guilt (Heath, 2002). The patient consciously or unconsciously knows that during analysis, if he/she talks, he/she might re-signify and change these negative beliefs and as a consequence his/her behaviour. Yet, the subject wants to be in control of his/her will-power. This supports the view that an unconscious agency is not well-received by the patient.

Yet, the idea of resistance to change reinforces the notion of subjection. This is because the subject deep down has not accepted, totally, to be subjected by the symbolic world, which rules and regulates him/her. Also, the patient in analysis resists being subjected to the changes that the therapist [or therapy] might impose on him/her during treatment. It is there, when the patient feels that his/her agency or will-power could be affected by the “symbolic power” of the analyst. Therefore, there is

an interrelation between change, agency and the presence of the analyst that establishes a battle of resistances in the therapeutic arena. The patient does not want to change because this might imply a loss of his/her will-power and a subjection to the analyst's symbolic power. At the same time, the patient comes to analysis because there is a problem with his unconscious will-power.

Freud observed this dilemma in his practice. This took him to state: "Instead of remembering, he [the patient] repeats attitudes and emotional impulses from his early life which can be used as a resistance against the doctor and the treatment by means of what is known as 'transference' " (1917 [1916-1917], p. 290). Yet, the most important thing, here, is that the presence of symptoms in Freud's theory was seen in psychoanalysis through the manifested phenomena of resistance. If there is resistance, there is repression (Baker, 2007).

There is another way to see the notion of repression, which is a vulgar interpretation of psychoanalytical theories. Stafford-Clark criticized this ordinary notion, which includes the idea that "repression is assumed to mean discipline (parental discipline in childhood, self discipline in adult life) instead of an unconscious process" (1965, p. 198).

Nevertheless, the observable characteristic of the process of repression becomes the precondition of symptom formation in psychoanalytical theory. This introduced into Freud's theory the construction of the notion of repression as a central component of the function of the psyche in psychoanalysis (Eagle, 2000).

One can say that, from a functional point of view of the mind, there was an idea that was intolerable for the subject and he/she attempted to forget it by the use of his/her will-power. My *second hypothesis* introduced a dyadic functioning process, which was beyond the concepts of the mind and the narratives of the subject. Freud

also postulated something similar when he introduced an account of a *splitting mechanism* in which patient's will-power was also divided or dual (will and counter-will) due to the fact that the patient wanted to forget the intolerable idea. Or, one can start thinking that there was a previous dual attribute [function] of the mind of the subject that allowed this mechanism to be performed. Therefore, is this functional system a process, which was previous [in the mind and the language] to the splitting mechanism? Or, Is this a standard functional process of mind and language that is beyond any observable dual phenomena?

I would like to introduce here the work of Billig (1999) who has not attempted to construct an analogical model of the mind like the Freudian psychical apparatus. This is stated when he said that: "Repression is not a mysterious inner process, regulated by an internal structure such as the 'ego'. It is much more straightforward. Repression depends on the skills of language. To become proficient speakers, we need to repress. The business of everyday conversation provides the skills for repressing, while, at the same time, it demands that we practice those skills. In this respect, language is inherently expressive and repressive" (1999, p. 1).

However, Billig believes that we construct our unconscious based on the learning process of linguistic skills, which is embedded in social contacts. He also stated that for Freud, repression is an enemy force, which allows certain ideas or thoughts to come back, creating symptoms. In "Beyond the Pleasure Principle" (1920g) Freud established that the unconscious is the "repressed". Therefore, one can infer that unconscious repression for him was a subjective mechanism that included the formation of an unconscious agency with its own production, such as dreams. Billig thinks of the Freudian approach as a biologically based mechanism, and he added that: "According to some theories, the driving away of a conscious thought

should be called 'suppression' rather than 'repression' ". He also said that: "Some of psychoanalysis's persistent critics also follow this line, insisting that 'real' repression must be completely unconscious" (1999, p. 24-25).

From my point of view, Billig's interpretation of Freud's works has thrown light on certain issues. He found and emphasized a *quality* within the system of the mind, which is that language is expressive and repressive. Quality, here, represents this twofold function, which is equivalent to my thought of a dyadic functioning process, which facilitates the split of positive and negative narratives. Is quality here the representation of a dyadic functioning process? Therefore, a double function of language, which is expressive and repressive, has to be organized by a particular process with a certain quality that facilitates the splitting mechanism of elements and functions. This is what I established as the dyadic functioning process, which is a function that goes beyond the observable that has been unfolded by the presentation of dual narratives. As a consequence of this, the mind is governed by a dual process, which splits accounts into positive and negative groups of components.

Billig also stated that Freud established that the most conscious thinking is verbal, and that deeply unconscious thoughts are non-verbal but they get attached to words in order to open the way into consciousness. Freud postulated this concept in "The unconscious" (1915c) and in "The Ego and the Id" (1923b) when he mentioned the idea of word-presentation between the preconscious and unconscious. Freud stated that: "These word-presentations are residues of memories; they were at one time perceptions, and like all mnemic residues they can become conscious again" (1923b, p. 20).

However, Billig emphasizes certain linguistic patterns related to the notion of repression. He stated that repression relates to certain utterances like the said and non-

said. He mentioned that: “The idea of the unsaid provides a clue about the rhetorical nature of repression” (1999, p. 52). Therefore, my understanding is that the human being represses, when he/she is not saying a particular word, and this reinforces the importance of the phenomena of language.

Billig’s ideas are very important in order to postulate a new concept of an analogical model of the mind that has a symbolic quality. In other words, this provides us theoretically with a system that facilitates the use of verbal and non-verbal cues, which is continuously producing combinations of the same components. And this has an impact on those dual formed scenarios. It is the problem formed scenario that will deal with those cues, which relate to the repressive part of the narrative; while the solution formed scenario will take a normal curve within the discourse of the subject.

However, this brings me to think about the unconscious. Billig stated that the patient represses with the use of words that are said and non-said. This means that there is something that the subject is not saying. Yet, it does not imply that there is something lost for that subject in relation to this word repressive system. Or, what I would like to state here is that the functions of the brain are hidden from the subject beyond his/her knowledge, awareness or understanding (Davis, 1994). And this is what has been lost for the subject, which is the knowledge about his/her own mental functioning.

The patient group also shows that they were not aware of the mental processing, which involved finding solutions to their problems. This is also lost for the patient group, the awareness of their situations, which is shown in the phrase mentioned by the woman who wanted to be in prison: ‘it is all situational’. This is because she did not have the knowledge to deal with the ambivalent situation.

My point of view is that the subject does not have complete control or understanding of his/her symbolic activity. This is what is absent for the subject and what the notion of agency is about. The idea of agency in psychoanalysis is presented as a lack of control on the part of the subject. The control that the subject maintains in relation to his/her agency or will-power is minimal, dual and remains split. As a consequence, the patient attempts to repress as a way to compensate for that lack of constraints of his/her psychical activity. This is ineffective because the symbolic elements will return after repression in a changed form, such as, in the dream (Freud, 1900a).

Patients with personality disorder in crisis present this exacerbated agency, which lacks control in a rather extreme manner. It is for this reason that as practitioners we need to look at pathological cases. This will give us the clues of the functioning of the mind because clients in acute states expose the basic functions of the mind in a foundational way. It is, here, where the exacerbated functions are exposed for the observer to analyze them. My clinical observations give an insight into this fractured functional system of the mind, which is projected onto patient's narratives.

Therefore, the client presents a broken pattern in which his/her activity does not correlate with the expectations of his/her conscious state of mind. My understanding is that the split of mind is projected onto a dual account system. In the mentioned clinical observations there is something that the patient tells us in his/her discourse in relation to his/her feelings of uneasiness. In fact, patients inform us about the dual narrative system which also supports two agencies: one conscious and another one unconscious. This informs us of a quality of the mind of the human being, which is dual or ambivalent.

Yet, in the patient group the ambivalence was exacerbated due to the subjective structural characteristics of the individuals, which included the transmission of pre-determined narratives. This is because language predetermined our subjective place in life. In order to counteract the limitations of this research, it would be interested to compare [in a future research] the patient group with a control group, in order to observe if the fracture [of the mind and the language] is a standard function of the psyche and the language of the subject, which is exacerbated in the patient group due to early experiences or traumas. My hypothesis, here, is limited to the visualization of this comparison in which the fractured mind and language are a standard function that in the patient group is experienced as extreme. This is also backed up by the analysis of the Freudian cases.

The idea of a fractured psyche brought Freud to place his interest in the functionality of the mind by emphasizing the action that was distributed within the psyche and between perceptions, word-presentation and mnemic residues. Therefore, he needed to support his ideas of repression and resistance within a theoretical framework. It is important at this point for Freud to introduce a working hypothesis that will allow him to continue with his theoretical presentation. This will be done in order to continue introducing Freud's ideas of his models of the mind, which will create a basic ground to present an analogical model of the mind in chapter IV.

5) A Freudian Hypothesis as a Basis for Analogies

In "The Neuro-Psychoses of Defence" (1894a), Freud included a working hypothesis about the neuroses of defence.

He stated that: "I refer to the concept that in mental functions something is to be distinguished – a quota of affect or sum of excitation – which possesses all the

characteristics of a quantity (though we have no means of measuring it), which is capable of increase, diminution, displacement and discharge, and which is spread over the memory traces of ideas somewhat as an electric charge is spread over the surface of a body” (1894a, p. 60).

Freud at this point wanted to find a point of support for his theories, which allowed him to imagine the connections between memories and representations by the presence of an electric fluid. As Sulloway stated: “The general theoretical assumptions underlying this clinical model were predominantly psychophysicalist ... the human mind works by virtue of mental forces and energies following patterns of investment and displacement similar to those in a complicated electrical apparatus” (1979, p. 61)

The most important issue about the use of this hypothesis by Freud seems to be that the activity within the mind is regulated by this energy or drive. This brings me to talk about the idea of will-power as an equivalent or part of that energetic activity that regulates the Freudian system. Also, energy has the attribute of being positive or negative. This reinforces the fact that Freud understood the mind from a mechanical point of view with *two phases*. Freud’s use of this hypothesis has subsequently been analyzed by other authors, such as Bilder & Lefever (1998), who mentioned that the use of an auxiliary representation is understood as an element that physicists had been applying for a long time. And this is an idea of a kind of electric fluid, which flows within a system.

The main points that Bilder & Lefever stated were, primarily, that the use of an auxiliary representation was not based on reductionism, in which for example certain psychological processes correspond to neurophysiological ones; and secondly, that Freud’s idea was offered in order to give an account of the concept of repression

by the presentation of his hypothesis. They stated that “Freud wanted to know how the neurophysiological machine that is our body could bring about a mental phenomenon like repression” (1998, p. 26)

In relation to this, Bilder & Lefever mentioned that Freud found certain problems with the idea of repression and the hypothesis of the fluidity of energy. They stated that: “In particular, he found himself unable to explain in mechanical terms how repression could come about” (1998, p. 26).

It is by the use of the ideas of repression and resistance that one can think of the notion of agency as a negotiation of forces [energies] within the mind of the subject. In Freud’s works, agency represented the fluidity of energy, which could be positive or negative and equivalent to changes from quantities to qualities (1950a [1895]). Therefore, the system of the mind supported the will-power [action] of the subject on two levels, which represented changes from consciousness [positive] to unconsciousness [negative]. It was the functional idea of repression and resistance, which attributed certain activity to representations and energies within the mind. Is this a different way of saying that there is a dyadic functioning process within the mind of the subject?

Therefore, in Freud there was a battle of forces by the use of repression and resistance within the subject’s internal world that were in continuous action. This is equivalent to the activity of rejecting [resistance], for example, being under the symbolic power of the analyst, and the illusion of being in total control of our conscious world by the use of repression. Yet, this is utopia because we are never free but subjected (Foucault, 1979). This allows me to state that this is a battle by which the patient attempts to maintain his/her will-power [agency].

This encounter between opposing forces also contains unknown elements. This is supported by the idea that there is an unconscious agency, which never forgets and knows more than the conscious one (Ahumada et al., 2006). All these concepts have brought me to consider that the patient repeats in analysis that primary moment in which he/she became a subject.

Therefore, one can infer that there were two subjective phases within this process. The first one related to a position in which the subject was passively introduced into the symbolic world. The second one is the active pleasure, which included the acceptance of dependency and love. As a result, there are dual situations or positions that are embedded in every patient's narrative and which are repeated throughout his/her life. A good example of this is the case of the man of the tiger's claws in which the patient accepted to be subjected to the narrative of the other [father], who imposed an account that was different from the patient's narrative. The patient was feeling unease about this without even realizing that the father's account was different from his own account. This created negative feelings towards his father. This case shows the foundations of dual narratives and how twofold account allow the construction of a subjective place, in this case, for the youngster.

Nevertheless, the previously presented Freudian hypothesis was supported by the concept of repression, which appeared for the first time in "Preliminary Communication". Here, Freud (1893h) introduced the term 'repressed' in association with the idea of trauma, while he mentioned that the main characteristic of will-power is its variation between an intentional and an unintentional action. To continue, I will include the nature of the trauma, in Freud, in order to associate this concept with the split of the mind and how dual narratives view this.

6) The Nature of the Trauma as a Cause for an Exacerbated Split Mind

Freud divided the nature of the trauma into two groups, depending on the patient's reaction to it. One of the groups includes an impossible reaction to the event, which is directly connected with the psychological state of the patient at the time of that trauma, for example, a state of auto-hypnosis or day-dreaming. In "On the Psychological Mechanism of Hysterical Phenomena: A Lecture", Freud (1893a) suggested that this group shows the primary basis for the phenomenon of "hypnoid hysteria".

However, at that particular time Freud stated that "we think it probable that in every hysteria we are dealing with a rudiment of what is called [in French] 'double conscience', dual consciousness, and that a tendency to such a dissociation and with it the emergency of abnormal states of consciousness, which we propose to call 'hypnoid', is the basis phenomenon of hysteria" (1893a, p. 38-39).

The other group of traumas included those in which the patient has not been able to have a reaction to the traumatic situation. This group connects with the notion of repression. In this particular group, Freud stated that "the patients have not reacted to a psychological trauma because the nature of the trauma excluded a reaction...it was a question of things which the patient wishes to forget, and therefore intentionally repressed from his conscious thought and inhibited and suppressed" (1893h, p. 10).

The most striking situation, at this particular time, is that Freud suggested the idea of a dual consciousness, or a state in which, due to repression, the mind becomes split via inhibition or suppression [dyadic functioning process]. Also, he talks about the pathological state of the illness, which seems to be caused by a symbolic relationship between the symptoms and the precipitating factors of the malady in hysteria. Freud stated that: "Hysterics suffer mainly from reminiscences" (1893h, p. 7). In addition, Sulloway pointed out in relation to this statement that "this was the

fundamental clinical message of Breuer and Freud's joint theory of hysteria" (1979, p. 61)

It is for this reason that in "The Mechanism of Hysterical Phenomena", Freud discussed that "the determining cause of the symptom was at the same time a therapeutic manoeuvre" (1893a, p. 35). Freud discovered, here, the functional mechanism of the mind of the subject in which the consequence of the traumatic event reveals a dual consciousness or a split of the mind of the subject.

In other words, this is the equivalent to the presentation of the conscious and the unconscious series and a dual level of narratives as the subject talks from two different moments, scenarios or places. This is also represented by the concept of agency, which is present in the analytical arena as a possibility and impossibility of action on the part of the subject. This brings me to infer that dual patterns are part of the functioning of the mind [dyadic functioning process] in Freud's works, which are reflected in twofold account of patient's discourse.

The clinical observations presented along the previous chapter show that the split of the mind is observed in twofold narratives by the presence of positive and negative groups of thoughts, which are communicated to the therapist by the patient. One can visualize that it is the dyadic functioning process that is present beyond any trauma and that; any situation could be traumatic for the subject. This depends on the subjective way of experiencing the "trauma" or the intensity of it. Therefore, it is important to recognize that it is the intensity of the trauma, or the subjective effect to it [how the trauma has affected the subject], that might exacerbate the fracture of the mind and narratives. This implies that the dyadic functioning process is primary to any trauma and that; any situation could have had affected the subject, depending on

the intensity of it and the subjective response to it [how the subject tolerated the traumatic situation].

In addition, for Freud, there is an amount of energy that will be attached to representations or ideas. Yet, within the system, the affect will move around it until it is transformed (Freud, 1894a). The subject does not know about this transformation of energy. There is a fluctuation between what the subject knows and his/her lack of knowledge of his/her mental processes. Therefore, the idea of conscious and unconscious becomes a duality within the subject's functioning system, which is likely to include the subject's will and counter-will.

Duality here is part of the functioning process. This is because the mind and language operate in dual levels, which are: conscious and unconscious or intentional and intentional, positive and negative and problem and solution form. This affects the will-power [agency] of the subject producing a split into a conscious and an unconscious agency. All of this is also reflected in a dual narrative system. Therefore, when the subject talks he/she does mention how the structural functioning process has been organized within him/herself. A good example of this is observed in the patient group which shows an exacerbated ambivalence [duality of symbolic elements] within they discourses.

However, it is because of this mobility of affect within the representations of the body that Freud, at this particular time, talks about conversion in hysteria and these conversion symptoms, as mentioned before, are conceptualized by him as "counter-will". He mentioned that: "In hysteria, the incompatibility idea is rendered as innocuous by its sum of excitation being transformed into something somatic. For this I should like to propose the name of conversion" (Freud, 1894a, p. 49).

It is interesting how Freud visualized a mechanical process, in which the activity of the subject's will-power produced subparts or components of this analogical machinery, which will be defined, later on, as the psychic apparatus. Freud added that "when once such a nucleus for a hysterical splitting-off has been formed at a 'traumatic moment', it will be increased at other moments (which might be called 'auxiliary moments') whenever the arrival of a fresh impression of the same sort succeeds in breaking through the barrier erected by the will, in furnishing the weakened idea with fresh affect and re-establishing for a time the associative link between the two psychical groups, until a further conversion sets up a defence" (1894a, p. 50).

In my opinion, in the last passage Freud mentioned that these two groups in which the mind has been split are integrated as parts of a system. Freud developed this while he was analyzing cases of hysteria. This relates to how will-power is represented as a barrier dividing and forming the two groups [will and counter will] of the system. The analyst is aware of the presence of will-power by listening to the patient. It is by the effect of the discourse of the subject that the analyst will be informed about that deep level of language that will bring back reminiscences of that "intolerable idea" that was previously repudiated by the subject.

Here, the idea of a system is unfolded in the presentation of the patient group while they mentioned the dual formed scenarios during treatment. And it shows that the problem formed scenario links with that deep level of language, in which the unconscious phenomena becomes exposed. At the same time, the solution formed scenario maintains the patient's connection with a reality that is presented by the patient as a choice of a "healthier option" that needs to be explored and supported by the therapist in the therapeutic situation.

I would like to add here that the therapist does not play a part in helping the patient to choose between one of the two sides of the conflict. The patient presents the ambivalence and the therapist intervenes by clarifying that there are two scenes within the doubtful position. These scenarios, most of the cases, are presented as one positive and one negative. This is similar to the Freudian case of the Rat Man in which Freud exposed the contradictive system of the patient. Here, it is the patient who talks about the different scenarios. The therapist empowers the patient to talk about the dual formed scenario, looking for the advantages and the disadvantages of both scenes. In fact, this discloses a subjective position of the subject, which triggers more associative material. The therapist looks here for patterns that repeat in order to intervene without giving advice but helping the patient identify conflicts. This is done by exploring the unknown [unconscious] elements. In chapter V, I will introduce a section on techniques in relation to dual narratives. This section will present certain ideas in connection with the place of the therapist, which will be reviewed when I have mentioned my thought around the concept of the principle of neutrality.

Nevertheless, the idea of trauma maintains this fracture of the mind into a dual state. Agency, here, also seems to be split into two parts. One of them is the one that the subject controls. For example, in the case of Mr. X when he stated that “I am one of them there”. The other agency relates to frustration and dislocation. Here, Mr. X feels depressed positioned as a slave, waiting for his manager to throw him a bone. The subject feels uneasy about this agency that is outside the area of conscious control (Ahumada et al., 2006). This is also shown in the case of the mother who is unable to feed her newborn baby because of the presence of the conversion symptoms.

The main point, here, is that the twofold accounts are in correlation with the subjective position of the subject. This means that they unfold the location of the subject who has been [subjected] positioned between two representations, such as, the reincarnation of the roles of the master and the slave in the accounts of Mr. X. The therapist here questions the subject in relation to his desire by asking him, where does he really want to be position? This has to take into consideration the elaboration of a continuum between the two concepts [master and slave].

Trauma could be understood as the moment in which the subject is introduced into the symbolic world. This is also a continuum that subjected us into a human condition by supporting every single motion in our activity as human beings. The “traumatic” situation was accepted by the subject and imposed upon him/her (Foucault, 1979). The result of this is the foundation of the subjective structure of every human being. There was a moment in which the subject was constrained in accepting the symbolic world and it is because of this that one can talk of a previous absence of symbolic functioning.

This lack of symbolism, which is part of the structure of the symbolic universe of the subject, will be related to future breakdowns of symbolic functioning in the patient (Garland, 2002). As a consequence, human beings will unconsciously repeat this lack of symbolic functioning along their existence. This is also observed in acting out. In the patient group, a patient performs an acting out because he/she has a lack of tools to communicate their thoughts. The inmate on a hunger strike could not express his thoughts [or he might have not even been aware of them] and as a result he acted out his feelings by punishing himself and others. The role of the therapist is to search for these thoughts in order for the patient to unfold them. Here, the therapist

intervenes in order to avoid acting out, making sense of the gaps of the thought process of the patient.

However, at that particular time, in the beginning in which the human being was subjected to the symbolic world, he/she did not have a choice and this, implied as a consequence, a lack of capacity of symbolic thinking (Garland, 2002). As a result of the primary constrained symbolic, the subject is provided with a partial control of his/her actions. There is one agency that is under control of his/her activities because the symbolic world has facilitated some control [by the use of language] to the subject. Another agency will remain with an absence of control through the use of repetition due to a lack of 'total knowledge'. These are the bases of the production of a double agency and a mind that is characterized by duality.

In the patient group the agency that remains with an absence of control appears exacerbated. Patients from this group are not able to find solutions to their problems by being invaded by negative thoughts and fixed on ambivalent [doubtful] thoughts. Duality here is exacerbated by the primary constrained symbolic [trauma or absence] or by the early experiences of the subject. The case of the Austrian female patient shows the lack of symbolic tools to deal with the future absence of the therapist, which seemed to be triggered by previous experiences in which she had to deal with loss [and possibly a lack of containment of her anxiety].

From here on, narratives also become split between positive and negative elements, creating two different scenarios: one positive and one negative. This is because narratives were allocating the subject in that place in which he/she was constrained by the symbolic world. This is re-enacted in the case of the man of the tiger's claws in which my patient 'accepted' the place attributed by his father.

It is in this articulation of dual accounts that the positive scene will facilitate solutions to the negative one and the negative scenario will create problems to the positive one, interacting by the use of linked signifiers. This is previously presented by the exposition of a linked signifier, such as the “hunger strike” in the case of the inmate that presented to services looking for answers to his impossibility of communicating his anxieties.

However, I want to state that something that has been imposed will produce a feeling of uneasiness because of the acceptance of this “primary event” [trauma] by the subject. This will trigger a permanent negotiation, which is, in fact, a move forward to obtain dependency and love that includes the connotation of the refusal of being subjected to that symbolic world. This is, at the same time, a fight for independence and freedom and a characteristic of neurosis. It is also an attribute of the agency, which is dotted with a symbolic activity but with a partial lack of control or knowledge of his/her actions.

In his second nosography, Freud introduced the sexual aetiological hypothesis. I will move onto this concept in order to discuss my ideas of dual narratives and agency and how this concept is intercepted within my perspective. This is because dual narratives see the sexual identity of the subject as a product of dual symbolic elements, which are the foundations of the subjective position that has predetermined the subject.

7) The Sexual Aetiological Hypothesis and the Ambivalent Subject

In order to follow Freud’s chain of thoughts, it is important to state that Moran (1993) mentioned that there is a change of direction in Freudian theory, which was based on a problem presented by Freud’s clients. The move goes from the notion of will-power

to the sexual aetiology of a patient's symptoms. As Moran stated: "The new classificatory system was understood, not in terms of the mechanism utilised with regards to will-power, but on the basis of the sexual etiology" (1993, p. 21).

Freud developed a second nosography. Yet, one can observe that during Freud's systematic analysis of patients, he found that his hypothesis of the fluidity of energy could be surprisingly correlated with certain clients' perturbations. This gave him an insight into the presentation of certain patient's symptoms. As a consequence, a new classification was presented, which separated the "actual neurosis" from the "psychoneurosis". Therefore, actual neurosis was a broad classification, which included neurasthenia and anxiety neurosis. And psychoneurosis included hysteria and obsessions.

In "Sexuality in the Aetiology of the Neuroses", Freud stated that: "Thus, in every case of neurosis there is a sexual aetiology; but in neurasthenia it is an aetiology of a present-day kind, whereas in the psychoneurosis the factors are of an infantile nature" (1898a, p. 268).

In my opinion, Freud, at this point, was focusing on his hypothesis of the fluidity of energy, and sexuality. Here, my arguments are that Freud wanted to support his theoretical ideas instead of questioning himself about other issues, such as, the patient's narratives system, which is based on the subjective pre-determination of language. Despite that, Freud theorized about the conscious and the unconscious as a system. He was focus on a more functional model of the mind and the engine of his paraphernalia was the drive or sexual energy.

It has been also stated by Borch-Jacobsen (1991) that Freud prioritized the notion of sexuality in relation to the concept of identification. Borch-Jacobsen observed that Freud, during the analysis of dreams, thought that there was a subject

who, via identification with another person, tells the analyst of the struggles with his/her knowledge about sexuality, erotic desires and wishes. This was uncovered within the content of the dream and it was the analyst who had to bring to light the relationship between identifications and patient's desires. For example, the dreamer puts him/herself in the place of another person by desiring what the other one had desired. This is a way for the subject to identify with the desire of the other person who is "annihilated" or symbolically killed during the dream process. Therefore, the dreamer becomes the other person while the subject dreams (Borch-Jacobsen, 1991).

This marks a differentiation between identification as an unconscious phenomenon and imitation as a conscious one. Here, again, there are two actions [agency] of the subject in relation to his/her sexuality. One of the actions [imitation] is conscious and the other one [identification] is produced without any awareness on the part of the subject. Duality here is again functional.

Nevertheless, my point of view attempts to focus on the narrative of the patient instead of prioritizing identification and sexuality. This brings me to suggest that Freud did not question himself about dual patterns of functionality within the symbolic system. This is what I have proposed with the introduction of twofold accounts within the narrative of the patient in which the problem and the solution formed scenarios were mediated by the agency. These are also discursive patterns of functionality that are presented by the subject in therapy. And they show the conflicted narrative, which is expressed as dual or ambivalent.

The dual formed scenarios provide two positions in the narrative of the subject. The solution formed scenario, as was previously mentioned, maintains a normal stable curve in the narrative of the patient, while the problem formed scenario supports and manifests the unconscious, which shows us that there are subjective

ways of dealing with a selection between, for example, certain words. While a particular patient has chosen the word 'black' because it has a specific meaning for that subject, another person will select the word 'white' for the same reason. Therefore, the functional activity will maintain, for example, one of those words as un-said and the other one as said within the system. Here, the duality of symbolic elements is supported by the dyadic functioning process, which is beyond any couple of symbolic components.

This brings me to think that within the symbolic world, the subject sustains and selects general patterns of dual functioning, which are manifested, for example, in the phenomena of resistance and repression, which is also a dual attribute [function] of the mind. This means that the subject who has incorporated the symbolic order via the support from the social world of narratives (Wetherell, 1996) becomes endowed with will-power [agency]. I want to introduce, here, that the symbolic world is contained within the mind of the subject via introjected components that are split in good and bad objects (Klein, 1997, 1998; Winnicott, 2005). And, this attribute of the symbolic world, that is duality, is also expressed in the dual formed scenario of the patient's narratives.

These modalities are mediated by known or unknown choices that the agency performs, which have variable and invariable ways of selection, depending on the process, in which the mind of that human being has been structured. For example, the word 'black' will have different connotations for a black person than for a white one. Yet, the symbolic patterns of dual functioning are universal, which means that they are present in every subject and structured, subjectively, during the life of the human being.

Nevertheless, the transition from the fluidity of energy of the Freudian hypothesis, to the conversion symptoms, and finally to the social presentation of Freud's clients emphasized the development of Freud's theory from a biological approach to a sociological perspective. These thoughts coincide with Brown's statement: "Freud's biological approach tended in the course of time to become more sociologically orientated" (1964, p. 31)

Therefore, this opens several questions: Who is the subject? Is the subject the patient with his/her problems? Is the subject Freud supporting his hypothesis? Or is the subject the reader of Freud's works in this case? And what about the agency: Is it the will-power or the counter-will of the client? Is it the fluidity of energy of the Freudian hypothesis? Or is it the motivation that supports the reader of Freudian works?

Returning to Freud, he introduced a new classification that acts as a response to certain kinds of subjective problems, which are those that have connections with the etiological factors of the subject's sexual life.

In "The Aetiology of Hysteria", Freud argued: "Whatever case and whatever symptom we take as our point of departure, in the end we infallibly come to the field of sexual experience. So here for the first time we seem to have discovered an aetiological precondition for hysterical symptoms" (1896c, p. 199). In the same paper it was added that: "The defence achieves its purpose of thrusting the incompatible idea out of consciousness if there are infantile sexual scenes present in the (hitherto normal) subject in the form of unconscious memories, and if the idea that is to be repressed can be brought into logical or associative connection with an infantile experience of that kind" (1896c, p. 211).

These paragraphs show that Freud imagined the subject as a machine, in which the cause-effect phenomena set up the basis for the development of neurosis. Freud was also interested in the idea of sexual excitations and how the client positioned him/herself in relation to those affects. This was perfectly described by Brown, when he mentioned that: “A strange characteristic of these forgotten and painful memories noted by Freud was the frequency with which they were found to relate to traumatic sexual experiences in childhood. He therefore came to the conclusion that hysteria was produced when the patient had been the passive victim of sexual seduction by an adult in childhood, while another type of psychic illness, the obsessional neurosis, was the result of active participation in such childhood seductions” (1964, p. 18).

However, those sexual excitations, which could have been found, firstly, as Freud mentioned in his works, in puberty, and secondly, in childhood, when the sexual seduction was primarily inflicted by a nursery maid or governess, were used to support his previously stated hypothesis of the fluidity of energy. Freud proposed that the disposition to become ill with hysteria was connected with a previous history of seduction of the child by an adult (1896c, p. 208).

For Freud there is a subject, within the developmental process, which is energetically charged by an external agency via that early sexual seduction. This relates to that premature sexual encounter or “sexual abuse” which was performed by, for example, the nursery maid or governess. This is currently supported by findings of high rates of sexual abuse during childhood in patients with conversion symptoms (Roelofs et al., 2002 [b]). Nevertheless, Freud dropped the sexual hypothesis, when he mentioned that he could not believe in his hysterics and that in fact the narratives were based on fantasies (Jahoda, 1977; Gay, 1988).

In clinical practice I have found that patients with personality disorder continuously confirmed that they have been through situations of early sexual abuse. This appears to support Freud's first idea about early sexual experiences. Today, certain authors support that the challenge is the unverifiable causative characteristic of the early sexual events within the development of the subject (Stone, 1995). This maintains the current controversy between the constitution of the illness and the early sexual abuse (Good, 1995). It is for this reason that the main focus of the therapist's work is to base his/her activity on the narratives of the subject. This will include the previous related event [real or not] as the constitutive element of the subjective position.

I will recall the first moment in which Freud attempted to say that the agency is firstly someone external to the subject who reactivates the internal functioning of the mind of that human being, who is developing in the social world. Yet, at the same time there is something internal to the organism [energy] that could also be called agency, which supports that human being to defend him/herself against certain intolerable external perceptions. The idea of defence appears, here, as supported by the use of the ego of the subject. In this way, repression acts towards that intolerable first memory of the supposed sexual encounter (Freud, 1896c). This is what constitutes the functioning of the mind, which was related to emotional forces that actively participated in the process of defence. There is a primary repression that will trigger the equilibrium of the psyche and it is the presence of that internal and external agency that allows the subjective action of the whole developing human process.

I do not concur with Moran (1993, p. 24) when she suggested that: "Freud's movement away from an interest in will-power resulted in his leaving aside the question of human agency from this point onward in his theoretical postulations".

I believe that Freud implicitly continued talking about human agency throughout his works. This could be based on, for example, the idea of the fluidity of energy, which I believe could be interpreted as the human will-power. This is observed in the “Project for a Scientific Psychology”, when Freud talked about the neurons and the passage of a quantity within the neuro-system. He stated that “in the interior of the system there arises the impulsion which sustains all psychical activity” (1950a [1895], p. 317). And, he also added that “We know this power as the will – the derivative of the instincts” (1950a [1895], p. 317).

8) Energy and Drive as the Subject’s Ambivalent Will-Power

In order to clarify the last paragraph, I would like to mention a theoretical research project about the vicissitudes of the ideas of energy, instincts and libido in psychoanalysis. This research project is an important contribution to psychoanalysis by the San Francisco Institute of Psychoanalysis, and is entitled Energy and Structure in Psychoanalysis. It is written by Colby (1955), and he added a chapter on energy or drive in psychoanalysis.

Yet, the most important issue for Colby is how in psychoanalysis the concept of energy has been used as a way of understanding psychical activity. This notion appears to be used and reinforced at the time that Freud was elaborating the construction of the psychical apparatus. Colby proposed that “Breuer and Freud offered no definition of psychic energy in a psychological language. They simply borrowed the concept of electrophysics at that time in constructing their view of the [psychical apparatus] PA. Even the word “excitation” refers to energy exchanges. They thought of psychic energy in terms of electric currents and potentials, as yet unmeasurable” (1955, p. 20).

It is important to take into consideration that Freud based his work on neurophysiological assumptions of his time, which established that the brain functioned like an electrical apparatus. Today, it is scientifically known that the activity of the brain is mediated by chemical exchanges of neurotransmitters within the neuronal system and electrical impulses within the neuron (Stahl, 2008). Freud's speculations show a visionary approach to the study of the human brain. Freud's error was to base his analytical work on these neuropsychological conjectures, which discredited him as a scientist. This is because science is not based on suppositions. This supports the unequivocal attitude that Freud maintained when he adhered to the construction of psychoanalysis as a branch of a biological science (Gedo, 2005).

Colby produced a chronological analysis of the idea of energy in Freud. He started by saying that "Freud adhered to these ideas of bound and free energy and to the assumption that the [psychical apparatus] PA tries to keep its energy excitation at a more or less constant level" (1955, p. 21). At this point, there is a reference in Colby's work to the idea of *Besetzung* or cathexis in Freud, which is extracted from Chapter 7 of "The Interpretation of Dreams", (Freud, 1900a), in which Colby stated that the concept of cathexis "was added to express the notion that psychic representations in this [psychical apparatus] PA are invested or charged with a certain sum of energy" (1955, p. 21).

Nevertheless, it seems that this energy or cathexis is what represents the action or power that allows the movement or activity within the psychical apparatus. This Freudian analogy of the functioning of this machinery appears to equate to the idea of the mind of the subject. And in my point of view, the energy or cathexis is likely to represent the will-power of the subject. This is because that particular energy facilitates action within the analogical model of the mind.

However, Colby found certain discrepancies during the analysis of “Three Essays on the Theory of Sexuality”. He mentioned that “here the complications of associating energy with instinct began” (1955, p. 22). Freud asserted: “We have defined the concept of libido as a quantitatively variable force which could serve as a measure of processes and transformations occurring on the field of sexual excitation. We distinguish the libido in respect of its special origin from the energy, which must be supposed to underlie mental processes in general, and we thus also attribute a qualitative character to it. In thus distinguishing between libidinal and other forms of psychical energy we are giving expression to the presumption that the sexual processes occurring in the organism are distinguished from the nutritive processes by a special chemistry” (1905d, p. 217).

In my opinion, Freud mentioned that human beings are equipped with this sexual energy that has a special *quality* and which differs from other energies, which are associated with, for example, the nutritive processes. This sexual energy or libido appears to be more than energy. It is likely to be the result of an amalgamation process, in which the integration of the erotogenic zones during the development of the subject has been consolidated into what Freud named “ego-libido”. Freud stated this very clearly, “this sexual excitation is derived not from the so-called sexual parts alone, but from all the body organs. We thus reach the idea of a quantity of libido, to the mental representations of which we give the name of ‘ego-libido’ ” (1905d, p. 217).

The neurotic subject, who supposedly has consolidated his/her ego-libido and cathected his/her representations or memories, seems to be the one that has gone through the amalgamation process of his/her sexual energy. Therefore, one can think that the subject becomes “consolidated” and will-power could be represented by the

unification of the libido, which moves towards an object [sexual object]. Freud proclaimed that: “Let us call the person from whom sexual attraction precedes the sexual object and the act towards which the instinct tends the sexual aim” (1905d, p. 135-136). The sexual aim, here, could be thought of as the will-power, which points out to the sexual object.

There are other texts that Colby mentioned in this section of energy and drive. One of them is “Beyond the Pleasure Principle” (Freud, 1920g). This text for Colby “introduced a radically different instinct theory (life and death instincts), Freud’s use of energy construct remained unchanged” (1955, p. 22). In my opinion, throughout this text Freud jumped from an economic point of view, in which pleasure and unpleasure are quantities of excitation, to a philosophical approach, in which there is a prevalence of the ideas of life and death.

In the above mentioned paper, Freud announced that: “We have decided to relate pleasure and unpleasure to the quantity of excitation that is present in the mind but is not in any way ‘bound’; and to relate them in such a manner that unpleasure corresponds to an increase in the quantity of excitation and pleasure to a diminution” (1920g, p. 7-8). He went on to add that: “the factor that determines the feeling is probably the amount of increase or diminution in the quantity of excitation in a given period of time” (1920g, p. 8).

Freud sees the mental apparatus as a mechanical regulator of energy, in which the level of excitation has to be maintained constantly. This was previously stated in “On Narcissism”, when he mentioned that: “We have recognized our mental apparatus as being first and foremost a device designed for mastering excitations which would otherwise be felt as distressing or would have pathogenetic effect” (1914c, p. 85). However, in his 1920’s paper there is a subjective idea of temporality

that gives this equation the characteristic needed for this mental apparatus to become more “human”, by showing that there is a subject with feelings who seem to oscillate on a temporal historical line.

From here on, there is a metamorphosis in Freudian’s theory. In “Beyond the Pleasure Principle”, Freud (1920g) mentioned that there is a compulsion in the subject to repeat certain events of his/her childhood. This is likely to act as an obstacle in his/her treatment. He presumed, here, that the same obstacle is present when “people unfamiliar with analysis feel an obscure fear –a dread of rousing something that, so they feel, is better left sleeping– what they are afraid of ... is the emergence of this compulsion with its hint of possession by some ‘daemonic’ power” (Freud, 1920g, p. 36).

What Freud symbolised, here, is the existence of two kinds of instincts. And he mentioned that “an instinct is an urge inherent in organic life to restore an early state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces; that is, it is a kind of organic elasticity, or, to put it in another way, the expression of inertia inherent in organic life” (1920g, p. 36).

The two kinds of instincts that Freud presents in this paper are the instincts of life and death. Yet, in my point of view, these two instincts have a crucial difference in relation to their presentation. I want to say, here, that those instincts are dual elements, which characterizes the analogical mind of the subject. I will analyze this by mentioning how Freud introduced these instincts and what I think of the idea of will-power in relation to this duality.

In “Beyond the Pleasure Principle”, Freud stated that “ if everything living dies for internal reasons –becomes inorganic once again– then we shall be compelled

to say that ‘the aim of all life is death’ and, looking backwards, that ‘inanimate things existed before living ones’ ” (1920g, p. 38).

This paragraph relates not only to the idea of the subject seeking to restore an early stage within things, but also, to the conservative idea, of the subject being resistant to external influences and change. As the ego develops, the subject needs to adjust to the environment, in which the libido will be partially satisfied by becoming ego-libido, and attached to an object. Freud stated that: “The backward path that leads to complete satisfaction is a rule obstructed by the resistances which maintain the repressions” (1920g, p. 42).

Therefore, the subject is in a battle between these two instincts of life and death. This is similar to the ambivalent feelings presented by Freud in the Rat Man when he mentioned the love-hatred complex. Here, the metamorphosis in Freud’s theory could have been understood as the fact that Freud appeared to have moved away from an economical energetic model onto a search for an explanation about the vicissitudes of the instincts. Now, he is looking at explanations about repetition and resistance, which were observed by him in an analytical setting.

In an attempt to find the subjective expression of psychical energy Freud searched for other approaches. He had access to the writings of Weismann, who introduced the differentiation of living substance into mortal and immortal parts. Therefore, the body is affected by a natural death. And the “germ-cells” are potentially immortal because they will reproduce, which includes the production of a new “soma” or body.

These notions gave him the input to think of a dual view of the instincts, which was joined with other theoretical ideas. Freud suggested that: “We may pause for a moment over this pre-eminently dual view of instinctual life. According to E.

Hering's theory, two kinds of processes are constantly at work in living substance, operating in contrary directions, one constructive or assimilatory and the other destructive or dissimilatory" (1920g, p. 49). At this precise time, Freud seems to have the basis for establishing the two instinctual forces battling within the ego. The question here is: How this dual instinctual forces are intercepted by a dual narrative system and used by the subject as a negative input of destructive thoughts or as a positive input of constructive ideas?

One can observe, here, that Freud equates ego-instincts with death instincts and sexual instincts with life instincts. It is just not a specific quality that separates ego instincts from ego-libido. Also, there is a new topographical characteristic that is taken into account. Freud stated that: "Our views have from the very first been dualistic, and to-day they are more definitively dualistic than before –now that we describe the opposition as being, not between ego-instincts and sexual instincts but between life and death instincts" (1920g, p. 53).

Freud is broadening the subjective formula. At one point he mentioned that: "We started out from the great opposition between life and death instincts. Now object-love itself presents us with a second example of a similar polarity –that between love (or affection) and hate (or aggressiveness)" (1920g, p. 53). And he relates this to sadistic and masochistic components of the sexual instincts.

What I want to present, here, through this latest paragraph, is that if one correlates the Freudian hypothesis of the fluidity of energy with will-power, and follows the same line of thought that one has been observing during the previous statements –the division between instincts of death and life, and, love and hate– the conclusions are that Freud referred to the functioning of the mind from a dual point of

view. This supports my ideas of the dyadic functioning process, which is shared between mind and language.

This is also observed because will-power was seen by Freud as being divided into will and counter-will, by the intervention of the fluidity of energy. This related to the fact that patients' narratives are based on these two levels of actions. One activity [conscious] that is well received by the subject and another one that is repudiated by him/her [unconscious]. In addition, this allows me to maintain that there is a dual function within mind and language, which pre-determines the constitution of the subject.

In the patient group one has observed that positive inputs get attached to constructive and problem solving [symbolic] material while negative issues are intercepted by destructive thoughts refraining the subject of finding solutions to his/her problems. By the use of the negative thinking the patient gets fixated in ambivalent situations, which involve unconscious enjoyment [secondary gain], but no personal growth.

In the patient group, the dyadic functioning process is exacerbated splitting thoughts and overvaluing negative ideas. In fact, this creates a pathological dilemma, hiding a conflictive subjective position. Here, instinctual forces are intercepted as symbolic oppositional values by two split scenarios, which are incorporated within the narratives. This is not because there are two physical forces battling but there are two forces with a subjective different intensity that are symbolically represented by the patient. Therefore, there is a subjective and symbolic representation of forces, which depend on subjective experiences. Opposite elements will incorporate values and the representations of physical forces, which are symbolically added to the dual narrative system.

Therefore, I would like to put forward that will-power might hold a dualistic similarity to the previously mentioned division of the instincts. This is currently unfolded in patient's twofold accounts, when patients with personality disorders in crisis present to treatment. Therefore, it is here that the notions of will and counter-will maintain a bipolar quality of the mind. This brings me to think that if the mind sustains this dual quality, the narrative of the subject can also maintain this attribute, which is demonstrated in the dual formed scenario: the problem and the solution formed scenarios of the discourse of the subject.

As a consequence of that corollary, one can infer that there is another characteristic that has to be added to will-power. It has been pointed out that in the 1920's Freud included the idea of temporality to the division of the pleasure and the unpleasure series. This was seen as a quality that could have been reflected as a consequence of the magnitude of the cathexis and the effects or "feelings" within the subjective experience.

It is in this way that the dualistic notion of will and counter-will is likely to be affected, as well, by the concept of temporality. This is because the same view involves the subjective ideas reflected in the clinical setting about the impossibility of the performance of will-power by the subject and the undesirable counter-will of the, for example, previously mentioned somatic symptoms of the mother who could not feed her newborn baby.

To continue, I will explore Freud's schemas of the psyche. I would like to add that my theoretical and analytical research has been carried out in chronological and retroactive ways. This has been done in order to obtain an overview of the works of Freud, avoiding an isolated and partial way of seeing his theoretical constructions. As Moran stated in relationship to one of the Freudian manuscripts: "the 'Project' is best

viewed retrospectively –several of its postulations can be seen in a new form in Freud’s later writings” (1993, p. 35).

9) First Freudian Schema: Towards a New Analogy of the Mind

The first Freudian schema is explained in the “Project for a Scientific Psychology” in which Freud attempted to give us an understanding of neurological activities in association with his hypothesis of the fluidity of energy. In relation to the “Project for a Scientific Psychology”, Bilder and LeFever have introduced a contribution that supports the works of Freud. In their book *Neuroscience of the Mind: On the Centennial of Freud’s Project for a Scientific Psychology* (1998), they focus on the nature of the relationship between the brain and the mind. They indicated that when Freud wrote the project “he laid the stress in psychology on the somatic processes, and he saw in them the true essence of what was psychological. But the problem ...was the uncomfortable reality that so very little was known about the physical correlates of mind. In fact, our knowledge still did not extend much further than the elementary correlations that Freud had made a few years earlier...” (1998, p. 5). They also added that Freud based his work on speculations, with the only exception being the histological fact of the neuron.

Yet, Bilder & Lefever mentioned that those speculations were anticipations of neuropsychological concepts of modern days as it is shown in the study of Pribram & Gill (1976), which confirmed theoretical advances before the time they were scientifically stated. For example, Freud was using Hebb’s rule, which is a neuronal-based mechanism for synaptic plasticity introduced by Donald Hebb in 1949 (Sejnowski & Tesauro, 1989). In addition, Karl Pribram reported in an interview with Van de Vijver (1999) that Freud mentioned these issues of the neuron’s activity, when

the word synapse had not yet been invented. Instead Freud used the term “contact barriers”. And also the idea of “double feedback loop” that is associated with it.

However, for Bilder & Lefever, Freud’s speculations were based on the observed material, which had been extracted from Freud’s clinical practice. Therefore, the functional characteristics and mechanisms that Freud had encountered in his clinical observations gave him, as a result, the production of an apparatus, which accounts for psychological phenomena. They stated that: “By transforming his clinical knowledge into a hypothetical neurological machine, Freud laid the foundations for a future neuropsychology, but the knowledge remained psychological” (1998, p. 6).

One can say that in Freud’s works previous speculations have confirmed current scientific discoveries. Yet, the physical correlation of how the brain affects the mind is still an unknown area, even though the idea of the mind is a construction, which is unsupported by scientific evidence. Freud constructed the hypothesis that conversion symptoms are the result of displacement of affect from the mind to a particular representational part of the body, which was due to an unconscious activity of the subject (Freud, 1905e [1901]). The mind for Freud contained thoughts, ideas and representations that were charged by the electrical activity of the brain and the energy or libido was displaced by the representations of the body. It is for this reason that I can envisage the mind as a kind of container.

This brings me to think of the voluntary actions of the patient alongside the unconscious suppression of his/her activities, or in other words, in “the metaphoric approaches to actions of a person” (Schafer, 1976, p. 153). The subject, via his/her symbolic activity, unconsciously, constructs a symbolic representation or metaphor of his/her actions, which could be positive or negative. For example, the case of the

mother who could not feed her newborn baby presents an example of an unconscious suppression (negative action) of activities. In my opinion the negative characteristic is exposed by the patient's feelings of uneasiness during therapy when the client tells the therapist that his/her will-power is incapacitated. This is observed in the patient group when a patient is placed in an ambivalent scenario that refrains his/her unconscious agency by being immersed in negative thoughts while experiencing a feeling of pleasurable disturbance.

This is the problem of agency with which practitioners have been confronted in the clinical setting. Therefore, for example, certain conversion symptoms are presented by the patient as having unknown reasons for the client. This demonstrates that a patient acted outside a conscious level of mind (Collins, 1996). This is the importance of the notion of the agency in psychoanalysis. It is the inclusion of an agency that acts outside the subject's control (Ahumada et al., 2006). I have already stated that this is observed in the discourse of the patient via the analysis of dual narratives. This correlates with the presentation of a dual system within the mind of the subject. I will try to show this in relation to Freud's models of the mind.

For Freud, the constitution of the subject develops from a primary stimulation of the neuronal system, which triggers a wish or state of urgency that facilitates future ways of satisfaction. He believed that a mnemonic image of the object would be affected by the wishful activation, creating a hallucination (1950a [1895]). In my viewpoint there are two stages in this process, which creates *a continuous pattern of dual processing* [dyadic functioning process], during the constitution of a subject. The first one is the need for nourishment, which has facilitated an experience of satisfaction and produces a hallucinatory effect. The second one is the correlation of the experience of satisfaction with the experience of pain [need for food] that repeats after

a certain time, creating a continual experiential process. This is a cyclic movement between absence that produces pain and presence, which triggers satisfaction.

This dual process seems to be incomplete without the introduction of a symbolic action that allows the subject to assimilate and re-organize an internal world in which those memories of pain and satisfaction could be imprinted. A good example of this symbolic action is the game of the Fort-Da (Freud, 1920g) in which the game is the mediator via a symbolic representation between the absence and the presence of the mother.

However, the idea of subject and agency is allocated in Freud's works in that repetitive pattern of dualities. This allows us to think of the construction of the subject as a result of a chosen action between two components, which implies a form of activity that suppresses one of those happenings. A perfect example of this dual action is shown in the idea of censorship, which allows the formation of a dream and the disguise of certain materials that are kept repressed. The dream work is outside the control of the agency but the account of the dream is exposed by the conscious activity of the dreamer, which contains unconscious elements that are portrayed in a masqueraded form. This justifies the idea of two subjective agencies: one that relates to a conscious activity of the subject and the other one that is outside the control of the conscious mind of the patient (Ahumada et al., 2006). Therefore, the work of the dream is produced by an agency that supports an unknown knowledge of the subject's activity.

It is for those reasons that in the *hystérique d'occasion* Freud examined will-power, which shows this dual or ambivalent position of the subject in relation to his/her wish. Moran assumed that those notions are not related to a theoretical analysis of a subjective position, when she stated that "the definitions of wish and will

provide clear evidence of the lack of an assumed human subject who has at times to come to terms with will versus counter-will in day-to-day life –that is, a subject who wills and wishes, not a neurophysiological apparatus” (1993, p. 35).

I can understand Moran’s point of view because the words subject or agency rarely appear in the manuscript. And when the word agency is mentioned it creates confusion. This is because in “On Narcissism: An Introduction” Freud put forward the concept of the ideal ego as “a special psychological agency” (1914c, p. 95) and in “The Ego and the Id” he talked of the ego as “the mental agency which supervises all its own constituent processes” (1923b, p. 17). Here, the notion of agency is not attributed to the activity of the subject but to certain parts or components of the psychological apparatus. Moran added “the problem of agency for Freud is exemplified in this model via the concept of the ego already described. At times Freud writes of the ego as a neurological agency, yet at others the ego is portrayed as that which is acted upon” (1993, p. 35).

I believe that a reader has to look for concealed meanings within Freud’s works. And if the theoretical findings are justified and coherent, the correlation between notions will show a hidden pattern. This takes me to mention the idea of the unconscious and the situation of a patient who was troubled with a problem of failed agency. While the subject tells the analyst about the impossibility of his/her will-power; there is something that appears to be an unknown for the subject that interferes with his/her agency. Weiss & Sampson stated that “Freud minimized a person’s capacity to extend control over his unconscious mental life” (1986, p. 5). However, let us introduce the second schema of Freud’s works by continuing to observe and analyze the problem of subject and agency within his theory.

10) The Second Freudian Schema and the Subjected Subject

In letter 52 to Fliess, dated 6th of December 1896, Freud emphasized the word ‘re-transcription’. Freud mentioned that “I am working on the assumption that our psychical mechanism has come into being by a process of stratification: the material present in the form of memory-traces being subjected from time to time to a re-arrangement in accordance with fresh circumstances –to a re-transcription. Thus what is essentially new about my theory is the thesis that memory is present not once but several times over, that it is laid down in various species of indications” (1950a [1892-1899], p. 233).

It appears to me that Freud said, here, that a memory is not only supported from the internal action of the organism but from the external presentation or encounter by the subject with that similar component. A re-transcription appears to occur when a phenomenon is repeated in a neurologically prepared organism. An example of this could be given when someone learns a second language. A certain word is presented to the learner. I see this as having an effect of re-transcription, within the process of learning that word, because of the repetitive presentations of the stimuli. The person will listen to the word in the first instance. During the second presentation, the word would have left a marked memory in the subject but he/she does not know the meaning of the word; they might only remember the sound of it. The third presentation is linked with an association of the word with some kind of image or construction. At this stage, I believe that the word gets in-scripted within the subject’s symbolic world before it can be repeated.

Freud also stated this number of registrations within the construction of the second schema. Freud asserted: “I cannot say how many of these registrations there are: at least three, probably more” (1950a [1892-1899], p. 233-234). He presented a

schema in which the neurons act as vehicles of this process. In this second schema Freud gives an account of a temporal perspective of memory registrations via the neurological system and by the use of his hypothesis of the fluidity of energy.

Freud continued that: "... I hold firmly to a belief in a trend towards quantitative adjustment. Every later transcript inhibits its predecessor and drains off the excitatory process from it. If a latter transcript is lacking, the excitation is dealt with in accordance with the psychological laws in force in the earlier psychical period and along the paths open at that time. Thus an anachronism persists: in a particular province fueros are still in force, we are in the presence of 'survivals' " (1950a [1892-1899], p. 235).

Here, the emphasis is related to that quantum of energy that will spread along the memories by the use of that quantitative value, which is coming from the neurons. This energy will be balanced by the use of the principle of constancy. Freud stated that "the successive registrations represent the psychical achievement of successive epochs of life" (1950a [1892-1899], p. 235).

Freud's models of the mind are developing systems dotted with energies in constant equilibrium. The idea of agency, here, is represented by the introduction of these Freudian concepts that "were purposive, meaning-creating, choice-making, action-orientated entities, which is to say, as if they were minds within the mind, or homunculi" (Schafer, 1976, p. 104).

By saying this, Schafer (1976) marks a distinction between subjective and phenomenological action in an attempt to separate the idea of biological functions from the symbolic activity of the subject. It is for this reason that he describes an action as an occurrence associated with symbolic contents while bodily changes, such as neurophysiological processes, are seen as phenomena. He refers to actions as

symbolic components that relate to psychoanalytical interpretation and intentional human activity. He mentions: “It is one kind of action to say something and another kind to think it and not to say it” (Schafer, 1976, p. 139).

This paragraph marks a double instance within the agency or will-power of the subject in which an action could be suppressed. The question is: Who is suppressing that action? Is this a conscious or an unconscious activity of the subject, or both? Following these ideas, the process by which a human organism develops into a symbolic agent relates to that moment in which his/her actions were attached to a symbol. From here on, there is a developing process, which becomes rather sophisticated by the use of repetition. This is when one can say that the subject has been endowed with agency. Yet Schafer (1976) emphasized that action is characterized by implying repetition during the current life of the subject.

Repetition is considered as unconscious in psychoanalytical theory and it is a central characteristic of the system of the psyche. This is because repetition is needed for an element to be absorbed or memorized [re-transcription] by the mind, and also for a subject to develop conscious or unconscious actions [agency]. In “Remembering, Repeating and Working-Through”, Freud stated that during treatment, the patient is compelled to repeat as a way of remembering. He also added that acting out (repetition) is replaced by remembering. The patient repeats things because he/she is resistant to the progress of treatment (Freud, 1914g). It is the unconscious action [agency] of the subject, which produces repetition in analysis.

It is interesting to observe how the concept of acting out intertwines with the notion of repetition that, in my opinion, is also an interphase of the lack of symbolic tools of the subject. In the patient group there was mentioned that there was a lack of symbolism, which was observed in the difficulty that the patients encountered when

they wanted to communicate their thoughts. The inmate on a hunger strike could not tell us about his struggles between the dyadic pair of dependence/independence, instead he was acting out his feelings. Here, I have related repetition to that absence of symbolic functioning that has allowed the subject to become subjected to the symbolic world and also facilitated his/her move towards the search for knowledge. This, in the patient group, was exacerbated but as a lack of symbolic elements, triggering acting outs. The patient is fixed on the absence of knowledge, which affects the solving problem activity. Is that constitutional absence of symbolic activity a characteristic of the mind of the subject, which is exacerbated in the patients group, unfolding a lack of symbolic elements?

A functional system based on symbolic action presents, as a result, the idea that there is an unconscious agency that does not know all the implications of his/her activities and, which learns the external world by interacting with it without knowing certain effects of this interaction. It is for this reason that “the unconscious is not omniscient” (Schafer, 1976 p. 141). In addition, one can state that the unconscious holds a different script from the conscious one. Therefore, total knowledge becomes impossible for the subject because he/she is not aware of the effects of the unconscious. This brings me to say that the work of the agency is partially successful because it maintains unknown limitations. Or, in other words “much of the truth about ourselves is for various reasons unpalatable” (Brearley, 2000, p. 1).

It is by the use of the construction of claimed and disclaimed actions that Schafer stated contradictions between the actions of the subject. He mentioned phrases that people use as a way to disclaim actions. Schafer states: “One part of me says yes while the other says no” (1976, p. 145). This example of a disclaimed action could be perfectly found in the narrative of a patient as a consequence of the

presentation of dual discursive narratives, which include the problem and solution formed scenarios.

Schafer's ideas of the presentation of claimed and disclaimed actions are based on the fact that disclaimed actions are unconscious communications, which are used in an allusive manner to protect us or to protect another person. They are implied in everyday language and in the analytical situation. Claimed actions are conscious communications. For Schafer there is just action and not an ambivalent situation between passivity and activity. He thinks that a passive attitude also entails activity (Schafer, 1976). This is observed in the ambivalent situation presented by the patient group because while someone is positioned, as a slave, there is an imaginary other placed as a master. Therefore, it is the dyadic opposition between values and norms that regulates the subjective place of the patient. The role of the therapist is to unfold this.

It is because I have observed in clinical practice that patients present with dual narratives in their discourses that I now believe that there are two different levels of symbolic activity in the subject, which are related to two dissimilar functions of the mind. They coexist together because of a dual attributed system that is in a constantly repetitive cycle. This is reflected in the narratives of the patients, in their dreams, etc. Therefore, agency is a continual action that works on a dual or ambivalent level that demonstrates that activity is linked within the symbolic system. This dual system is represented by Schafer when he discussed a conflicting situation in a patient's discourse: "He responds that he does think of it as another person inside him who won't let him finish what he's saying" (1976, p. 134).

Schafer also presents the notion of a new language for psychoanalysis because he thinks that Freud's metapsychological language is eclectic, full of metaphors and

preconceptions. From my viewpoint, what he stated includes more elements than Billig's (1999) approach. This is because Schafer does not focus only on repression as Billig does, but on a subject that deals with symbolic activity on a daily basis by the use of "action language" (Schafer, 1976, 1978, 1980), which characterizes the will-power of the patient. My understanding of this, is the existence of an agency that is purely symbolic, an action trapped within an ambivalent world that is reflected in a dual narrative system, which is seen by, for example, the use of claimed and disclaimed actions.

Nevertheless, and going back to Billig, for him, language is the social element that provides constraint and desire which is also a dual function of the symbolic action of the subject. He noted that "constraint and desire are to be found in the details of language, in the small words and micro-pauses of conversation" (1999, p. 81).

Following this interaction between constraint and desire, one can cite the Freudian case of the mother who could not feed her newborn baby. This case presented a dialectical situation between those two concepts: the constraint, which is verbalized by her in relation to her impossibility to feed her child because of the presence of somatic symptoms, and the desire that is related to the social construction assimilated by language and based on the idea that 'a good mother is able to feed her baby'.

Therefore, will-power is interrupted due to this dual function of the symbolic effect of language that is presented in clinical practice as a dual formed scenario. The contradiction between constraint and desire positions the subject in a place in which the unconscious decision acts as an element against the desire or in opposition to the imposed social order, which is characterized by the use of language. It seems that the patient, by the use of his/her symptom, unconsciously rebels against the subjection

that language has imposed on him/her. This creates an illusion of unknown knowledge whilst maintaining a desire against the moral order of things.

It is interesting to see how the claimed action that Freud's patient stated re-directs the reader to the disclaimed action, which included the presence of the somatic symptoms and the impossibility of feeding the newborn baby. Again, the patient said: "... 'I felt ashamed' ... 'that a thing like hypnosis should be successful where I myself, with all my will-power, was helpless.' ..." (1892-1893b, p. 120). By the use of this example, I would like to state that Schafer mentioned that disclaimed actions are a way to ease subjective distress. He stated: "I particularly have in mind distress felt in connection with being held responsible" (1976, p. 144).

This patient tells Freud about her distress and the feelings she sustained in relation to her impossibility of being able to be a good mother because she could not feed her newborn baby. This maintains the idea of a subject who, by the use of his/her unconscious action, exposes the lack of knowledge of his/her somatic symptoms. This is also demonstrated in the ambivalence of the Rat Man, who is unaware of the cause of his indecisive actions. The Rat Man's discourse has two groups of narratives connected, which are also attached to two different groups of feelings, depending on the characteristic of the narrative. One of them, for example, is the love for her fiancé, which adds the removal of the stone as an action. The other one is the unconscious despise for the lady, which contains the narrative of the action of placing the stone back. All of this shows that the subject unconsciously rejects the idea of being subjected to a normative order in which, for example, a good partner has to look after his fiancé, or in the case of the mother who could not feed her newborn baby, a good mother has to feed her child.

This also repeats in the patient group due to the fact that they do not understand why they are experiencing anxieties and they do not know how to solve the problems of the presenting complaint. This is because they are trapped in an ambivalent situation, which is an exacerbated condition of the split of the mind of this patient group. Indecision embraces the fact that the patient's desire is refrained by the extreme duality of mind, which is exposed in the dual narrative system that is sustained by the dyadic functioning process.

To continue, I will explore and analyze Freud's First Topography in order to carry on with the research of the concepts of agency within the development of Freud's theory and to continue observing how he developed his models of the mind.

11) The Third Freudian Schema as a Base of a Symbolic System (First Topography)

The first topography or third schema was produced by Freud as an attempt to develop a model of the mind. At that time, his work was based on the analysis of dreams. Therefore, a patient's dreams were considered elements of associations during treatment, which were interpolated with subject's accounts. In "The Interpretation of Dreams" he constructed a psychological approach in order for him to give an explanation of the ways in which the mind works. This was different to the first and second schemas, which were built upon a neurological foundation. In *Die Traumdeutung* things were starting to acquire a totally different character as compared to Freud's previous works, such as the "Project for a Scientific Psychology" which was neurologically based.

The presentation of his third schema was based on the concept of a mental apparatus, which represented a microscope or a photographic machine. Freud specified that "we will picture the mental apparatus as a compound instrument, to the

components of which we will give the name of ‘agencies’, or (for the sake of greater clarity) ‘systems’ ” (Freud 1900a, p. 536-537). In this last passage Freud seemed to realize that, once again, the word agency [*Instanz*] was not the most adequate designation for him to employ, and he added that: “For the sake of brevity we will in future speak of the components of the apparatus as ‘ ψ -systems’ ” (Freud 1900a, p. 537).

This new topographic system was presented by Freud in three schemas. The first schema was endowed by Freud with a spatial order, but he did not prioritize this. Instead he emphasized that the flow of energy had to pass through the systems in a special temporal sequence. The direction progressed from the sensory, which received perceptions (Pcpt), to the motor end (M) of the apparatus, which ended on innervations, facilitating discharge of energy. This started from an internal or an external stimulus and it was based on a reflex process.

The second schema was based on the idea of a trace left over by the perception. Therefore, the memory-trace, which was a modification of the perception, was also integrating into one system. The function related to the memory-trace was denominated a memory, forming another system. The Pcpt or first system received the perceptual stimuli but it did not have a memory. The second system, which was located behind the Pcpt, appeared to transform excitations into permanent traces. Freud talked about associative traces in relation to simultaneity of occurrence. This, then, gives the basis for him to demonstrate that there was a facilitator path of excitation between associated memories (Mnem). This resulted in a series of layers of Mnem registrations that were arranged by temporality and similarity. Here, Freud linked memories with the hypothesis of the fluidity of energy. He said, about the psychical meaning of the system: “Its character would lie in the intimate details of its

relations to the different elements of the raw material of memory, that is –if we may hint a theory of a more radical kind– in the degrees of conductive resistance which it offered to the passage of excitations from those elements” (1900a, p. 539).

In this last passage Freud appeared to correlate memories, or the raw material of them, with cathexis. Then, he adds that our memories are stamped in our minds in an unconscious manner, forming our character, which is based on those memory-traces left from our impressions.

Finally, the third schema introduced the analysis of dreams as a way to understand the rest of the functioning of the apparatus. Now, Freud attempted to amend the confusing idea of psychological agencies, by once again replacing them with the word systems. Freud reinforced his own work by saying: “We have seen ... that we are only able to explain the formation of dreams by venturing upon the hypothesis of there being two psychological agencies, one of which submitted the activity of the other to a criticism which involved its exclusion from consciousness. The critical agency, we concluded, stands in a closer relation to consciousness than the agency criticized: it stands like a screen between the later and consciousness” (1900a, p. 540). Freud added that the critical agency is related not only to our dream-thoughts but also to our waking life and conscious actions. And further that “in accordance with our assumptions, we replace these agencies by systems, then our last conclusion must lead us to locate the critical system at the motor end of the apparatus” (1900a, p. 540).

At this point Freud appeared to develop some insight into what could be his possible interpretation of the notion of agency and his analogical construction. He might have realized again that it was an error for him to call the components of the schema by the name of agencies [*Inстанz*]. This is because the word ‘system’ illustrates the idea of sequential [primary and secondary] processes in a better manner.

However, at the same time, this correction of his theory creates a space for him to develop the notion of censorship, which I will analyze further in this section.

I would like to mention again the translated German word *Inстанz*. I have previously stated that the concept of agency in psychoanalysis is confusing because it does not prioritize an idea of a sequence. In fact, the right term should emphasize insistence, power and a certain kind of hierarchy or order, which attempts to portray a sequential pattern within the construction of the psychical apparatus in Freud's works. This reinforces that subjective realities are not single dimensions because the idea of a sequence is inherent in the discussion of the primary and secondary processes. In fact, this is a sequential line embedded within a multiphasic interaction of accounts.

In "The Interpretation of Dreams", Freud (1900a) mentioned that secondary processes recapitulates primary ones. Therefore, the idea of processes and sequences allows agency to become a subjective operation instead of a separating agency from a subjective position. It is here, where the idea of dual narratives approaches the position of the subject. The subject is placed and others have placed him/her in an ambivalent position. This is because language has the characteristic of being equivocal, depending on the subjective structure of the discourse of the players. The mind of the subject develops due to this doubtful place in which symbolic constructions are the process of an ambivalent experience, between words that create differences and oppositions, allowing a place for the subject and creating his/her subjective structure. Agency, here, is the engine and the element that allows the division of narratives by splitting itself into positive and negative components within the linguistic chain, which is supported by a dyadic functioning process.

Also, the idea of current events, which recapitulates past situations [imaginary or real], unfolds in dual narratives how the subjective position has been articulated

within the linguistic chain. This is demonstrated in the cases of patients with personality disorders while in crisis. By listening to dual narratives the therapist becomes aware of an internal chronology within the mind of the subject.

This is due to the fact that narratives unfold not only the story of the subject but also the subject's views of the world, which is always split in positive and negative elements, including his/her opinions of how he/she is viewed by others. Here, the subjective position of the client articulates with a dual tendency: the recapitulation of past events and the discursively interaction with others. Agency, here, is placed within the boundaries of past and current events and limited by the position of the subject and the place of the other [Other], creating a dynamic system of values and norms by the use of language. This agency is also divided, giving the narratives two scenarios embedded one in positive and the other one in negative components.

The concept of subject in Freud's works is represented by this idea of a dynamic system, which includes a twofold dimension. It is for this reason that the use of the word [*Instanz*] agency could not continue to support Freud's theory of a subject, who is mediated by his/her subjective psychological processes. This is because the idea of *Instanz* does not represent a dynamic system but a single dimension.

Every subject has his/her own desires and this is a personal construction based on, for example, a patient's unique experiences. Psychoanalytical practice shows that the subject has wishes, which hold a unique variety of unconscious choices that do not correspond with a standard organizational phenomenon. Yet, the standardized form is what I have named as the twofold accounts and its components, which are subjectively split, depending on patient's experiences. For this reason, my viewpoint

is that Freud decided to change the word *Instanz* for the word 'system' which is more general and includes a functional process, taking into account that there is not a standardized order for the subject's internal experiences. The dilemma between a standardized process and subjective experiences brought me to think that dual narratives are personal experiences, which are based on a general formulation [dyadic functioning process], which includes the incorporation of discourses that have pre-determined the subject.

I also want to say with this that Freud thought the mind as formed by different layers [systems], which were interacting within the whole surface of the psyche. He stated that: "We have said that consciousness is the surface of the mental apparatus; that is, we have ascribed it as a function to a system which is spatially the first one [layer] reached from the external world..." (Freud, 1923b, p. 19). This passage, which supports a spatial organization, conflicts with the subjective experiences that Freud introduced in his works with his clients. Freud thought that the actions of the whole system were organized by subjective experiences. This is demonstrated by Freud as he stated that a dream is the fulfillment of a patient's wish (Freud 1900a).

Subjectivity moves us away from the pre-established machinery model [spatiality]. It is the subject's experiences, wishes and desires which gives order and hierarchy to the model of the mind. It is for this reason that Freud changed the use of the word *Instanz*, which was wrongly translated as agency, for system. This replacement of the term 'agency' for 'system' also relates to Freud's struggles between the use of a mechanical model and a construction of a schema of the mind, which was subjectively organized by conscious and unconscious experiences.

Going back to the construction of the third schema, Freud established two more systems within the schematic picture. These were the agencies, which were

excluded from consciousness and enrolled within the critical activity. Therefore, the motor end was called “the preconscious” (Pcs) and the system that is behind it was named “the unconscious” (Ucs). The Pcs controls voluntary movements and functions, such as degree of intensity of the excitatory process. The Ucs has access to consciousness only via modification of excitations in the Pcs.

Freud conceptualized, here, that the dream process is a formation between the Pcs and the Ucs. The dream-thought is produced by the Pcs. system and the dream-wish is the motive force for the production of the dream, which is allocated in the Ucs. Freud declared that “the unconscious system as the starting-point of dream-formation” (1900a, p. 542). And he added: “Like all other thought-structures, this dream-instigator will make an effort to advance into the Pcs. and from there to obtain access to consciousness” (1900a, p. 542).

In this third schema Freud mentioned a structure or mental apparatus, which includes a starting point of action. The dream-wish or motive force is the constructed fountain of activity in which the unconscious production of the subject emanates. From now on, it is important to observe how the analysis of dreams in Freud’s works relates to the idea of mind and agency in psychoanalysis. This is because with the introduction of the third schema Freud emphasized the symbolic world of the subject via the analysis of dreams. Also, it is a priority to understand how Freud thought of the production of a dream through the use of a motive force. This brings me to talk about dream, mind and agency.

a) Dream, Mind and Agency

Theoretically, the mind seems to be a difficult abstract construction that cannot be totally represented by any writer. This is because of the lack of scientific evidence and

material elements that may constitute the psychological process. Mind is defined as “a person’s attention or will” (Oxford Dictionary, 2010, p. 1). This definition places the idea of the psyche as totally related to the notion of agency [will-power]. Yet, in order to expand this definition, the mind could be seen as an intentional or unintentional action by which a person supports his/her will-power.

It is because of this unintentional characteristic that one can add that the human psyche becomes an enigmatic place, in which certain experiential situations are seen as having a dark, mysterious and unknown scenario. This is what the unconscious represents, a group of negative and mysterious elements that are unknown for the subject. A very good example of this is cited by Freud in Chapter VII of “The Interpretation of Dreams”. He presented the dream of the burning child in which the father of the child had a dream about his dead child who grabbed his arm while he told him “Father, don’t you see I’m burning?” (Freud, 1900a, p. 509).

For Freud the most important elements of this dream are, firstly, that “the content of the dream must have been over-determined and that the words spoken by the child must have been made up of words of which he had actually spoken in his lifetime and which were connected with important events in the father’s mind” (1900a, p. 510). Secondly, “we shall observe that this dream, too, contained the fulfilment of a wish. The dead child behaved in the dream like a living one” (Freud, 1900a, p. 510).

These two components allowed Freud to talk about the work of interpretation of the dream as a way to understand the functioning of the psyche. However, the most important issue, here, is the connection between those memories that are located in the dreamer’s mind plus the theoretical component of the notion of the fulfilment of a wish. This could be seen as part of those symbolic elements that form part of the

dream. In fact, I believe that Freud is presenting us with the idea of a subject who is characterized by symbolic activity. This brings me to the idea of the fulfillment of a wish as a powerful agency that generates the productive activity of the subject's dream process.

Another way to see the mind is presented by Schafer. For him it is "a place, an autonomous thing or a part-aspect of one's existence. For example as to mind as place, people say, "I must have been out of my mind" (1976, p. 132). This locution presented by Schafer tells us about that double attribute of the mind, in which the agency acts without control. This is the idea of a double agency supporting the narrative of the patient. Or, in other words the "analysand split[s] off or split[s] up mind in these ways" (Schafer, 1976, p. 132). Therefore, this splitting is a characteristic of the mind.

The most important part of this question is that the subject is endowed not only with an agency that has certain control over the external world but also with another agency that lacks control and knowledge. Or, in other words, there is an agency that is split into two functional systems and this is a characteristic of the mind. This is demonstrated during the dream process. "Dreams are in part incomprehensible to dreamers, hence the need to interpret them, to find their latent meaning, and to make this available to dreamers, allowing them access to hitherto unreachable regions of their own psyches, and thereby giving them control of their own houses" (Rand & Torok, 1997, p. 14).

This is one of the main reasons why a person demands for therapy. He/she wants to find a way of controlling this agency that is outside his/her conscious control, which is a way to control the negative elements of the thought process of the subject. This relates to the same negative and mysterious elements that Freud

presented in the dream of the burning child. This is also observed in the patient group when they demand for therapy because they feel anxiety, which is triggered by the increased negative thoughts [unconscious] that are refraining their conscious agency.

Going back to Freud, perhaps he had in mind a concept of agency, which could be related to those ideas of the dream-instigator or dream-wish, which were supposed to be a powerful component of the unconscious reality of the subject, and it would be what could have triggered the production of dreams. However, I think that the concept of agency in Freud mutates along his theory depending on the use, by him, of certain components related to dual processes or functions [dyadic functioning process]. For example, inhibition and selection of symbolic elements during the production process of the dream. This supports the idea of a subject who maintains a symbolic activity during the dream process without even knowing it. This is because the patient consciously does not know the meaning of the dream.

Freud does not mention the word agency synonymously with subjective actions, but he conceptualizes certain elements, which maintain symbolic activities. This is presented by Freud when he talked about the dream process as an activity which involves the substitution of representations (1900a). Therefore, the dream is produced under the unconscious influence of the subject. I believe that with the notion of censorship, Freud attributes also, indirectly, agency power to this particular concept. He introduced two functions that reinforce the censorship's activity, which are resistance and repression. Here, the action appears to be sustained by two roles of the mental apparatus. I understand that this allowed Freud to give an account of the construction of the subject. This is because there are two actions [resistance and repression], which are part of a subjective process. The equivalent of this in relation to dual narratives is the dyadic functioning process, which allows the construction of

the subjective position. This implies that there is a functional system beyond the production of the subject.

b) The Idea of Censorship

Freud stated that the dream formation contains the fulfillment of a wish, like the dream of the burning child. However, there are dreams in which the wish-fulfillment appears unrecognizable because the dream formation puts up a defence against the wish, which made it unable to express itself (1900a). Freud compared this situation with the work of a political writer who has to conceal the truth in his words: “A writer must beware of the censorship, and on its account he must soften and distort the expression of his opinion...he must conceal his objectionable pronouncement beneath some apparently innocent disguise...” (1900a, p. 141).

With this example Freud gave us an apparently very conscious action on the part of the writer who disguised his works to cover up his real motives. Something similar happens in the analysis of dual narratives. For example, in the case of the frustrated boxer, the position of the Other shows that the place of the subject is affected by the deceiving attribute of the Other [government], who free criminals and punishes innocents.

The deceiving function and the disguised work of the dream process have a common denominator, which includes a twofold function [dyadic functioning process] between the components of the narratives. This shows the other scene, which is concealed in the dream process and also in dual narratives. For Freud, in the dream process, it appears to be the case that two psychical forces or systems are needed in order for the dream to be constructed. Apparently, this could relate to the fact that Freud changed the name of the component of the mental apparatus from agencies to

systems (1900a). I will analyze this situation to demonstrate how I think these ideas came along.

Freud stated that: “one of the forces constructs the wish which is expressed by the dream, while the other exercises a censorship, forcibly brings about a distortion in the expression of the wish” (1900a, p. 144).

In this passage, there are two systems in a battle. The result appears to be a compromise solution in which the censorship of the second system may distort or disguise the wish that is supported by the first system (Wright, 1998). In fact, what Freud stated was that one of the functions of censorship is to maintain a defence through the use of its resistance (1900a). This would keep the unconscious wish in a masqueraded or disguised form. Therefore, what the dream-work appears to perform is a way to evade the censorship due to resistance.

In order to explore the role of censorship, it seems a priority to analyze the idea of wish-fulfillment. The concept of an unconscious wish for Freud is associated with the primary processes. Freud stated that “a wish which is represented in a dream must be an infantile one” (1900a, p. 553).

Freud said that the series of unconscious wishes, which are repressed in the unconscious system, are archaic constructions, which might be associated with primary symbolic marks within the subject’s mind during childhood (1900a). My impression is that these ideas move us away from a biological perspective. Instead, they show us that the unconscious is embedded in metaphorical constructions (Schafer, 1976) that might contain the rest of those immortal primary unconscious moments, which facilitated the passage from a human organism to a subject.

However, the dream-work is likely to need the support of an unfulfilled wish that has been left over, during the waking life of the subject. In association with this,

Freud stated that: “My supposition is that a conscious wish can only become a dream-instigator if it succeeds in awakening an unconscious wish with the same tenor and in obtaining reinforcement from it” (1900a, p. 553).

The unconscious wish will be repressed and it will stay like that –in the unconscious– due to the work of the censorship and its resistance. Therefore, the censorship will keep the repressions in place and will produce a facsimile of that particular unconscious wish with the help of the other system, which is the preconscious (Freud, 1900a). A new or contemporary wish will be allocated in the preconscious, which will trigger the process of the construction of the dream (Flanders, 1993). The unconscious material will continue the endless performance of those wishes, which could be seen as a powerful engine within the subject.

Again, I see the censorship as having this dual function, which is resistance and repression within two systems. Freud constructed a mechanism governed by a primary wish, which was the engine of the apparatus, and a secondary wish that was the trigger of the function of the machine. The agency, here, appears to be divided between the unconscious wish and the preconscious one which facilitates the action of the subjective production of the dream. At the same time, the lack of control over the dream-work positions the subject in a place in which his conscious agency is limited. The dream is presented to the subject in his/her imagination and it unfolds before him/her without his/her consent (Grunebaum & Caillois, 1966).

This includes the idea of an agency that is not responsible for some of his/her actions. Therefore, the narrative of the subject will inform the therapist about the activities of the unconscious, such as, dreams. Or, in other words, unintentional actions tell us that there is a subject that is not aware of them and repudiates them.

Schafer stated a disclaimed action of a patient: “My unconscious made me do it, so don’t blame me!” (1976, p. 103).

Dual narratives communicate the detachment that the patient presents in relation to his/her unconscious agency. Clients with personality disorder in crisis are not aware of the implications of their acting outs. At times, they cannot become responsible for their own actions because the split of elements within their discourse and within their mind is extremely exacerbated. This makes them view the world in an unbalanced way, in which things are very negative or very positive. For example, the case of the suicidal daughter shows that the patient cannot position herself as a “stable subject” by controlling her acting outs [this relates to the lack of control of her unconscious agency] due to the fact that she is stuck in a continual fight with the imaginary other [father]. This supported an ambivalent situation that reenacted the same feelings sustain by the Rat Man who was dealing with the love/hatred complex.

In order to understand the notion of agency it seems important to mention that an action has to be observed in relation to a symbol. This is because human beings can communicate their activities by the use of language. Therefore, one has to talk about symbolic action. These include a general view of the idea of agency because it includes both agencies: the conscious and the unconscious. I mean with this that an agency is endowed with symbolic activity despite the lack of control that the subject holds in relation to his/her will-power. It is known that symbolism is the primary act of human thought that is a process that continues along the life of the subject (Langer, 1942). The most important thing about symbolic activity is that it embraces two phases, which are contained in dual scenarios of the narrative of the subject. One of them is very clear and rather transparent. The other one has to be analyzed by the therapist.

It is for this reason that I understand that the idea of agency has to be embedded in a symbolic system, which is supported by two components. The action of the agency mediates between two systems, dealing with the symbolic material in a way in which its activity allows and conceals part of the symbolic elements in an intentional or unintentional manner. Dreams are pure symbolic activity and also unconscious productions, which are characterized by unintentional action. It is in “The Interpretation of Dreams” where Freud (1900a) revealed the activity of the censorship as a possible agency of the apparatus, in which a dual function was supported. This demonstrated that there is an unintentional agency producing and re-arranging symbolic material within the mind of the subject.

This reinforces the ways I thought that Freud might have changed the names of the components of the mental apparatus from agencies to systems (1900a) simply because he might have already had in mind the existence of a dual function within the apparatus, or the existence of one process that overrides another one. Also, this kind of duality is supported by the presentation of these two wishes in which the current one re-enacts the presence of the archaic desire. This is because these wishes represent subjective action as well. This reinforces the fact that Freud thought of his models of the mind as having an action [agency] within the system (Schafer, 1976). This action can be visualized as dual because the presentations of twofold accounts expose an activity that is intentional and another one that is unintentional.

Nevertheless, I think that in order to understand this analogical construction of the mental apparatus and the way it functions, one has to be guided by Freud’s ideas. Moran (1993) does not seem to follow the change of direction that Freud attempted. Freud altered the names of the agencies or components of the apparatus for the word ‘systems’ because he wanted to be clear about the use of his terminology (Freud

1900a). It seems to me that, for this reason, Moran finds the idea of censorship within Freud's works confusing.

How did Freud construct his ideas around the idea of censorship and what functions did the notion of censorship have in the developmental construction of the subject via the construction of a model of the mind? Moran (1993) insists that Freud took for granted the idea of an agency within the psychic apparatus. My understanding is that Freud constructed, for example, the idea of censorship, in order to support the ideas of subject and agency within these schemas.

Also, Moran mentioned that the idea of censorship is confused in Freud's works, when she suggests that: "It is unclear, therefore, where the censor stands and how it operates or more particularly who operates it. Is it between the unconscious and preconscious or between the preconscious and consciousness? Who performs the censorship –the subject or the apparatus? In this schema of the mind, Freud does not acknowledge the idea of the subject, and –given his taken-for-granted assumptions concerning the agency of aspects of the apparatus– he fails to recognise the implied separation that he makes between agency and subject within the theory he expounds" (1993, p. 46).

In this passage Moran shows not only her lack of abstraction but also her need for the immediate localization of the concepts of subject and agency within Freudian theory. I believe that Freud left these hidden concepts in between the lines –for the reader to search for them. Nonetheless, Moran's point of view is valid because she questions the way in which Freud constructed the mind as machinery in order to give an account of subjective actions [agency]. In fact, Freud's works communicate that there is a subject that is endowed with agency. Also, this subject is constrained in relation to his/her agency or will-power. One can say that Freud presented a notion of

a dual agency. One agency presents as a problem or frustration for the subject, which is reflected in the problem formed scenario of the patient's narratives; and the other one is observed as a stable solution of the patient's life [without patient's awareness of it], which is presented in the solution formed scenario of the discourse of the subject.

In order to continue with this exposition I will introduce the second topography. This is the last schema that Freud has given us. I believe that it is the perspective that frames and supports his previous constructions of the mind in his attempt to schematize the psyche. All this extensive analysis of Freud's works has been done because it will give the foundations to a metaphorical model of the mind, the scaffolding model. This is because I believe that a functional activity [dyadic functioning process] of the mind and the language of the subject can also be shared by the brain.

12) The Fourth Freudian Schema as a Symbolic Surface (Second Topography)

Freud observed that there was a need for a new topography of the mind when in "The Interpretation of Dreams" (1900a) he realized that the ego could also be unconscious because of the production of punishment dreams. The unconscious was related to the idea of unknown and unpleasant feelings. In "Narcissism" (1914c) and "Mourning and Melancholia" (1917e [1915]) he proposed the concept of the 'ego-ideal', which represents the subject's ideals or aspirations. He also added that "one part of the ego sets itself over against the other, judges it critically, and, as it were, takes it as its object" (1917e [1915], p. 247).

The rationale for this was that Freud observed that patients talked about certain negative thoughts. This brought him to think that the unconscious was directly

connected to the ego because during analysis patients communicated to the analyst feelings of guilt without knowing their origin. Yet, this relates to an element, which is structurally absent for the subject that links to the lack of total knowledge about the vicissitudes of the human being. Freud needed to find a material causation of these feelings and he stated that “an object which was lost has been set up again inside the ego –that is, that an object-cathexis has been replaced by an identification” (Freud, 1923b, p. 28).

For Freud this was an unconscious attempt executed by the subject in order to recover that object which had been lost. This is an assumption, which Freud called primary repression and observed in melancholia’s cases (1917e [1915]). Therefore, Freud had the need to postulate another component of the system under the name of super-ego or critical agency, which related to those feelings of guilt and loss.

Freud developed the super-ego stating that it was the heir of the Oedipus complex (1923b). The introduction of the ‘Sophocles’ myth’ added the value of an unconscious universal narrative, which was the product of identifications and was supported by a theoretical account that included a philosophical perspective. Therefore, identifications with previous objects, such as the father and mother, which included their cathexis, continued supporting Freud’s hypothesis of the fluidity of energy.

The super-ego became an internal residue of first identifications connected to the ego and the id. Also, it included norms and regulations of the parents’ super-egos (Freud 1923b). Here, Freud continues to name the components of the mental apparatus as agencies. Yet, the most important issue is that the super-ego is a critical agency, which inscribes what is prescribed and what is prohibited. This means that the super-ego as a system maintains a fracture or division of previous incorporated

objects. Now, the internal objects are also divided between bad and good ones. It allows an agency to be critical by supporting an activity that involves feelings of guilt and negative representations or thoughts. Here, the Oedipus complex functions as a structural characteristic of the subject that allows a split between objects. In my opinion it represents a dyadic functioning process that is scripted beyond the feeling of love and hate experienced by the Rat Man.

Melanie Klein (1997, 1998) observed in her clinical practice this opposition between good and bad object, which facilitated the production of her theoretical work. This is also similar to the content of the subject's dual narratives I have presented in this chapter. The problem formed scenario will be characterized by the prevalence of bad objects or thoughts and the contents of the solution formed scenario will be distinguished by good representations as an attempt to solve the situational trouble. This shows a fracture of representations within the internal reality of the subject, which has different levels or grades depending on the patient's life experiences.

a) The Ego and the Id

In this second topography, Freud introduced a new term –the id –. This terminology was taken by him from the works of Georg Groddeck and it was based on the idea of unknown and uncontrollable forces that were populating the ego (1923b). This supported Freud's thesis, in which he thought that this part of the ego was unconscious. Freud emphasized the relationship between the ego and the id and informed us that the ego is connected to the id; meaning with this that the ego's lowest part merges into the id (1923b). This was his way of stating that the ego has its own repressive characteristic because it is linked by its base to the id. The ego, at the

same time, is in contact with perceptions by a cap of hearing and he compared this with an anatomical part of the brain: the auditory lobe (1923b).

The concept of the ego in Freud was a very important element because it was through this notion, which imputed agency to the subject, that the patient communicated to the analyst his/her actions and behaviours. Yet, this was an ego in a constant dynamic battle between the Eros versus the death instincts. Here, the Eros, which was characterized by the presentation of the patient's positive thoughts, was the component that integrated elements together. The death instinct, which was represented by the use of the subject's negative ideas, had the aim to destroy things. This latest account supported the previously established conscious, preconscious and unconscious schema emphasizing a dynamic and economic functioning of the system (Moran 1993).

Dual narratives incorporate these twofold concepts of Eros versus Thanatos in relation to the split of the mind and narratives. Eros connects the patient with the positive thinking and Thanatos has a correlation with the negative ways of thinking that are present, constantly, in patients with personality disorder while in crisis. The notion of Thanatos, here, is in parallel with unconscious material and with the problem formed scenario.

I have observed that service users in crisis show increased negative thinking and positive thoughts are absent [repressed] from the discourses of the clients. For example, the case of the Cambridge student showed that while the negative thinking emerged in one of the narratives, the positive thinking was repressed due to the fact that the internal images of the client presented dissociated in an extreme way. This was due to feelings of immense deception that the family narrative produced in him. To rescue the positive narrative is a way for the therapist to work this client's

situation. This includes facilitating in the subject a new meaning, for example, allowing him to accept the gaps or absences in the other and himself. Here, the positive narrative will become present, giving access to positive thinking. This is due to the fact that the criticisms directed to the other [and self] will diminish and with it, the negative ideation.

The subjective position, here, was analyzed in order to work out the ambivalent place in which the subject was inserted. The role of the Cambridge student was to keep his father for himself, avoiding abandonment and feelings of loss by placing himself as 'the other woman' who was going out with an older man. By unfolding the subjective position, the client becomes aware of his unconscious agency. It is important to contain patient's anxiety during this phase in order to avoid acting outs, preventing risks. Normalize these extremes ways of viewing the world is a rather productive strategy, for the therapist to undertake, in order to balance the space separating Eros [positive ideas] and death [negative thoughts] instincts.

For Freud, in a functional sense, this fracture between Eros and death instincts represented continuous action within the ego. This was facilitated by the super-ego as a critical agency. It is in relation to this split function that the idea of repression in Freud's works is thought to have a double character. A primal repression that as "a theoretical assumption, consists in a psychical representative of the instinct that is being denied entrance into the conscious. A fixation is established, which means that the representative in question persists in an unaltered form from then onwards. Repression proper, the second stage of repression, effects the mental derivatives of the originally repressed representative and other trains of thoughts that have come into association with it" (Moran, 1993, p. 61).

Therefore, in the ego there is a constitutionally repressed element that resists becoming conscious and remains unconscious. This component is triggered via association of representations, allowing new connections with other chain of thoughts. This will produce secondary repression. It is by the use of the idea of primary repression that Freud concluded that due to a double characteristic of resistance and repression, there is in the ego an unconscious, which has not been repressed (1923b). This is a main characteristic of this second topography in which the ego maintains a deep connection with the unconscious via repression.

This twofold movement of primary and secondary repression brings me to state that in dual narratives repression of positive thoughts or representations are interconnected with a patient's subjective position. The sum of early experiences plus current events have helped a subject to positioned him/herself, within the boundaries of language, in a desired place that at times becomes difficult to manage by the subject due to his/her lack of knowledge of his/her structuration process. There is an unconscious movement within the client's narrative, which shows that he/she is not aware of his situation. As a consequence, at times, he acts out his feelings and emotions without thinking of the consequences of his/her actions. This is because he/she does not understand anything about his/her subjective position. For this reason, it is important to unfold the subjective position in order for the patient to be aware of his unconscious agency, which refrains his/her potential and desires.

The case of the Cambridge student shows this perfectly well. It is the repressed positive thinking that is an obstacle to client's desires. This is what Freud discussed when he mentioned the characteristics of the mind in relation to Eros and death instincts. This is what from the beginning of his works, he attributed as a

quality of the mind, the idea that there is positive and negative thoughts, which become translated in the brain from those primary quantitative impulses.

Freud emphasized that “consciousness gives us what are called qualities – sensations which are different in a great multiplicity of ways and whose difference is distinguished according to its relations with the external world” (1950a [1895], p. 308). It is, here, that Freud prioritized a property of the mind that, in my view, supports one of the main characteristics of the psyche and it relates to the idea of *quality*. This is also mentioned by Freud when he stated that “the characteristic of being unconscious begins to lose significance for us. It becomes a quality which can have many meanings, a quality which we are unable to make...” (1923b, p. 18).

Yet, Freud anticipated this attribute that relates to the mind when in “Three Essays on the Theory of Sexuality” (1905d) he mentioned that the libido has a special quality. I have observed that in “The Ego and the Id”, the qualitative character is associated with a certain level of unconsciousness that inhabits the human psyche. Also, for Freud quality was synonymous with consciousness (1950a [1895], p. 308). Therefore, I see this *notion of quality as being dual* and forming part of the components of the mind in Freud’s works.

However, my view of this idea of the qualitative character of the psyche is supported by the ambivalence of the dual formed scenario that is reinforced by the narrative of the patient in analysis, which also reflects the dyadic quality of the human mind and characterizes the agency. This is represented by the incorporation of a dualistic functional presence of the concepts of resistance and repression, which underpins this qualitative attribute or flexibility that also relates to the conscious and unconscious series.

I think of the narrative of the patient as having a dual formed scenario. This is a quality that reflects the characteristics of the mind. *Quality becomes a possibility of ambivalence and duality within the mind and the narrative of the subject.* This also facilitates in the subject a kind of conscious or unconscious choice (agency) that he/she will be able to make, knowing it or without even being aware of it.

Nevertheless, Sacks has linked this qualitative characteristic of a state of mind with the term scotoma. He stated: “As it carries a quality of ‘memory-hole’, of amnesia, so it carries a sense of timelessness, endlessness. The quality of timelessness, Limbo, is inherent to scotoma” (1991, p. 77). Sacks associates this quality to something that cannot be communicated. For him it is a step into darkness, shadows and death. In my view, this seems to be the cause and consequence of the symbolic action of the agency. This is because not every single thought or idea could be symbolized and said. Also, not everything is conscious, even the most conscious action involves unconscious elements. This makes the function of the agency partially limited in association with his/her intentionality.

This idea of “scotoma” represents a hole [space]. It is a place [a gap] between the problem and solution formed scenarios. This is the link signifier that allows the exchange of meanings and the interaction of subjectivities within dual narratives. The importance of this, it is that the link signifier is a material part of the symbolic interaction. It is unavoidable and changes all the time, it is what allows an agency to become conflictive or to solve a problem. The link signifier is the engine; it is also what facilitates dual agency, interacting as a problem or as a solution due to the interchanges of ambivalent places.

It is for this reason that the subjective position of the client has to be analyzed in order to find solutions to the ambivalent agency that is causing feelings of

uneasiness to the client. This is because ambivalence is what supports the subject in a place of pleasurable disturbance. The case of Mr. X, who was waiting for the master to throw him a bone, showed this very well. The question to the client is cleared [why do you want to be a slave?], which attempted to hint a solution to the feelings of uneasiness.

The patient was not aware of his subjective place instead he was vacillating between two narratives that were totally opposite while he was unable to integrate a solution to his problem. It is when he becomes aware of his subjective position that the solution to his problem gets rather cleared for him. As a consequence, he is able to put into practice his desire. This related to an ambivalent idea, which had a characteristic [quality] of being flexible because it changed, facilitating insight.

In relation to Freud, this idea of quality is embedded within the system of the psyche and it is ambivalent in relation to its presence or absence within this construction. This ambiguity, from my point of view, characterizes the mind. Freud stated that “psychoanalysis cannot situate the essence of the psychical in consciousness, but is obliged to regard consciousness as a quality of the psychical; which may be present in addition to other qualities or may be absent” (1923b, p. 13).

My understanding, here, is that Freud talked about an absence of quality in relation to impossibility of symbolic action. This relates to the lack of control of the agency and the formation of somatic symptoms. There is something that escapes the control of the agency, which is unknown to the patient and creates feelings of uneasiness. This means that the human being cannot manipulate everything and he/she does not have total knowledge of his/her position in life.

Also, the absence of quality within the mind associates with the previously presented idea of scotoma. In my opinion this brings me also to think of the concept

of primary repression in Freud's works as that scotoma, which represents that original element within the mind. I understand the idea of a primary process as a biological inaugural moment, in which the existence of the subject was neurophysiologically based. This is equivalent to those first neurological impulses of the fluidity of energy of the Freudian hypotheses (Freud, 1894a), which could be seen as the idea of will-power that inhabits the schema of the mind. Schafer (1976) mentioned that the models of the mind in Freud's works were dotted with a special action within them. This means that Freud applied the idea of "drive", which included a symbolic activity of a human being, to give us an explanation of his theoretical construction. This was represented by the neurological ideas of energy in Freud's works.

In addition, I would like to add that quality is like an elastic characteristic that moves within the psyche. This is because quality in Freud's works represents changes of energies (Freud, 1894a), exchanges of cathexis between representations (Freud, 1905e [1901]) and also mutations from quantity to quality (Freud, 1950a [1895]). This allows me to infer that there is not a particular location for this quality except the whole psyche of the patient.

Here, one can say that quality is representative of action and, in particular, symbolic action. Again, this is because the quantitative values of energy in Freud's works become endowed with quality (Freud, 1950a [1895]). Therefore, it is via quality that those quantitative values are transformed in symbolic representations. It is here where symbolic action is present. This ability to transform quantitative values into qualitative representation is what characterizes the human being. In other words, symbolic action could be part of the definition of what a man is. For Burke (1966) a man is the symbol-using, symbol-making and symbol-misusing animal.

Following this statement, it is important to state that the misuse of symbols is considered by Burke, for example, as the “improperly criticised action of symbolicity” which is observed, for example, in “psychogenic illnesses” (1966, p. 6). Here, the notion of agency, which includes the symbolic action of the subject, shows a phase in which symbolic activity is misused instead of interrupted as it was stated by Freud. For example, the mother who could not feed her newborn baby shows a misuse of her symbolic activity by the presence of somatic symptoms.

This idea of misuse of symbolic activity has a damaging characteristic for patients who are not aware of their unconscious process and they do not know anything about their subjective positioning. The word misuse includes a conscious and irresponsible way of acting for the client. This is not the case for patients, who are ambivalent and very negative about their persona. I propose, here, the concept of awareness/unawareness of symbolic activity in order to avoid depositing guilt in clients with personality disorder who are in crisis.

However, during the process of symbolic action, the symbol could be understood as a vehicle of indirect expression. This relates to that activity in which the symbol, which represents what it is symbolized, has some qualities analogous to what it is represented. This means that the symbol is used as a metaphor, or one can say that the symbol is a substitute for that object that is symbolized. As a consequence symbolization is seen as a relational phenomenon (Petocz, 1999). This attribute relates to what symbolic action means. This is to put in action [presence] a representation of something that could not be mentioned [absence]. This is the function of the agency, which includes a negotiating between what is represented and what is omitted, or interrupted, unconsciously. This also could be named intentional

or unintentional symbolic action because the relational phenomenon of negotiation could be conscious or unconscious.

It is interesting to observe that the concept of symbolism corresponds to the non-logical functions of the mind, such as unconscious formations like dreams and conversion symptoms (Noy, 1973). This means that there are at least two states of mind, which will allow the subject to acquire symbolic meanings. This relates to the concept of a splitting mind: a logical and a non-logical one. Following Rycroft (1985) there are two states of mind that are associated with two different qualities, which are, firstly, the capacity of consciousness, and secondly, the possibility of symbolic meaning.

The non-logical state relates to the absence of knowledge of the patient about his/her condition. It is for this reason that a conversion symptom is characterized by an over determination of symbolic material by which, unconsciously, the human being attempts to make sense of the suggestive utterances from the other. This relates to a lack of determination of meanings in the subject while he/she attempts to deal with these constraints (Obeyesekere, 1990). And it reflects an unconscious situation in which the patient knows very little or nothing about the symptom formation. It is then, that the subject asks for therapy because he/she wants to know about his/her situation. This shows the lack of control of the agency and a split between a logical and non-logical agency.

In order to deal with the problems that the agency generates in the subject, it is the therapist who has to work with the patient's non-logical state of mind to help him/her gain an understanding of his/her symptoms [uneasiness]. There is a reflective function that integrates thoughts, which is increased in any subject in analysis. This is

due to a space that has been developed via identification with the mother in childhood and in conjunction with the fantasy world of the subject (Keinanen, 2006).

The best way to access these two states that the patient presents in analysis is by listening to dual scenarios of the narratives of the patient, which are the problem and the solution formed scenarios. This will allow the analyst to interpret the non-logical state of mind of the patient, helping him/her to increase that reflective, integrated function. As a consequence, the patient will gain an insight into his symbolic world, finding a solution to the problem that the non-logical agency presented.

Freud observed the same kind of phenomenon when he analyzed the twofold presentation of repression and resistance. In addition, Freud postulated that one part of the ego was also unconscious. This was previously mentioned by him in “Beyond the Pleasure Principle”, where he stated that: “ It is certain that much of the ego is itself unconscious ...we can say that the patient’s resistance arises from the ego, and we then at once perceived that the compulsion to repeat must be ascribed to the unconscious repressed” (1920g, p. 19-20). And this is reinforced in “The Ego and the Id” when he argued that: “We have come upon something in the ego itself which is also unconscious, which behaves exactly like the repressed” (1923b, p. 17). He went on to say that the ego is divided “between the coherent ego and the repressed which is split off from it” (1923b, p. 17). This shows a binary state of mind in which the action of a dual agency has developed.

Nevertheless, to continue, I will introduce an idea that I believe it supports the construction of the dual mind of the subject and with it, the concept of a dual agency in Freud’s works.

b) The Idea of a Surface as a Symbolic Container

It is interesting to see how Freud added the idea of the surface-differentiation [a part of the system], which connects the ego, the id and the external world (1923b). The id will be that place in which those archaic and primitive instinctual passions are stored. Therefore, the reason and common sense of the ego will be in a constant battle with those passions that could have been there, in the id, since prehistoric times (1923b).

This is supported by Stevens, when he defined the idea of a man based on those primary components of the subject. He stated: “Man is an organism governed by biological processes and physiological needs. At the same time, his capacity for symbolic thinking enables him to ‘internalize’ the external world” (1983, p. 5). These previous statements reinforce the idea of a biological subject endowed with symbolic action.

Nevertheless, the ego is that part of the subject that communicates or talks to the analyst. If one imagines that the subject has a mind, which is a surface that is dotted with a functional attribute that comes from the drive. And also, one can suppose that the mind or surface will be occupied by dual symbolic elements. One can say that there is a dynamic functioning process that is a property of that surface, which has to deal with certain issues about agency, for example the division between those symbolic elements, which are separated by the Eros [positive] and death [negative] instinct. This is because the role of the agency includes a conscious or unconscious decision making process.

This implies a relational phenomenon in which symbolic elements are negotiated within the mind within two levels: the conscious and the unconscious. As a consequence, mind and agency are inclusive terms. This relates to a functional

characteristic, which is associated not only with the ego itself but with the whole system or analogical model of the mind (Freud, 1923b).

Therefore, in order for one to talk about agency, one has to include the term subject, who is the one that supports and maintains that surface, in which the agency battles between the ego and the id. This is because, from my point of view, the mind is a subjective construction that is characterized by a *matrix*. This concept extends the idea of the psyche, which was defined in Freud's works as a surface-differentiation.

I have previously mentioned that the mind could be seen as a *container* because it holds symbolic elements and representations. One can envisage that the interconnections of this symbolic material are subjectively distributed in the mind forming a *matrix*. The matrix interconnects symbolic material in two levels: one conscious and another unconscious.

This is a way to visualize the mind that contains memories, representations and thoughts, which are arranged in dual levels of functioning and are reflected in dual narratives. It is for this reason that I see the mind as a container of symbolic elements and as a matrix because the symbolic material is interconnected [and continuously rearrange] within two levels. And it is the dyadic functioning process, which reorganizes the symbolic elements in opposite dual categories. There is also an interaction of values and norms previously incorporated by the subject within the "symbolic matrix" (Lacan, 2006 [1966], p. 76) that is part of the symbolic material. This is because the unconscious, which was previously stated, contains the negative and mysterious elements that are unknown for the subject while the conscious include the positive thoughts. All of this gives values to the matrix.

Freud illustrated something similar in relation to the functioning of the id and the ego when he said that "the id it is like a man on a horseback" (1923b, p. 25)

because “the ego is in the habit of transforming the id’s will into action as if it were its own”. Here, Freud explained the analogical idea of the construction of the functional mind of the subject because he wanted to give an account of the subjective notions of forces and actions and how the subject [consciously or unconsciously] had to transform them. Here, it is the implicit term of agency, which is involved in the transformation of those unknown passions of the id’s will, which are put into action. But the most interesting thing is the use of analogies to construct and support his concepts.

Moran also discussed these Freudian analogical ideas. I totally agree with Moran when she stated that: “Both ego and id, via the analogy are conceived as possessing a will be they at odds or in line with each other” (1993, p. 75). But I do not concur with Moran’s idea that in “The Ego and the Id”, “the problem of will-power emerges surreptitiously” (1993, p. 75). I believe that Freud had always dealt with the problem of human agency.

Yet, I insist that Freud was in battle with his own thoughts as well. Therefore, in his texts, when the descriptive construction of the mind is symbolically represented, for example in the comparison of the ego and the id like a man on horseback, Freud surprised us when he threw away his biological baggage and introduced the psychological construction of the idea of agency within that surface, which is a place for the symbolic action of the subject and a container of symbolic elements.

Freud went beyond this idea of the ego as a surface to extend it to the body as the bodily ego because he wanted to give an account of the somatic symptoms. In this construction, the body’s surface is represented within the schema of the mind. In this way Freud stated that: “The ego is first and foremost a bodily ego; it is not merely a

surface entity, but is itself the projection of a surface” (1923b, p. 26). Here, the ego and the body are represented on a “symbolic matrix” (Lacan, 2006 [1966], p. 76).

At this particular time Freud had been observing in his clinical practice that the patients who suffered from hysteria presented with, for example, conversion symptoms. These appeared to be representations of those memories or thoughts that had been repressed, which in my view, returned or moved around the surface-differentiation that is the mind and the represented body, invested with energy or will-power.

Therefore, there is an exchange of investments between ideas or thoughts that produce, as a result, a compromise formation or conversion symptom, in the actual body. This phenomenon is stated under a masked form because the investments within the representations have mutated onto different ideas, changing the content of the thoughts and giving as a result a new psychological production within the system. The same process is supported within the work of the dream. This presented the idea of an agency, which was embedded within the surface-differentiation and characterized by a process that was outside the control of a conscious agency.

I would like to rescue two ideas here. One of them is the concept of a surface-differentiation, in which the representations of the body are included. The other notion is will-power.

In relation to the idea of a surface-differentiation, I would like to mention that there is an author who talks about the continuation of the ego within the skin of the subject. Anzieu (1989), in his book *The Skin Ego* stated that body representations are registered in the mind or, from my viewpoint; they are contained in a “symbolic matrix” (Lacan, 2006 [1966], p. 76). This was observed by him, by listening to clients’ narratives. This clinical group of patients was affected by, for example, the

lost of a limb but they still had conserved the feelings and sensations related to the presence of that organ, which was called the phantom limb. For Anzieu the skin of the body, which separates us from the external world, is constructed by the subject and based on past memories and experiences. This is an interesting analytical work because it supports Freud's ideas of the projection of the body onto a surface-differentiation, via the representations of the skin of the human body. Also, it includes the ideas that the representation of the subject's skin is contained within the "symbolic matrix" (Lacan, 2006 [1966], p. 76).

My intention is not to extend the work of psychoanalysis in relation to the representations of the body but I would like to state that Freud also mentioned that the body is affected by unconscious thoughts. For him memories of traumatic events were invested with energy. Freud suggested that "there has been an energetic reaction to the event that provokes an affect" (1893a, p. 8). The affect could be discharged via voluntary or involuntary reflexes. If the affect could not be warned away because the patient is suppressing it, it remains attached to the traumatic idea (Freud, 1893a).

It is interesting to mention that the idea of abreaction is related to the hypothesis of the fluidity of energy. It is here that the unconscious memory of the event returns as a conversion symptom when the affect has not been abreacted by the patient. Freud mentioned that "language serves as a substitute for action; by its help, an affect can be 'abreacted' almost as effectively" (1893a, p. 8). If this does not happen, the patient could produce an unconscious displacement of affect onto a certain part of the body that connects with the representation of the traumatic event. This is observed by him in the example of the tussis nervosa in Dora, which was a conversion symptom of a "petite hystérie". This symptom for Freud was a representation of an imagined sexual situation (Freud, (1905e [1901])).

All of this relates to the concept of a “symbolic matrix” (Lacan, 2006 [1966], p. 76), which is continuously rearranging symbolic elements. It is here that language and symbolism facilitate the function of the matrix. In the patient group the awareness by the subject of the subjective position recapitulates the ambivalent situation rearranging the symbolic elements within the matrix, which is facilitated by the dyadic functioning process.

However, in relation to the concept of will-power, Anzieu’s works bring me to think of the projection of that surface-differentiation which includes the body, from a symbolic constructed point of view. Therefore, one can infer that within the surface-differentiation, there are not only the representations that are circulating within the body and the psyche of the subject but there is also his/her will-power and the introjections of the social power that subordinates the subject. The last one is not driven by the Freudian hypothesis of the fluidity of energy, but by the social representations that dominate the subject via language, which facilitates selection and repression of symbolic elements. From this perspective, the subject is formulated and normalized via the discursive effects that language has over his/her symbolic world.

Therefore, agency is not only an action or energy but also symbolic activity that include two phases. One of them relates to the lack of symbolism that the human being supports at the beginning of his/her existence, which is repeated during his/her life. The other phase includes the introduction of the subject into the symbolic world and the construction of narratives about his/her existence. Here, one can visualize the beginning of a dyadic functioning process, which is based on these two phases of the production of the subject.

These two levels also include a dualistic system of narratives [the problem and the solution formed scenarios] in which the agency will negotiate two positions. One

of them supports an agency that lacks control [unconscious], which is presented in, for example, the dream-work and in the problem formed scenario. The other agency is dotted with activity [conscious], which also includes a symbolic action and triggers a reflective function and a problem solving scenarios. This agency is represented in the solution formed scenario of the narrative of the patient.

13) Conclusions

This chapter has offered an insight into the concept of agency in Freud's works, which relates to the notion of 'systems' within the psychical apparatus. Despite the confusing translation of the German word *Instanz* into the English term agency, the idea of agency in Freud's works is in association with two moments of the functioning of a psychical apparatus, one conscious and another one unconscious. This is also in correlation with primary and secondary processes between systems, which means that a secondary process re-signifies previous memories of, for example, a recorded event in the mind.

The most important issue is that Freud integrated different models of the psyche in which agency represents symbolic action, and it is here, where the structure of the mind is considered as a system or a surface-differentiation. The same one forms a container or a group of subjective representations that are regulated by the pleasure principle, forming two groups of positive and negative components.

However, it is through my readings of Freud's works that I have reinforced the concept of duality of agency [conscious and unconscious] as a sequential process, which has been analyzed, previously, during the unfolding of subjective account of patients' clinical observation. This creates a dynamic perspective, which represents a more active viewpoint than the existence of two or more different agencies or systems

in the psyche. This is because the interaction of dual elements in a sequential process implies activity in its own right, which is supported by the analysis of subjective utterances.

The current chapter has approached the works of Freud in order to lay down the foundations of a new metaphorical construction of the mind. This will be the base for an analogical model of the psyche in which the brain, mind and language [+senses] will represent a structure that integrates its systems by the use of a dyadic functioning process. Here, quality and duality are the basis of a construction that holds up the psyche, which is also observed in the linguistic world when a patient unfolds ambivalent or dual formed scenarios. In fact, this demonstrates that a dualistic functional process, which becomes observable evidence in the analytical arena, governs the mind and the language of the subject. Therefore, one can infer that agency is presented by a patient in a therapeutic situation within a dyadic functioning process.

This function is part of the structure of language. It allows the human being to become a subject due to the acquisition of dual elements that are grouped by pairs, depending on their opposition and difference. Therefore, there is not only an incorporation of language but also an assimilation of a function that is embedded within language, which includes the discursive utterances that the subject incorporates, continuously.

Patients with personality disorder in crisis show that this particular function [the dyadic functioning process] is altered due to a pre-morbid condition. The intensity of traumas, which includes the subjective ways of experiencing them, could give as a result pathological extreme ways of viewing the world by which the client experiences reality. This is due to the fact that the mind has suffered an extreme split

or fracture due to the intensity of the trauma or due to the effects of early experiences. All of this is projected onto dual narratives, which unfold client's points of views about the world. As a consequence, extreme ways of viewing him/herself and others affects patient's reality. Thoughts become negative and pessimistic [views of the world], which produce an impact on patient's daily living activities.

Positive thinking appears absent, at times, and their psychic reality is full of criticisms, which are directed to themselves and others. The role of the therapist is to listen to patient's contradictions, finding the ambivalent points related to their subjective position in life. Interventions in relation to this topic have to be done in a gentle manner, avoiding acting outs and containing patient's anxieties in order to facilitate an insight into patient's problems, opening ways to solve the situation.

In the next chapter I will investigate how Lacan thought the notion of agency in association with language. I will observe Lacan's theory in order to analyze certain concepts, such as the notion of subject. This will be done in order to reformulate these concepts in relation to dual narratives. Also, it will give me the tools to move onto chapter IV and present an analogical model of the mind called the scaffolding model.

Chapter III

The Lacanian subject and dual narratives

1) Introduction

In the preceding chapter, I have investigated Freud's ideas about agency and how others have interpreted the meaning of the term in his works. I have introduced, previously, my observations from my clinical experience, in association with the mentioned concept. My perspective is that agency is presented by patients in a therapeutic situation within a *dyadic functioning process*. This is a phenomenon, which is observed when the patient uses dual narratives. For example, the subject describes an account, which is split in two sections, or presented in two different chronicles, which could be considered as a problem and a solution form. One of them has been termed by me as the *problem formed scenario* and the other one as the *solution formed scenario*.

I would like to emphasize that agency [action] is understood as a functioning process, which has two phases. The first one is a presentation, in which the patient experiences and communicates feelings of uneasiness. He/she is narrating a particular situation in the *problem formed scenario*, in which his/her agency is incapacitated. The client does not know [unconscious] why his/her activity is impossible or an obstacle to his/her desire. The second one is considered as solving a problem, which has to be mediated by the interventions of the therapist, during treatment along the *solution formed scenario*. I believe that a gap or link between these two moments of the activity [will and counter-will] of the subject is part of an interactive phenomenon of communication between the subject and the therapist and within the mind of the

subject. This is the same as saying that the psyche is split, forming two groups of thoughts interconnected by an absence or link signifier. It is in this way that the *dyadic functioning process* includes a vacuum [absence] that allows subjective activity [agency]. One can also think that the gap facilitates agency or it is action [will-power] in its own right.

Due to the fact that this thesis focuses on client's discourse [language] that is observed in the accounts presented by the members of the patient group. I believe that it is a priority to approach the works of Lacan by the analysis of *dual narratives*. This is done in order to investigate the concepts of subject, agency and structure as a way to comprehend how the world of language [symbolic universe = structure] is dotted with a quality value [*duality*], which I have considered as a property of the mind. This is a main characteristic of the psyche, which is embedded in *dual sets* of symbolisms or representations.

Quality here is seen as a dual function [dyadic functioning process], which is also observed in the ambivalent situation of the patient group. As a consequence, the ambivalence [or the opposite dual set of symbolic elements] is seen as duality. At this point quality is equivalent to duality in the functional mind and in the operating language of the subject. This is because one balances the other in relation to functioning. The difference is that the dyadic functioning process is beyond any dual set of components of the mind and the language of the patient. This is because the functional system is supporting the interaction of dual elements within a symbolic matrix [structure].

From the previous chapter, one can emphasize that Freud did not mention in his works the word subject; instead he had spoken of an anthropomorphized model of the mind composed by 'systems'. In comparison, Lacan underlined the concept of a

subject in psychoanalysis, who is divided by his conscious and unconscious processes. In my opinion, this concept needs to be extended to the notion of a twofold subject or an ambivalent subject, which is regulated by a dual agency. Patient's narratives expose the values of these agencies [intentional and unintentional], which at times, they are in conflict, creating problems and feelings of uneasiness for the patient.

To continue, I will explore how the concepts of subject, agency and structure have evolved in Lacan's theory. This will be done in order to integrate this conceptual research with the previously presented clinical observations. It will also reinforce the concept of subject via the employment of the notion of language [due to the fact that if there is language there is a conscious and unconscious subject who talks to the therapist] in the construction of a new metaphorical model of the mind.

2) The Symbolic Universe

Theoretically, Lacan presents the idea of a subject within the symbolic world. This is what is regarded as the main difference between Freud's and Lacan's theories. Lacan talked about the subject, while Freud constructed a psychical apparatus (Moran, 1993). In "The Symbolic Universe", Lacan (1991[1954-1955]) mentioned the idea of a symbolic function within the human order. In this early work, he ascribed to the concept of a symbolic universe, a totality [a whole]. Here, the concept of universality presents as a pivotal component in Lacan's theory. He stated: "In the symbolic order the totality is called a universe. The symbolic order from the first takes on its universal character ... As soon as the symbol arrives there is a universe of symbols" (Lacan (1991 [1954-1955], p. 29).

To introduce Lacan's works is a priority, here, because my clinical observations

within the patient group were based on the analysis of their language and narratives. Lacan's theory adds to my research the basis of understanding how narratives predetermine the subject and it also includes my viewpoint that language attributes a dyadic functioning process to the human being's activity, homologating the function of the mind and the language.

Lacan sustains that once the human being is submerged within the symbolic universe, there is symbolic action, which is embedded within the structure. Lacan's earliest works supported a structural system, which goes beyond the subject. He said: "Everything which is human has to be ordained within a universe constituted by the symbolic function" (ibid, p. 29).

The symbolic universe, for Lacan in the 1950's, was a complete structure, which started functioning from the beginning of civilization, and was a fundamental pillar within the subjective process. Therefore, the structural approach was presented as a whole block, functioning as an entire piece by the use of basic rules and laws. This will change later on, in Lacan's theory, with the introduction of the object petit *a* (Fink, 1995), or in other words with the idea of a 'lack' of an element within the structure of signifiers, or a "lack of reference" that is continuously produced in the analytical setting (Miller, 2005 [1988]). It is for this reason that Lacan will be called a post-structuralist, after the 1960's, because the idea of a whole structure is modified by the introduction of an absence: object petit *a*, as previously mentioned.

Lacan based his ideas on the work of Lévi-Strauss. In *The Elementary Structures of Kinship*, Lévi-Strauss (1969 [1949]) talked about elementary structures, which stipulated prescriptive and prohibitive behaviours, in relation to marital alliances within cultural groups. This was a duality of norms that facilitated the exchange of symbols and the transition from nature to culture, creating a new order.

Are these elementary structures similar to a dyadic functioning process? Lévi-Strauss stated that “absence of rules seems to provide the surest criterion for distinguishing a natural from a cultural process” (ibid, p. 8). This gives the idea, again, of a whole structural, which was an organizational and symbolic system with its own regulations and stipulations.

Yet, the transition from nature to culture was based, for Lévi-Strauss, on the reciprocity of the exchange of women. This allowed for the engraving of a new order, which facilitated language. I will attempt to explain how this has been seen by Lévi-Strauss and Lacan. The most important issue about this passage is that women occupied, in the primitive system of values, “not primarily a sign of social value, but a natural stimulant; and the stimulant of the only instinct the satisfaction of which can be deferred, and consequently the only one which, in the act of exchange, and through, the awareness of reciprocity, the transformation from the stimulant to the sign can take place, and defining by this fundamental process the transformation from nature to culture, assume the character of an institution” (Lévi-Strauss, 1969 [1949], p. 63).

It is important to recognize how this new order is organized within the subject, in which the instinctual impulse [nature] facilitates the possibility of symbolic activity [culture]. Therefore, there is an intersubjective pact [the exchange of women] that creates an illusion, supporting this necessity for women, who are not only the “sexual stimulus” for men but also the participants in the *production of food* [a primary need]. Lévi-Strauss stated that “the division of labour between the sexes”...[depends on] “the manufacture of objects necessary for their daily tasks, but [men and women] they are each employed in producing different foodstuffs” (ibid, p. 38).

The satisfaction of the drive that relates to food or sexual gratification, in fact,

relates to an incomplete [partial] gratification because it is never going to be fulfilled. A man needs to eat and satisfy his sexual urges continuously. Yet, this created a chain of substitutions, for example, for food, within the external and internal reality of the subject. The subject attempted to find pleasure, which was triggered by feelings of un-pleasure that, for example, hunger or scarcity of food might have produced. For Lacan, it is here, where language is introduced. Lacan stated that “the law of man has been the law of language since the first words of recognition presided over the first gifts [symbols]” (2006 [1966], p. 225). It is based on this negotiation or exchange via distribution and reciprocity of gifts that the subject finds symbolic substitutions of that fundamental absence which populates the instinctual world. Here, the absence is introduced as a gap within the structure.

Nevertheless, these ideas bring me back to Lévi-Strauss and the concept of *effectiveness of the symbol*, in which one-self is recognized by the other during the reciprocal act of exchange [action]. For example, the interchange of gifts. Mauss stated that gifts are the signs of an alliance, they are not given in a disinterested manner and they reflect a kind of counter service (1990 [1950]). This implies that the *conventionality* of the symbol [gift] also establishes a hierarchy due to the fact that one becomes subjectively placed, when a gift has been given. For example, the dialectic of the master and the slave in Mr. X’s case, which is analyzed when the patient mentioned that “I am waiting for someone to throw me a bone [gift]”. The parallel of this is also observed in primitive societies in which gifts were involved in acts of wealthy consumption or frenetic destruction, “through such gifts a hierarchy is established. To give is to show one’s superiority ... To accept without giving in return or without giving more back, is to become client and servant, to become small, to fall lower” (Mauss, 1990 [1950], p. 95). In relation to the patient group, the inter-game of

hierarchies established patient's subjective position by the reincarnation of certain roles.

In *Structural Anthropology*, Lévi-Strauss (1963 [1958]) stated that the *effectiveness of the symbol* “guarantees the harmonious parallel development of myth and action”(ibid, p. 201), which is observed, for example, in the shaman's use of the symbol as a therapeutic, socially accepted practice. Also, the *effectiveness of the symbol* is a characteristic that makes us “ an irreplaceable being” (ibid, 203), which is “reducible... to the symbolic function” (ibid) and specifically human. The symbol not only represents that absence [nothing], this “certain symbolic inertia, characteristic of the subject, of the unconscious subject” (Lacan, 1991 [1954-1955], p. 189), but an order or hierarchy between, for example, the members of the clan.

Dual narratives include the idea of a hierarchical place for the subject, in which the discourse of the patient informs us about the dynamics of the interactional circumstances that are structuring his/her psychical reality. This shows similarities with the idea of the gift, which sustains certain hierarchical places, allocating a functioning structure within social interactions. The human mind is also observed to be located in relation to interpersonal dynamics and by doing so; the subject becomes positioned, subjectively, within a hierarchical order that reflects his/her external perception of the world.

I have previously mentioned that the linked signifier, for example in the case of the inmate on a hunger strike, was the element that articulated accounts within dual narratives. Socially, the gift has the same function that the linked signifier. This is because the gift, which is also a symbol, makes possible an arrangement [hierarchy] in the order of ranks of the different clans and individuals of the tribes. This is done by distributing gifts in hierarchical order. Therefore, superiority and inferiority are

based on the presentation of these formulas and symbols [gifts] that are accompanied by social ceremonies (Mauss, 1990 [1950]). In addition, the gift is *a gift of nothingness* because it is a masquerade of an absence. Also, the gift is a gift of language, as a transmitted alliance between men. Lacan stated that “gifts are already symbols, in the sense that symbol means pact, and they are first and foremost signifiers of the pact they constituted as the signified ... [they are]... objects of symbolic exchange” (2006 [1966], p. 225).

The imaginary forms of exchange are associated with the internal symbolic ways, in which relationships and identifications are built up from the beginning of the child’s life. Here, ontogenesis repeats phylogenesis. As a result of this, one can conclude that the idea of the gift stipulates superiority and inferiority and it brings up the dialectical encounter between Master and Slave. In “The Other Side of Psychoanalysis”, Lacan stated that the slave is the one who knows what the master wants and “that’s what his function as [a] slave is” (Lacan, 2007 [1969-1970], p. 32). The master “does not know what he wants” (ibid). This underpins the relationship between a knowledge that is not known, which contradicts the place of total knowledge by focusing on the lack of it on the part of the subject, prioritizing the subjective ambivalent question: Am I this or that? presented in the clinical observations.

Here, the subject is a slave of the narratives that have pre-determined him/her, giving him/her a name and allocating him/her a position in life. In fact, the discourse of the other, which includes the engraving, via language, of a subjective existence for the human being has made possible his/her agency without him/her even knowing it. This is because the desire of the Other entails “that a choice [forced choice] of some kind is involved in the child’s acceptance to submit to this Other” (Fink, 1995, p. 50).

This is what is observed in the case of the man of the tiger's claws when the patient accepted a narrative that it was not his but it attributed a place for the subject in opposition to his brother's place.

Therefore, the subject experiences a desire that imaginary belongs to him/her that is based on a forced choice, which is imposed, for example, by a "system of compulsory heterosexuality" (Butler, 1990, p. 26) based on a binary pair: feminine-masculine (ibid). These opposite symbolic elements were experienced in the case of the Austrian female patient as an extreme ambivalence, which gave her feelings of uneasiness. This reactivated previous negative experiences of loss. The therapeutic manoeuvre was to help the patient to deal with the unconscious contents of her mind in relation to the dual pair of ambivalent concepts. Also the patient is helped by the therapist by gaining an insight into a continuum between the dual components. Dual narratives reinforce the understanding of a symbolic articulation of concepts within the unique reality of the subject, which have predetermined the subject's existence in a certain subjective position. This is totally different to a CBT approach, which attempts to instruct the patient in relation to certain skills in order to solve his/her problems.

Nevertheless, Lacan drew from Lévi-Strauss the notion of effectiveness of the symbol. This accounts for a symbolic function that was developed by Lacan in order to give an account of internal imagos [patterns] and their projections, in association with the process of the analytical experience (Zafiropoulos, 2010). Lacan mentioned that "we analysts deal with slaves who think they are masters, and who find in a language—whose mission is universal—support for their servitude in the bonds of its ambiguity" (2006 [1966], p. 242).

This associates with the places that the subject takes in the intersubjective game,

when he/she is confronted with the imaginary other. Exchange that, in fact, is sustained by the Other. This Other, which in psychosis, controls the patient while he/she is manipulated by the Other's voices (Lacan, 2006 [1966]). I have already mentioned that these verbalizations operate differently in personality disorder patients with borderline traits. Here, the client hears voices, which are pseudo-auditory hallucinations [pseudo-voices] different from the controlling vocalizations observed in psychosis.

Pseudo voices are derogatory and critical voices that are associated with the *problem formed scenario*, which includes the patient's negative thoughts. In this situation, the subject places him/herself and is positioned by others in a lower categorical situation in relation to the imaginary other. In this hierarchical level, voices are pejorative; they talk down to the subject. The case study of a suicidal daughter shows the subjective position of the patient battling between the love and hate for her father. The ambivalence unfolds her subjective position. She acted as a rebel who used to fight against the controls of the imaginary other. This is the one who controlled her by the use of negative accounts, challenging her in a critical manner.

My hypothesis, here, was that pseudo-voices in the patient group were experienced because the negative scenario has been reinforced by pre-determined perceived negative narratives. The reinforcement of the problem [negative] formed scenario was the product of the perceived critical narratives, which have been transmitted to the subject by imaginary others and received [and assimilated] by the patient in a very negative way.

3) Lacan and Language

In “The Function and Field of Speech and Language in Psychoanalysis”, Lacan made it very clear that his main idea when he introduced his thoughts in the Rome Congress in September of 1953 was that “at least [my talk] would seize the auspicious moment to revamp the foundations [that] our discipline derives from language” (2006 [1966], p. 198). His work continued with the psychoanalytical endeavor that Freud promulgated, which based the analytical situation on the analysis of patients’ discourse or narrative. In other words, as Lacan stated: “Whether it wishes to be an agent of healing, training, or sounding the depths, psychoanalysis has but one medium: the patient’s speech” ... “[and] all speech calls for a response” (ibid, p. 206).

The novelty was that Lacan emphasized that the speech’s function prioritizes the understanding of the use of a silence, which inaugurates the analytical experience. It is silence [absence] in speech that allows us to talk about a presence of a symbol by the use of a patient’s symbolic activity. This associates with the Freudian case of the Fort-Da (Freud, 1920g), in which the use of a symbolic game [activity] by the child was a reconstruction of the mental process experienced by the youngster. Here, the object [reel and string] was recreating the substitution of the mother’s presence while she was absent. This dyadic activity [absence-presence] is considered by Lacan as the base for subjective symbolic action [agency]. This is a “proto-concept of duality –that there is presence and absence –and by this understanding, it [the human newborn] can begin to know that things exist” (Bailly, 2009, p. 98-99). Within my perspective, this means that we construct [actions] our realities based on a ‘lack’ [absence], which becomes a presence via substitutions, using a *dyadic functioning process*.

There is a similarity, then, between the Fort-Da and the analysis of patients’ stories in the clinical setting, in which there are discursive dual actions that have to be

listened to and analyzed by the therapist, while a patient presents them as dual narratives. Currently, this has to be done from the same viewpoint, in which Freud observed the child's game. For Lacan, the beginning of symbolic activity in the subject is: "Through the word –which is already a presence made of absence– absence itself comes to be named in an original moment whose perpetual re-creation Freud's genius detected in a child's game. And for this articulated couple of presence and absence... a language [langue] is born, in which the world of things will situate itself" (2006 [1966], p. 228).

However, language is the key to analytical work in Lacanian theory. This is inferred by the research that Lacan achieved following Freud's works. At one point, Lacan mentioned that Freud stressed the idea of "unconscious thoughts" (2006 [1966], p. 215), which is accompanied by the concept of action (agency) of the subject. Lacan described that: "The unconscious is of the same nature of ideational functions" (ibid). It is by the use of words that the subject tells the analyst about his/her position in life. According to Lacan: "Word [is] realized in discourse that darts from mouth to mouth, conferring on the act of the subject who receives its message the meaning that makes the act of his history and gives it its truth" (ibid).

This refers to the constitution of the subject in Lacanian theory. What in analysis evokes that the subject of the unconscious is the effect of this absence "my history is marked by a blank or occupied by a lie" (ibid) and reproduced by the subject's symbolic activity. "The truth can be refund; most often it has already been written elsewhere" (ibid). It is important to point out that the action of the subject [agency] is in correlation with the presence of language in Lacan's works, which allows the subject a construction of his/her reality based on a vacuum, which holds the unreachable true [unknown] about him/herself. The imaginary reality is

constructed via patient's experiences, and the analyst has to interpret it from the exploration of dual scenarios, which also includes unconscious manifestations that are found in, for example, the symptom formation. As a corollary, Lacan stated: "Language is the condition of the unconscious" (Lacan, 2007 [1969-1970], p. 41), which means that it is in the unconscious manifestation of language [unconscious speech] that the subject is located.

It is for this reason that Lacan added that "the dream has the structure of a sentence" (Lacan, 2006 [1966], p. 221). The symptom becomes a manifestation of the language of the subject, which is masked and has to be rediscovered by the therapist. In this way, for Lacan "a symptom is itself structured like a language: a symptom is language from which speech must be delivered" (ibid, p. 223). This emphasized and justified why Lacan paid attention to the works of Saussure (2006 [1972]) that in his *Course in General Linguistics* included the concept of signifier. And, this is why for Lacan, a subject is a product of narratives and words that are there, outside the subject, before the beginning of his/her arrival into the lingual world. To continue, I will go into further detail, in order to show the importance of linguistics in the psychotherapeutic setting, my viewpoints in relation to this, and how dual narratives link with the value of the signifier. It is here that I would like to introduce this concept from Lacan's works in order to understand how dual symbolic components are articulated by the use of a dyadic functioning process.

a) The Signifier as a Symbolic Component

In order to understand the concept of signifier, it is a priority to comprehend that a signifier is different from a trace and from a sign. This is because a signifier has a meaning for a subject in relation to another signifier [within the linguistic chain]

while a trace and a sign could become, potentially, signified by the subject within a chain of signifiers.

A trace is a mark left over by an object, for example, an animal could leave a trace on a dune of sand. In his *Seminar XVI* (1968-1969), Lacan stated that the very same trace [residue] has the attribute of being “self sufficient” (Lacan, 1968-1969, [I] p, 23), meaning with this that the trace is not more than a mark left on that very dune. The difference is that it is the subject who signifies that mark [the trace], giving meaning to it within the chain of signifiers. The subject will explain [interpret] by the use of signifiers how the mark got to the dune of sand, what animal has left it, etc. Something similar happens with the sign. A sign could be defined for example as a “footstep on the beach’... “because it recorded a foot’s passage, indicating that a sign could be nonlinguistic and still communicative” (Pluth, 2007, p. 25). The most important issue here is that a sign obtains a meaning when the subject by the use of certain convention has used signifiers to define that particular sign.

Another example of this is given by Lacan when he mentioned the communication system of the bees. He stated: “... a code or signaling system”.... “... is distinguished from language precisely by the fixed correlation between its sign and the reality they signify”... “in a language[,] signs take on their value from their relations to each other in the lexical distribution of semantemes as much as in the positional, or even flectional, use of morphemes, in sharp contrast to the fixing of the coding used by bees” (Lacan, 2006 [1966], p. 245-246). Therefore, one can infer that this passage emphasizes what separates human language from animal communication. The natural world is full of the presence of traces, which are self-sufficient, and codes of communication that have fixed correlations between them and what they represent. The cultural world is a little bit different to this.

If one compares a sign with a signifier, the difference is that a sign bears a fixed meaning, while the signifier does not support this. The signifier appears to be more flexible in relation to meaning. This implies that a signifier could have more than one meaning for the subject, which then depends on the conventionality of the sign that is attached to social and cultural practices, in which the traditional codes have to be learned by the subject (Chandler, 2002).

The contrast between the sign and the signifier is that the signifier depends on its articulation with other signifiers in a linguistic chain. This is what Lacan called, in his *Seminar XVI*, the “inter-signifying relationship” (1968-1969, [I], p. 23) or the absolute difference of the signifier. He also stated that: “It is only by the way in which others [signifiers] differ from it [signifier] that the signifier is sustained” (1968-1969, [I], p. 172). It is the “One-missing” (Lacan, 1999 [1972-1973], p. 129) that marks this absolute difference. In other words; the One-missing of the signifier has to be interpreted as designated by set theory (which includes two sets: one set or universal collection of elements and another set, the null set, that contains no elements); or the One of the components, which has the same value of others, yet it has established an absolute difference (Wolf, 2003).

The innovative point of language in psychoanalysis is the idea of the pre-existence of a chain of signifiers before a child was born, which gives an existence [a subjective place] to the human being. Lacan prioritized the idea that the subject is “the slave of a discourse in the universal movement of which his place is already inscribed at his birth, if only in the form of his proper name” (Lacan, 2006 [1966], p. 414). This is because we are subjected to language. Language is outside the subject, even before we were born, and it also pre-determines us in a way, in which we are not aware. Language occupies a place as a ternary conception [nature, society and

culture] of the human existence. For Lacan society takes the place of language as a form by which the signifier is transmitted by “the Other [place of language] as the collection of all words and expressions in a language” (Fink, 1995, p. 5). In order to theorize this, Lacan adapted the notion of the “signifier” previously presented by the linguist Ferdinand de Saussure (2006 [1972]). This author’s work “introduced the terms ‘signifier’ and ‘signified’ as two elements of the sign: the signifier is the sound image of a word, and the signified the concept corresponding to it” (Wright, 2000, p. 3).

Saussure presented a diagram of the sign (see figure one), which is composed of a signified that is placed on top of an equation bar and under it one can find the signifier. The relation of signification is marked by the use of two vertical arrows on the side of the sign. Also, “they [signifier and signified] cannot be separated, and yet they cannot occupy the same place” (Bailly, 2009, p. 44). This related to the concept of the arbitrariness of the sign, which has opened up the debate around the one-to-one correspondence between the word and the thing. Saussure “argued that the relationship between the spoken word (signifier) and object (signified) is arbitrary and that meaning comes through the relationship between signs, which are for Saussure the union of signified and signifier” (McBride, sd., p. 1). This brings me to state that Saussure emphasized the arbitrary relationship between signifier and signified, while Lacan highlighted the absence of any arranged relationship between signifier and signified. He stated that between both of them there is a gap, “the signifier and the signified are not two sides of the same coin” (Billiet, 2009, p. 1).

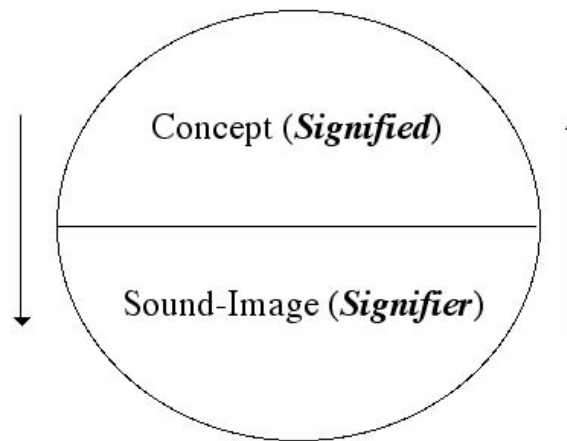


Figure One

Saussure: Diagram of the Sign

The problem with Saussure’s works was that the relationship between signifier and signified was seen as a rigid one. Bailly states that “Lacan must have noticed that Saussure’s formation of signifiers and signifiers corresponded with the term that Freud has already used in his writings ... the word representation... The German *Vorstellungen* allowed Freud to distinguish between the ‘ideas of things’ and the things themselves; Freud’s *Vorstellungrepräsentanzen* are therefore ‘representations of the ideas of things’ –not ‘representations of things’. This corresponds very well with signifiers (the symbolic representations) and their relationship with ‘signifieds’ (the ideas)” (2009, p. 44).

It might be for these reasons that Lacan inverted the Saussurean sign (see figure two), in which a capital S represents the signifier and a lower case italic *s* represents the signified. The S is allocated on top of a reinforced bar. The italic *s* is on the bottom of the bar. The Lacanian sign is also characterized by the reinforcement of the bar, which clarifies the controversial point of the arbitrariness of the sign. The bar in

this case means “resisting signification” (Lacan, 2006 [1966], p. 415). This strengthening of the barrier, in Bailly’s words means that “[the bar] suited Lacan’s purpose of emphasizing how the signified inevitably ‘slips beneath’ the signifier, resisting our attempts to delimit it” (Bailly, 2009, p. 45). In other words, “the signified concept is never actually captured in language, only hinted at, like a shadow proves the presence of a man, but never manages to show his face” (Mitchell, 2009, p. 19). This is because the relationship between signifier and signified is not fixed for the speaker but it is a subjective impasse along the linguistic chain (ibid).



Figure Two

Lacan: Inversion of the Saussurean Sign

In my viewpoint, this introduced the construction of a Lacanian concept, which is named at this particular time, “the letter”, and which represents the structure of the localized signifier that operates in a signifier chain, providing meaning (Franks). This notion subsequently will give place to other Lacanian ideas, such as, the gap in the chain of signifiers, the hole in the structure, the real and the “object petit *a*”. All these concepts, from my point of view, relate to the idea of an absence that is mediated by a *dyadic functioning process* within language [and mind]. This is because an absence represents a gap or a *linked signifier*, which intercepts two narratives, i.e. *the problem and the solution formed scenarios*.

In order to maintain my perspective, it is important to mention that “no

signification can be sustained except by reference to another signification” (Lacan, 2006 [1966], p. 415). This is because it is in the chain of signifiers [speech] that the signification will be captured. It is for this reason that Lacan stated “the signifier is first of all that which has a meaning effect” (Lacan, 1999 [1972-1973], p. 18).

This brings me to the meaning of the subject’s reality, which is based on the analysis of dual narratives and is offered to us as a *dyadic functioning process*, in which the subject is submerged. And, here, it is where the idea of the “letter”, in Lacan’s works, shows its theoretical support. This is because the letter is a bridge between two narratives, or a gap that separates *the problem and the solution formed scenarios*. The letter for Lacan is “the essentially localized structure of the signifier” (Lacan, 2006 [1966], p. 418). And, also, Lacan, in his *Seminar XVI*, defined it as a constituted meaning without any signification on its own, a “loss of identity” (1968-1969, [I], p. 23).

This means that the letter is the element that facilitates the function of language and separates dual narratives. It represents the gap, the absence and the unspeakable horror of the dream of Irma’s injection, in which Freud saw the horrific image of the Lacanian real (Lacan, 2010). In Bailly’s words, the real is also expressed in, for example, a psychotic episode of a mother, who “killed two of her children because she ‘saw the devil in their eyes’. ‘Their eyes were black –not normally black –they were the devil’s black’ ” (2009, p. 100).

The function of the letter facilitates the binary inter-game of absence and presence, splitting the dual scenarios of the narrative of the patient. This is a fundamental function of language, which could be reflected onto the mind of the subject. I mean with this that I see the splitting as a property of language [and mind]. The same splitting of consciousness that in Freud’s works was the result of a trauma,

it is a basic property of language that is equivalent to a form of substitution operated between absence and presence. Lacan said about language: “This means that its units [signifiers] ... are subject to the twofold condition of being reduced to ultimate differential elements and of combining the latter to the laws of closed order” (Lacan 2006 [1966], p. 418), in which the correlation between signifiers will “provide the standard of any and every search for signification” (ibid).

The twofold condition allows this combination and facilitates signification by the use of laws. It is the very same dual function that is operated within *the dyadic functioning process*, which is observed in the clinic by the presentation of *the problem and the solution formed scenarios* of the narratives of the patient. This is how dual narratives link with the value of the signifier, which is based on its own function [a twofold one, which allows meaning].

The patient group also presented this dual function as ambivalent accounts, which are separated by a gap [*letter*]. The *letter* is also an absence that facilitates a presence, which in my perspective, is a dyadic one [dual narratives]. This is because there are two scenarios: one negative [problem form] and another one positive [solution form]. It is for this reason that, “the signifier serves [répond à] the function of representing the signified, or better, that the signifier has to justify [répondre de] its existence in terms of any signification whatsoever” (Lacan, 2006 [1966], p. 416). The absence facilitates the function of signifying, which in this case, is in an ambivalent descriptive form.

The Lacanian phrase “a signifier is what represents the subject to another signifier” (Lacan, 2006 [1966], p. 694) attempts to express that the subject is mediated by the signifier. The subject is the product of this interaction between two signifiers, which attributes meaning to his/her existence. I am what I am, depending

on the interaction of these two elements that are articulated in a chain of signifiers. This reciprocal action of these signifiers has been given through the presence of the Other [language], which has been included in the narratives that have reached me [via the imaginary other], during my experience of becoming a speaker of a certain language. I believe that language is external to the subject despite the fact that the subject is embedded in it. In my viewpoint, language, in fact, is incorporated in the mind of the subject via the social and cultural systems with the support of our functional brain. Lacan shows this perfectly well in “The instance of the Letter in the Unconscious” when he mentioned the example of “the laws of urinary segregation” (Lacan, 2006 [1966], p. 417) (see figure three).

This observation emphasized the articulation of two elements: the signifier and the signified, which are presented in a set of components. There were two similar doors, “twin doors that symbolize ... the laws of urinary segregation” (Lacan, 2006 [1966], p. 417) which are only differentiated by the signifier that is on top of the bar. Yet, Lacan wanted to demonstrate that the subject attributes signification during the election of one of these elements [ladies or gentlemen]. The example stated: “A train arrives at the station. A little boy and a little girl, brother and sister, are seated across from each other in a compartment next to the outside window that provides a view of the station platform building going by as the train comes to stop. “Look”, says the brother, “we’re in Ladies!” “Imbecile!” replies his sister, ‘Don’t you see we’re at Gentlemen’.” (ibid).

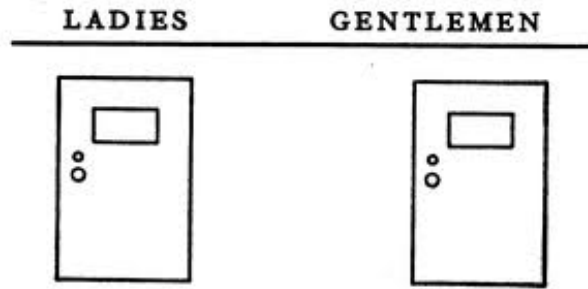


Figure Three

Illustration: The Laws of Urinary Segregation

I would like to add that this activity [agency] of selection between the two doors, which is an unconscious choice of the subject, the little brother or sister in this case, is also limited by the presence of the Other, who has facilitated the subject's position in life and the election of elements [objects] by the introduction of narratives within the imaginary others. For Lacan, "language, with its structure, exists prior to each subject's entry into it at a certain moment in his development" (Lacan, 2006 [1966], p. 413). It is also important to say that we make use of the symbol by the use of our gaze. The expression "the outside window that provides a view" (Lacan, 2006 [1966], p. 417) incorporates the possibility of signification via the comparison of dual symbols. It is in this way that we 'view and construct the world' by 'cutting up realities' with the use of our eyes [organs], our gaze [function] and also our senses.

The case of the man of the tiger's claws shows the inter-game of signifiers by the opposition of two words [*camión*] lorry and [*camioneta*] van. It is by the symbolic action transmitted to the subject that the human being acquires a subjective position, which is based on the differentiation between two elements, such as words or representations, phrases, statements or sentences. These expressions are coming from an imaginary other but, in fact, they reincarnate a repeated form of the symbolic place

of the Other [society].

My hypothesis in relation to this clinical observation was that the *foundations of sexual identity* were supported by narratives, which are presented by two oppositional terms or components. This is equivalent to say that the subject is positioned and has positioned him/herself in relation to pre-determined narratives, which show an ambivalent relationship between elements. This relates to the role of the therapist who has to listen to the foundations of the ontological sexual identity of the patient in order to unveil the subjective position of the patient. Ambivalence, here, was stated as a subjective question: Am I a man [*camion* = lorry] or a woman [*camioneta* = van]? This means that the therapist has to work with the ambivalent situation of the client, which might be presented as a question about his/her ontological place.

It is in the ambivalence that “the sliding of signified under the signifier” (Lacan, 2006 [1966], p. 419) attributes a “twofold flood” of continuous action [agency] creating an illusion of “undecided” reality for the subject, who supports a question: Am I this or that? The concept of the signifier is fully embedded in Lacan’s theory, but with it, the idea of subject and agency are also integrated. Subjects for Lacan are the products of language and sexuality, which disrupt, at times, the life of the subject (Phillips, 1997). Also, the idea of agency is in parallel with the subjection of the human being to certain narratives, which also form part of the previously incorporated structures. This entails the idea of agency as “situated outside of the conscious subject’s domain” (Pluth, 2007, p. 3) because the subject supports the illusion that his/her choices are based on his/her own freedom. In fact, his/her freedom of choice is controlled by the previous relationship that the subject had established with the signifier via his/her imaginary others.

b) Metaphor and Metonymy as Functional Processes

The notions of metaphor and metonymy were taken by Lacan from the works of Roman Jakobson. Lacan agreed that “the mechanisms described by Freud as those of the primary process, by which the unconscious is governed, correspond exactly to the functions this school of linguistics believes determine the most radical axes of the effects of language, namely metaphor and metonymy” (2006 [1966], p. 676- 677). It is for this reason that Muller and Richardson argued that Lacan accepted from Roman Jakobson certain linguistic principles that were associated with psychoanalytical ideas. These functional principles take into consideration that “signifiers relate to each other along either an axis of ‘combination’ or an axis of ‘selection’, the former making possible what rhetoricians call ‘metonymy’, the latter what they call ‘metaphor’ ” (Muller & Richardson, 1988, p. 56).

In relation to psychoanalytical concepts, metaphor represents the phenomena of *substitution* of one element (signifier) for another. Freud named ‘condensation’ also the phenomena of selection during the dream work (Freud, 1900a). A Lacanian example is the construction of the metaphor of “the name of the father” (Lacan, 2006 [1966], p. 230), which represents the function of the person who supports that role.

In metonymy, there is a transfer of a name or an attribute from one thing to another, depending on certain characteristics that are involved in the construction of a sentence. This designates “the effect with the cause, the whole with a part [and] the contents with its container” (International Dictionary of Psychoanalysis, 2011). Metonymy, within a psychoanalytical perspective, is associated with the notion of ‘displacement’. An example would be "a sail on the horizon" for "a ship on the horizon” (ibid). It is because of this dyadic function of metaphor and metonymy that “the unconscious is structured like a language” (Lacan, 2004 [1973], p.149)

As a consequence of the phenomena of metaphor and metonymy, Lacan thought in terms of equivalences between the functions of language and dreams, meaning with this that dreams behave in the same way as language [chain of signifiers]. Therefore, one can infer that the mind, which is embedded within language, forms dreams via the conscious and the unconscious, and supports a same kind of basic activity, which is this dual function between the signifier and the signified via mechanisms of displacement and substitution.

This is equivalent to saying that language and mind are integrated by having the same kind of functions. This is demonstrated by the symbolic activity of the subject because he/she presents in the clinical setting with a scission of consciousness (Freud, 1894a) and also the patient group presents with a split narrative. So it is that the mind uses the functions of language as a *support* that leads a way, for the subject, to build his psyche, which is also a functional construction.

The function of language supports the mind as if it was also created by a metaphor and a metonymy. Lacan specified “Metaphor’s creative sparks...flashes between two signifiers, one of which has replaced the other by taking the other’s place in the signifying chain, the occulted signifier remaining present by virtue of its (metonymic) connection to the rest of the chain” (Lacan, 2006 [1966], p. 422).

This characteristic in which there is a replacement of one signifier by another, which maintains a hidden element [absent], is also observed in sentences and narratives. In the patient group, the split of elements between negative and positive values of the linguistic components [signifiers] constitutes a state of mind that, at times, presents as a conflict for the subject. As a result of this, one can infer that Lacan mentioned that there is a split of feelings between positive and negative elements, when he talked about desire. Lacan in his *Seminar VI* stated that: “desire ...

currently employed as affectivity, as a positive or negative sentiment” (Lacan, 1958-1959, p. 3).

This links with the fact that dyadic narratives are also composed of two groups of thoughts: one negative that is included in the *problem formed scenario*, and one positive, articulated in the *solution formed scenario*. This connects with patient’s feelings and with the fact that it portrays the scission of the mind of the subject observed in Klein’s (1997, 1998) bad and good objects, which allows for the articulation of the paranoid-schizoid and the depressive positions (ibid). The scission of the mind is an equivalent function also observed in the split of dual narratives as a dyadic functioning process.

I want to mention that these affective components, which are grouped into two categories, forming a negative [*problem formed scenario*] and a positive [*solution formed scenario*] group of thoughts, are presented at different levels of dual narratives, depending on the grade of integration [insight] of elements in the subject. The split also relates to a subject’s experiences: favourable experiences might integrate positive elements, while fatalistic ones [traumas] might increase negative thinking and dissociation. Yet, damaging elements bring us to the notion of trauma, which in Lacan is also connected with the “real” that is actually the absence. It is for this reason that the effects of a threat re-signifies “the real” castration [absence], triggering anxiety (Ayerza, sd.).

A traumatic experience recapitulates in the subject the supposed primary contact with the real, which re-enacts feelings of anxiety and emptiness [absence]. “The real, therefore, does not *exist*, since it precedes language... [it] is perhaps best understood as that which has not yet been symbolized, remains to be symbolized” (Fink, 1995, p. 25). The patient group presents the split of narratives and mind, which are also

attributed to traumatic early experiences. Some of the patients from the patient group stated that they went through experiences of abuse during their childhood. This recaptures the absence [real], which produces anxiety and difficulties in the ways that patients communicate [symbolize] their personal reality.

The most important issue about the real, which remains to be symbolized, is that the work of the therapist is “to intervene in the patient’s real” (ibid) via the symbolic, integrating the negative with the positive ways of thinking of the patient. The real includes also the idea of trauma as “one of the faces of the real” (ibid, p. 26). Therefore, the traumatic experience of the subject is this lack of being that connects us with that primordial time, where language or the symbolic order was absent. This is a twofold experience because it includes the subject’s traumatic situations, which are actually experienced by him/her signifying the real, which is currently lost: “object *a*: cause of desire” (ibid, p.vi).

This real in Lacan’s works is seen as an element by which “the subject adopts a stance of primal experience of pleasure [positive] and pain [negative]” (ibid, xii). The human being becomes a subject within this dual interaction with the real, which is characterized by “attraction and defense” (ibid), facilitating the entry into the symbolic order. This experience is overwhelming and excessively disgusting (*jouissance*) for the subject. *Jouissance* is also twofold. It is for this reason that, on the one hand, *jouissance* relates to the “traumatic encounter with the Other’s desire” (ibid), which in fact is also an absence, a hole. On the other hand, *jouissance* produces pleasure for the subject, which relates to repetition and impossibility of conscious action [agency]. This is what we observed in chapter one with the unconscious agency of the subject, which was interfering with the possibility of performing the patient’s conscious agency.

However, the subject is immersed in a symbolic world [language] via imaginary others [parents], affected by the real that allows certain imaginary constructions [illusions], which are based on an absence [real] and a presence [substitutes] of signifiers within the chain. The metonymic articulation of signifiers will facilitate the subject's inscription of a desire. This is based on the desire of the others (for example, parents) that connects us with the desire of the Other, which is also an absence that allows for the possibility of language and the contingency movement of signifiers via metonymy, and the substitution of elements via metaphor, within the chain. This is what succinctly characterizes the three registers in Lacan: the symbolic, the imaginary and the real. For Bailly, "Lacan's Subject is ... abstract – it exists 'out there' like a force-field within a universal matrix. The Real, Symbolic and Imaginary are properties of this matrix and are in every phenomenon associated with the human mind: they provide a framework for the understanding of the normal functioning of the mind, of psychopathology, and also of all human institutions and creations" (2009, p. 88).

Nevertheless, the function of the real or *the letter* is to represent the existence of the unconscious by the materialization of language and dreams via condensation [substitution] and displacement [contiguity]. This is because the barrier, which separates signifier from signified and also the conscious from the unconscious allows signification. The same barrier splits narratives, producing positive and negative components of the discourse of the subject. The dream has the "same literating structure in which the signifier is articulated and analyzed in discourse" (Lacan, 2006, [1966], p. 424). It is for this reason that the signifiers of dreams represent something else, which is repressed via a mechanism of substitution that supports the same very absence.

Yet, this absence, in fact, is an absence of being, allocated beyond the imaginary function of thinking for the subject. In his *Seminar IX*, Lacan mentioned that the action of thinking starts from the unconscious that holds a gap, an absence in being, or an engine of the signifier's chain. This puts forward the idea that thinking is a "small economic model of action... [a] ... perfectly efficacious mode [symbolic effectiveness of the unconscious] ... that is sufficient to itself" (Lacan, 1961-1962, [I], p. 8). Thinking is a fundamental activity of the ego supported by the symbolic function of the subject, in which the bedrock is that absence [lack of knowledge- the "real" truth of the subject] that triggers the philosophical cogito in a form of a question: To be or not to be?

This ambivalent question recreated by Shakespeare in 'Hamlet' that positions the subject between two elements separated by a vacuum [to be] or [not to be], where the signifier [or] represents the absence. This allows the subject to formulate the very question about his/her existence. This question is formulated by the help of a functional process [the dyadic functioning process], which is a fundamental duality that gives rise to all other imaginary and symbolic dualities. The dyadic functioning process is beyond the imaginary and symbolic register and sustains the subject in a place in which the ambivalence [duality] is presented.

In the patient group the ambivalent elements are perceived as extreme. The role of the therapist is to normalize this ambivalence in which the patient will be able to observe that the opposite dual components are integrated as a sequence of continuity between the signifier and the signified. The dyadic functioning process is a fundamental dual system because it reincarnates the functional process of the mind and the language of the subject. And it generates the other symbolic and imaginary dualities because they are the material, which allows the function to operate, making

sense and placing the subject in a certain subjective place in life. This is supported by previous narratives, early events and traumatic situations that are intertwined within the existence of the subject, forming a continuum temporal and unique subjective sequence, which is the subjective structure.

Similarities are found in clinical settings, when patients tell us the repeated story of a child that was placed between the two narratives of his/her parents. The father would not allow [prohibition] the child to do certain actions, while the mother was secretly condescending to the father's prohibition asking the child to wait for his father to go, in order for him/her to perform his/her desire. The gap between these two messages [the father's and the mother's] allows a certain agency for the subject, in which the operation of prohibition acts as a separator between one narrative and the other, facilitating a space (absence) for the creativity of the subject (agency) with the subsequent irresolute position for him/herself.

The account of the mother facilitates in the child a possibility of action in comparison to the father's story, which carries out a prohibition, and therefore, an impossibility of agency for the child. In addition, the young man of the story might perform his/her act, which, in fact, is doubtless or ambivalent [to do it? Or, not to do it?] because of this dichotomy of the narratives: "My mother allowed me to do it but my father would punish me if he finds out". For Lacan "the philosophical cogito is at the center of the mirage [illusion] that renders modern man so sure of being himself in his uncertainties" (Lacan, 2006, [1966], p. 430).

This un-sureness relates to the dyadic position, in which the subject is immersed, contradicting the philosophical cogito. It is for this reason that Descartes's phrase: "I am thinking therefore I am" (cogito ergo sum), in Lacan's theory does not only represent a function of the ego but also indirectly transports us to the function of

the subject. A function that is mediated by the imaginary others [parents of the child] in contact with the Other that prohibits and prescribes the actions [agency] of the subject.

This is viewed by Lacan as: “I am thinking where I am not, therefore, I am where I am not thinking” (Lacan, 2006 [1966], p. 430), because a subject is there, where he/she is not aware of his mental processes (in the unconscious). The action of thinking relates to an ego state while the unconscious mechanisms are expressed in, for example, the dreams, which show the activity [agency] of the unconscious subject. Lacan emphasized language as the interplay of signifiers; therefore, it is not difficult to understand that the mechanisms behind language will influence the way that the subject and his/her agency [action] are conceived in Lacanian theory. He populates his works with the ideas that metaphor and metonymy are the precursors of certain ‘findings’ in the analytical situation. When Lacan informed us about the drive, he placed an interrelationship between substitutions of energy in the metonymical production of a metaphor (ibid).

One can state that the interplay of signifiers is also observed in the ambivalent situation of the previously presented Freudian cases and in the patient group in which the ontological place of the subject is questioned by a doubtful situation. My hypothesis was that ambivalence was reincarnated in dual narratives maintaining an ontological account of the subject. This gave as a result a subject who was positioned by others and who has positioned him/herself in a unique place, which gives him/her a subjective identity. At times, the ambivalence is very extreme and the subject by the help of the therapist has to review his/her subjective position in order to see the world in a less extreme way. This is because the exacerbated ambivalence causes feelings of uneasiness or anxiety to the subject. This means that the therapeutic role is the

normalization of the split of mind and language, which was exacerbated, possibly, by a trauma or previous early experiences.

4) The Mirror Stage and Beyond the Imaginary Ambivalence

I would like to discuss the Lacanian theoretical construction of “The Mirror Stage”. I want to do so, because I believe that this notion is important in order to describe how the subject is structured by the presence of the Other. And, also, how the deconstruction of dual narratives could be intersected within the notion of the Other, as a place of narratives.

“The Mirror Stage” was first presented at the International Psychoanalytical Congress in Marienbad in 1936. In *Ecrits* (2006 [1966]), Lacan stated that the child “recognize[s] his own image as such in a mirror” (ibid, p. 75). And, this relates to the fact that the *reality is duplicated by the action*, which includes the elements outside the child and the child’s own body (ibid).

Lacan observed that this situation was within the context of identifications because the child fixed his/her own image in his mind, while experiencing a satisfactory view of him/herself in the mirror. I want to discuss, here, a paragraph from Lacan’s works that I believe is basic to understand the construction of the mind of the subject. This also relates to my ideas that a *dyadic functioning process* amalgamates language and mind. Lacan stated that “the jubilant assumption [*assomption*] of his specular image by the kind of being ... seems to me to manifest in an exemplary situation the *symbolic matrix* in which the *I* is precipitated in a primordial form, prior to being objectified in the dialectical of identification with the other, and before language restores to it, in the universal its function as subject” (Lacan, 2006 [1966], p. 76, italics are mine).

I understand, here, that the duplication in the mirror of the image of the child, stamps for the first time within the internal world of the subject, the presence of the first representation that the child finds of him/herself in the mirror. This is due to the presence of the other [mother] who names the child in front of the mirror. This name is imprinted over an internal “symbolic matrix” (ibid) [mind] that also supports further inscriptions of symbolic elements [signifiers].

This is a primary function in the constitution of the mind of the subject, which integrates language within a “symbolic matrix” (ibid). Also, this constitutes in Lacan’s theory, the imaginary articulation of the subject which Lacan mentioned in the inscription of an “*I*” and also an “*ideal I*” as “the rootstock of secondary identifications” (ibid, p. 76), during the mirror stage. This is because we construct our realities based on the imaginary presence of the other that is also a specular representation of ourselves. Lacan mentioned, here, that reality “duplicates” (ibid, p. 75) or that the mirror involves the “appearance of doubles” (ibid, p. 77). In my opinion, the dual relationship between the subject and the other also establishes an imaginary interaction [reflection], which triggers the *dyadic functioning process*. This is because the subject internalizes a dual pattern of interaction between him/her and the imaginary other.

Lacan also introduced the idea that “the total form of his body” (ibid), which “freezes it and [is] in a *symmetry that reverses*” (ibid, italics are mine) that “is more constitutive than constituted” (ibid). This is an important element in Lacan’s theory, which relates to the optical mechanism of vision applied to the symbol. It is here, that what reverses from the image in the mirror comes back, giving the subject an inverted message. The expression “the sender receives his own message back from the receiver in an inverted form” (Lacan, 2006 [1966], p. 246) presents the imaginary place of the

other as a base for symbolic activity, which gives the subject an identity.

However, it is fundamental to mention that Lacan, in “The Mirror Stage”, mentioned certain ideas of the child as a “sense of unity and wholeness” (Moran, 1993, p. 123) meaning “that at the mirror stage, an imaginary mastery is set up” (ibid). The body is constructed from a “fragmented image” (Lacan, 2006 [1966], p. 78) to an “orthopedic form of its totality” (ibid) within an alienated structure. The child becomes alienated to the Other, and therefore he/she presents a question: “Ché vuoi? What do you want? The question posed to the other of what he wants” (Lacan, 1958-1959, p. 12) that is, in fact, an enigma to the Other’s desire. This is a demand from the Other that the child simply cannot answer. This absolute demand is, in fact, what Lacan called the Other’s desire. It is for this reason that the place of the Other generates and carries on an incessant ‘lack’, which is called desire (Klages, 2001).

Yet, the idea of a place for the subject [ideal ego] also comes along with the introjection of the figure of the father [Other], in which the actions of the subject are seen by the Other and happen within the Other’s scope. “Indeed, the actions are for the Other, even when they appear to be against the Other” (Pluth, 2007, p. 53), such as in the case of the suicidal daughter. This is because the specular identifications are based on that primary moment, “desirable and destructive at the same time” (Lacan, 1960-1961, [XXIV], p. 10), which “is the very place where the subject at that moment identifies himself, sustains this identification to this image [other]” (ibid)

In addition, the child not only gets a name but also “*l’assentiment de l’Autre*”, the approval of the Other and by certain expressions, the other assents to what the child’s position in life takes. It is in this way that the child finds a place in the symbolic Other. The case of the man of the tiger’s claws shows this perfectly well, despite my patient being unhappy with his position in life. This was because he felt

that his father positioned him in a feminine place. As a consequence of this, I believe that a deconstruction of the case of the man of the tiger's claws is a good place to observe how dual narratives could be intersected within the space of the Other.

The narrative of my patient shows that when he was a child he constructed the game of "the tiger's claws" that ended up changing into a set of nail extensions by the presence of a new meaning given by the father (Other's discourse). One can say that the subject unconsciously accepted the feminine position, when these new binary signifiers [*camión*] lorry and [*camioneta*] van, changed the meaning of his game. This operates at the level of dual narratives, in which a *dyadic functioning process* deals with these two signifiers that are associated with two [extreme] different meanings. One of them is feminine and the other one is masculine, which is retroactively observed in the therapeutic setting.

This has left an unchangeable scar in the sexuality of the subject. It is like a lesion, which marks his/her existence and sexuality, giving him a role, in which the presence of the Other's discourse had placed this subject. Therefore, there is no possibility of total agency for the subject after being sexually placed by the Other's discourse. Yet, there is a subjective position or a place for the subject. Also, there is a set of symbols, which had acquired a stronger meaning for this subject. These components remain as a dyadic set of signifiers, functioning within the symbolic world [symbolic matrix] of this patient, which are organized by a certain *quality* [duality] that represents a sexual difference by the use of a representational dual system: binary pair.

In this case, the patient during his narrative brings up a first symbolic formation, which is based on the building up of the fantasy: "I am like a tiger; I have claws like a tiger". This is materialized by the production of the game through the child's activity,

which was the construction of “the tiger’s claws” made of papier-mâché. Therefore, the action of the subject [agency], which I will name in this instance the *solution formed activity* has the purpose to construct by the use of the game and its narrative a materialized moment within the sexual identity of the subject. This is an attempt that the child performed as a solution. One can also ask why this child had previously constructed this kind of narrative by the use of the game. I will move forward to this soon. Also, my patient, while he was a child, had incorporated and appropriated his father’s narrative, which are today a part of his sexual identity. Another child may not have accepted this and rebelled against this feminine position attributed to him by the father’s discourse.

This patient as a child attempted to show his father his masculine role by the presentation of the *solution formed activity*, which included being strong as if he was a tiger. Unsuccessfully, the father did not understand the child’s game. One can question oneself, why this father did not comprehend his child’s game and “acted out” his internal ways of perceiving the situation. From a biological perspective, a possible answer would be that the child was already showing certain feminine characteristics due to, for example, different levels of testosterone within his body, which is supported by certain research in which “the levels of circulating sex hormones play a role in influencing brain function and behavior” (Harding & Luine, 1994, p. 1). Another answer would be that there was something about this father that had to be projected onto the game of his own child. Melanie Klein (1946) mentioned these processes as projective mechanisms, in which a portion of the self or internal object is split off and projected into an external object. Yet, the idea of sexuality comes into being, here, by the convergence of biological, social and psychological factors. It is the subject, due to language, that signifies his/her own sexuality by being a recipient

of the narrative of the big Other (father in this case).

Language helps us to symbolize our own sexuality despite our inherited characters, which can always play a part in the make-up of any subject. In fact, it is the narrative of my patient's father, which leaves an unchangeable scar within the client's sexual identity. This is because the imposed narrative is presented as a *problem formed activity* by my patient's father and incorporated by the child into his internal world as a *problem formed scenario*. Therefore, the meaning of the phrase: "See, one of my children has turned out to be a van and the other one a lorry", has the oppositional value and the quality of these two elements which are: the van (*camioneta* = feminine element) and the lorry (*camión* = masculine component).

Also, this is a problem for this father, who expressed his concerns and acceptance of the situation to his colleague by the use of his account, or who continuously repeats this difference between his children to others. This forms a dyadic set of elements [van and lorry], which were already circulating within the symbolic matrix or surface of the subject's mind. Yet, in this case, the quality and the value of the different words have a new resonance for my client and obviously they limited and subscribed my patient's sexuality in comparison with his brother's sexual identity.

It is important to observe how the presentation of action [agency] is constructed within these two moments, which are the *solution and the problem formed activities* of the subject's narrative. The *problem formed activity* is imposed on the subject by language, while the *solution formed activity* is an attempt by the subject to solve the problem. This is a *deconstruction* of my previously presented *problem and solution formed scenarios*. It was the problem scenarios, which included unconscious elements. The subject felt uneasy about the impossibility or incapacitation of action

and this was a demand for analysis. This is because the imposed *problem formed activity* is equivalent to the *problem formed scenario* via the incorporation of narratives. Now, one can say that solving the problem relates to a *problem activity*, which has been imposed by language or even reinforced, in this case, by the father [other] of my patient. Therefore, because of this imposition, agency becomes impossibility on the part of the subject. There is an obstacle on the subject's agency, which presents negative elements that have to be negotiated or understood by the patient in a problem solving way, during therapy.

My hypothesis in this case was that the foundations of sexual identity were supported by narratives. Here, it is important to add that dual narratives also show how the subject has accepted or rejected the subjective place allocated to him/her by the other [Other], which also unfolds feelings of uneasiness. This is demonstrated when the patient mentioned that he felt very angry with his father when he remembers the account of the episode despite his acceptance of the subjective position. In the clinical observation of the suicidal daughter one can observe the rejection of the place allocated to her by the imaginary other. This is also demonstrated in her constant fight with the imago of the father, rejecting the control from him and assuming a control via her acting outs. Ambivalence here is what makes her feel anxious and suicidal.

Once again, in the 1950's Lacan presented the idea that universality was within a whole structure, making possible the combination of elements [signifiers]. There was mention that symbolic agencies function in the society from the start of language within humanity (Lacan, 1991 [1954-1955]). This makes one associate the idea of universality with a pre-determination, but overall, with the notion of agency within a structurally symbolic order. The subject enters into the symbolic order, which pre-existed him/her as a symbolic activity [agency] that is transmitted in a recursive way,

facilitating combination of elements. This is presented during a discussion, in *Seminar II* of Lacan's works, in which the issues about universality and contingency were taken into consideration. In fact, the ideas of universal and contingent are associated with the symbolic universe [structure]. It is in this way that "there is nothing which is concretely realized as universal. And yet as soon as any symbolic system is formed, straightaway it is, *de jure*, a universal as such" (1991 [1954-1955], p. 33). The contingent choices of mankind [free-will] are what separated nature from culture, which are the product of a universal symbolic world (ibid).

In my opinion contingency is also what allows for individual differences within a universal "symbolic matrix". Yet, universality, in fact, associates with the idea of a 'lack' in the structure of the symbolic matrix. Once again, Lacan stated "a signifier as being what represents a subject for another signifier" (Lacan, 1968-1969, [I], p. 22). This passage reminds us that the subject is produced by the dual existence of two signifiers, a pair of signifiers, which are divided by an absence or gap. This is a binary pair that supports not only opposition and difference but also a place for the subject. Without the binary pair of, for example, feminine-masculine, there would not be a subject, or even a choice for a subject. Butler mentioned that sexual identities are constructions based on a "sense of *constitutedness* and *constraint*" (Butler, 1993, p. 93). In fact, for her "the notions of 'choice and 'free play' appear not only foreign, but [also] unthinkable and sometimes even cruel" (ibid). This is because she sees the poles of the binary pair [signifiers] as two extreme choices, which constrain the subject. Based on that, her position is a fight for freedom, in which "identifications are multiple and contestatory" (ibid, p. 99).

In fact, Lacan emphasized that "the unconscious is structured like a language" (Lacan, 2004 [1973], p.149). This supposes that "the reality of the unconscious is

sexual reality” (ibid, p. 150) because there is a relationship between “the enigma of sexuality and the play of the signifier” (ibid, p. 151). And this is what I maintained, when I mentioned the *dyadic functioning process*, in which the twofold existence of the binary pair allows the position of the subject, based on predetermined narratives and a sexual identity, which also includes a place between the binary signifiers. This is not an extreme position but a negotiation between two poles of the scale: feminine and masculine.

The case of the Austrian female patient shows how the ontological question about her sexual identity places her and she places herself in an ambivalent situation. My hypothesis, here, was that sexuality is presented as an ambivalent question, which is exacerbated [extreme position] in the patient group, increasing negativism and questioning the ontological place of the subject. The role of the therapist is to help the patient to see the exacerbate duality in a different light, accepting that “the all or nothing” (Burns, 1980, p. 8) is not the best way to deal with a healthy reality that is based on middle points or a continuum of both concepts.

To continue, I will introduce the Lacanian Schema L, in order to continue with the analysis of the concept of the *quality* of the mind and the language of the subject. This includes the idea of a conscious/unconscious dual system [duality] “no longer conceptualized in terms of inner locations but in terms of qualities” (Dreher, 2000, p. 95). Therefore, this duality of the mind includes a quality, which sustains the concept of the psyche. The patient group exposed this qualitative attribute of the mind, which is extended to the narratives systems. As a consequence, I observed that in the patient group narratives became dual and I visualized that they were regulated by a dyadic functioning process, which was interpreted by me as the foundation [main duality] of the mind and the language of the subject. I also hypothesized that these systems [mind

and language] were also interacting with the brain and the perceptions [+senses] of the patient. It is for this reason that I envisaged a brain and a sensorial system [subjective perceptions] that were also controlled by a dyadic functioning process, creating a dynamic structure that fusions with the other subsystems within the structuration process of the subject.

5) Schema L: Quality as the Base for a Metaphor of the Mind

The introduction of Schema L (see figure four) was done for the first time in *Seminar II*, in the session entitled “Play of Writing” (1991 [1954-1955]). Lacan, in this diagram, introduced the relation between the subject and the Other. In other words, he indicated the existence of a link between the subject of the unconscious and the Other. For Lacan, “this schema signifies that the condition of the subject, S (neurosis or psychosis), depends on what unfolds in the Other, A. What unfolds there is articulated like a discourse (the unconscious is the Other’s discourse [discourse de l’Autre])” (2006 [1966], p. 458-459).

The schema illustrates the interaction between the imaginary and the symbolic world of the subject. And a relation amongst the subject and the Other that is mediated between the subject and his ego [a], which is in contact with the imaginary other [a’]. Consequently, the discursive interaction between the subject and the Other is always blocked by the imaginary relation of the ego [a] and the imaginary other [a’]. It is in this way that the patient talks by the use of his/her ego, which is affected by the production of the unconscious. This suggests that the fragments of the unconscious, such as dreams, slips or witticisms, are the discursive elements by which the subject unfolds.

The schema also shows the symbolic position of the analyst in the analytical

situation. An imaginary position of the therapist reinforces the ego, which means that the subjective production of the unconscious is not heard. This is what the therapist during dual narratives has to avoid, reinforcing the imaginary position. CBT works with this imaginary place of the subject via teaching and reinforcing skills without going deeply into the symbolic articulation of the subject's discourse. Chapter V will discuss the differences with other therapies, which apply analytical thoughts in association with CBT's ideas. This will be done in order to compare them with dual narratives.

Schema L also provides an idea of the inter-subjective and intra-subjective structure. This facilitates a representation of the subject in which it is said that the subject is allocated all over the schema [intra-subjective structure]. Also, there is a decentering position of the subject because he/she is affected [subjected] by the imaginary narrative of the imaginary other [inter-subjective structure].

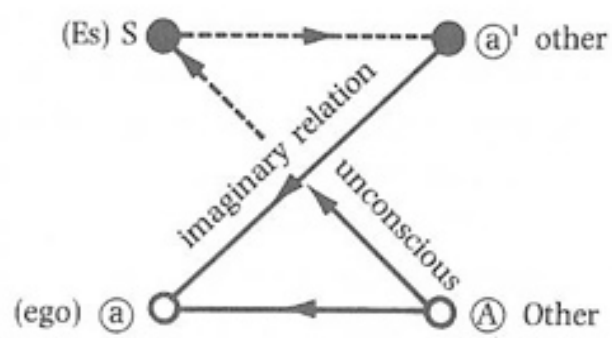


Figure Four

Lacan: Schema L

I would like to add, here, that it is also in "Play of Writing" that Lacan discussed the models of the mind in Freud being based on economic principles. Lacan mentioned that Freud, in the presentation of his ideas of the mind, talked about energy

[light] that “led [him] to identify quality as pertaining to the specialized apparatus” (1991 [1954-1955], p. 110). That “pure quality, that is, the external world seen as a simple reflection” (ibid), in fact, brings Freud to mention that consciousness is a “reflection of reality” (ibid).

Lacan developed his idea of consciousness as a reflection of reality. And, at the end of that same chapter, he continues emphasizing that Freud based his thoughts on this “co-naissance of reality” (ibid), which is noting more than a reflection of the external world. Here, Lacan introduces the idea of consciousness as an imaginary function of the ego. He suggested that: “Man gets to see this reflection from the point of view of the other” (Lacan, 1991 [1954-1955], p. 112).

In “On a Question Prior to Any Possible Treatment of Psychosis”, Lacan said that the idea of the “other” has never been heard within psychoanalytical circles. Yet, he mentioned that the possibility of a psychoanalytical subject is based on the existence of an “other”. He stated: “It is clear that psychoanalysis is possible only with a subject for whom there is an other!” (Lacan, 2006 [1966], p. 457). It is here, “On a Question Prior to Any Possible Treatment of Psychosis” that Lacan, again, presented the Schema L.

First of all, I would like to state that Lacan based the Schema L on this quality, which is the *product of a reflection* from the external world articulated by the imaginary function of the ego in the encounter with the “other”. Therefore, the parallel between Freud and Lacan is that idea of quality, which is a “reflection of reality” in Lacan’s mirror stage. And in Freud’s works, the concept of quality was associated with the properties of the mind in which ambivalence [duality of the mind] was a stake.

My viewpoint is that this quality is a characteristic of the mind, a reflection over

a “surface-differentiation” [mind]. This is because the child sees in the other [within the mirror stage] a reflection of his/her reality that is given by, for example the mother. That reflection [that the child experiences in the mirror stage] or that special quality that is attributed by the other to the child, is what places the child in a subjective position from which he/she will develop his/her existence as a subject. The most important issue here in relation to that quality, which could be understood as a reflection in the mirror of what the other sees in the child and what the child assimilates from this interaction, is the characteristic of installing a presence based on an absence.

This is repeated as a game in the Fort-Da (Freud, 1920g). The child’s game supports the dual quality of constructing an imaginary reality [the presence of the symbolic game] based on the absence of the mother. The reflection in the mirror is repeated in the game as a quality within the introjected interaction between the mother and the child that originated in the mirror stage. This operation is dual despite that is mediated by the Other [language], considering that the place of the Other could be the third element. This is because duality here is a functional process. This idea of duality moves us away from the Lacanian ideas in order to access the dual narratives’ perspective. This is because I envisage that there was a previous dyadic functioning process operating within the interaction between the imaginary other and the child. And also because there was a dual process which inscribed a presence based on an absence.

These thoughts extend the concept of agency in psychoanalysis because it includes a dyadic functioning process mediating between the imaginary presence of the mother and the child that supports the articulation of a presence based on an absence. The dyadic functioning process is the functional support that is beyond the

imaginary reflection and the symbolic articulation of elements. Therefore, I also see the idea of a quality, which was the product of a reflection in Lacan's works, as a *duality*. This was firstly based on Freud's works when he included his ideas of the conscious and unconscious series, which was a dual system embedded on qualities.

Previously, I have been discussing how this duality was also observed in the analytical clinic within the patient group, who presented with dual narratives. In relation to Lacan, it is in a man, who is a product of a reflection of the other, that he also observed the idea of consciousness as a transparent entity. He stated: "He is another for himself. This is what gives you the illusion that consciousness is transparent to itself. We aren't present, in the reflection; to see the reflection, we are in the consciousness of the other" (Lacan, 1991 [1954-1955], p. 112).

It is for this reason that my point of view is that the mind acts as a surface, in which the reflection of the "other" gives us an inverted image of ourselves. In addition, the surface-differentiation [mind] is dotted with a *quality*, which I believe is *duality*. This is due to the splitting of the mind found in Freud's works, which creates a dual system of the psyche [conscious and unconscious] and also due to the fact that narratives in the patient group are also found as dual. This is an exacerbated division of positive and negative account, which could be envisaged as also fractured but not in an extreme way in patients who are outside of the patient group [standard subjects]. This supports the symbolic function of the subject within a *dyadic functioning process*.

The idea of duality is also mentioned by Lacan in a similar way when he stated that in "The Mirror Stage", during the child's mimicry in front of the mirror, the youngster "gives rise to a series of gestures in which the playfully experiences the relationship between the movements made in the image and the reflected

environment, and between this virtual complex and *the reality it duplicates* –namely the child’s own body, and the persons and even things around him” (Lacan, 2006 [1966], p. 75, the italics are mine).

I believe that this facility of duplication is, in fact, a *dyadic functioning process* that operates from beyond and within the mind. I want to state with this that language and mind have the same characteristics because language also functions by the use of a dual processing. Yet, language is distinct from mind. Mind mediates the subject while language has captured and has been captured by the subject [agency], meaning with this that language is internal/external [*Innenwelt* and *Umwelt*]. This also relates to the “function of the mirror” (Lacan, 2006 [1966], p. 78), which is “to establish a relationship between an organism and its reality” (ibid).

All of these bring me to state a Lacanian phrase in which he seemed, metaphorically, to present a parallel function between the mind and the brain, when he stated that “the cerebral cortex which psychosurgical operations will lead us to regard [it] as the intra-organic mirror” (Lacan, 2006 [1966], p. 78). This makes me think of a ‘refection’ or a ‘quality’ that could be also shared between the brain [cerebral cortex] and the mind. It was previously stated that there was a similar ‘quality’ between language and mind due to the splitting of consciousness and narratives. Now, the result is a structure between the brain, mind and language [+senses] in which the shared property is the dyadic functioning process [as a dual quality] that repeats in every single subsystem.

Schema L also introduced the Freudian idea of the unconscious but in a totally different manner as it was observed by Freud, which associated with “the other scene”, the place beyond the ego. Here, it is the concept of the Other, which in Lacan occupies the place of language that is also the unconscious that pre-determines the

subject. Here, the subject becomes a divided subject who “is not synonymous with the idea of two subjects –a divided subject implies one subject who is split rather than two separate subjects” (Moran, 1993, p. 130).

This is what dual narratives are about, the fact that it is through the use of language [Other] that narratives are integrated within a subject, splitting him/her and promoting the question: Who am I? Am I this or that? Also, the subject speaks and is spoken to. In terms of agency, this appears to be attributed to the subject by the use of the word “speaks” and to the signifier, when one says that the subject is “spoken” (Moran, 1993). This brings me to locate the ambivalent structure of the signifier and the question [Am I this or that?], as an impasse of the recursivity of language within the *dyadic functioning process*.

Next, I will introduce “The Purloined Letter” in order to observe how the signifier is introduced into the subjective reality of the participants through an exchange of power and roles. This reinforced the disguising character of the signifier with was exposed in the case of the frustrated boxer with the ambivalent presentation of the criminal/perpetrators. This section on Lacan will show the parallels between Lacan’s ideas and dual narratives. This will be done in order to understand how language and narratives articulate in interplay of ambivalences, which at times make the subject feel uncomfortable in relation to his/her unconscious agency.

6) The Act of Purloining

In the “Seminar on The Purloined Letter”, Lacan (2006 [1966]) communicated that the “symbolic order is constitutive for the subject” (ibid, p. 7). Through the analysis of the story by Edgar Allan Poe he demonstrated that “the major determination the subject receives [comes] from the itinerary of a signifier” (ibid). For Lacan the

“signifier is a unique unit of being which, by its very nature, is the symbol of but an absence” (ibid, p. 17). Lacan’s analysis of the work of Edgar Allan Poe enlightened us with an inter-subjective game of symbolic value, in which he established that “the intersubjectivity module of the action that repeats, ...[is]... a repetition automatism in the sense that interests us in Freud’s works” (ibid, p.10). This is because the roles within the story are rotating depending on the position of the letter [signifier]. Symbolic activity is facilitated by the absence of the signifier and by its substitution within the characters of the story and their roles.

This tale, which is translated into French by Baudelaire as “La lettre volée” (the stolen letter) and presented by Lacan as dialectic of intersubjectivity (2006 [1966]) throws light on three dimensions: the imaginary, the symbolic and the real. First of all, the letter for Lacan is “the material medium [*support*] that concrete discourse borrows from language” (2006 [1966], p. 413).

I would like to briefly mention the two Lacanian moments of the story, here. The first scenario presented is that there was a letter that had been purloined (Lacan, 2006 [1966]), which reflects that “a secret correspondence is at stake” (Lacan, 1991 [1954-1955], p. 194) and who ever possesses the letter, holds a certain kind of power. This first moment coincides with the presentation of a scene between three characters: the King, the Queen and the minister. A letter has been “thrown indifferently on the table” (ibid). The minister thinks that this was an action by the Queen in order to dissimulate the presence of the letter “so that the King won’t notice it” (ibid). Therefore, the minister, who thinks that the letter contains a secret decided to replace it [to purloin it] with another one [*semblant*] that is in his pocket.

The second moment, includes the scene in which the stolen letter is recovered. The Queen reported the situation to the police who searched the house of the minister

because he had perpetrated the action of taking it [or stealing it]. Now, the letter is supposed to be hidden but, in fact, it is in a very obvious place, in which the police would not find it because the destiny of the police “is to find nothing, find nothing” (Lacan, 1991 [1954-1955], p. 195). The police were looking for a hidden letter while this particular one was exposed in a very obvious place. It is only inspector Dupin, who looks within easy reach [in the most perceptible location] and finds it, taking and replacing it for an imitation [*semblant*].

The most important point of this story is the value that the letter confers to the characters of the story. The secret that the narrative conveys ascribes different power relations in an inter-subjective game. Muller and Richardson (1988) added a third moment to the Lacanian interpretation of the tale, in which the symbolic situation is not only perceived by Dupin. Therefore, “It is the analyst’s (Lacan’s) function to discern for us the symbolic structure of the entire tale and to reveal its importance for psychoanalysis” (Muller & Richardson 1988, p. 62).

In his analysis, Lacan mentioned that the story supports an action [agency] that is not perceived by the audience. It is in the dialectic inter-game of three subjective roles that one can discover a hidden activity, which is exposed by the use of an analytical observation. Lacan stated that “the action would remain, strictly speaking, invisible to the audience –aside from the fact that the dialogue would be expressly and by dramatic necessity devoid of whatever meaning it might have for a listener” (2006 [1966], p. 7).

This latest paragraph presents a similarity with my ideas of dual narratives. This is because there is an action (agency) that is not perceived by others who are outside the therapeutic arena. The case of the frustrated boxer shows the ambivalence of criminals and victims, which could be presented as a standard form of discourse. Yet,

in fact, the dual scenario unfolds the subjective position of the patient, which varies between having a criminal attitude [getting a gun and become a boxer] and being a victim [taking the place of his father, work for his family and use the gun to kill himself]. This in fact shows the extreme ways to view the world that are invisible to the audience. My hypothesis, here, was that a dual narratives system exposes the fact that language deceives and disguises the subject's identity. Therefore, imaginary others are not aware of the subjective position of the subject. This is similar to what Lacan presented in "The Purloined Letter" when imaginary others could not find the letter, which was exposed and hidden. It is only the analytical eye of Dupin who sees it.

Here, I would like to go back to "The Purloined Letter", in which Lacan cited three subjective positions within the two moments of the story. He also mentioned that the second scene is a repetition of the primal one (2006 [1966], p. 7). In addition, there is an "intersubjectivity module of the action that repeats" in the story (ibid, p. 10). In Lacan's analysis this refers to three moments in the exchange of roles, which are associated with an action. He stated: "The first is based on a glance that sees nothing: the King and the police. The second is based on a glance which sees that the first sees nothing and deceives itself into thereby believing to be covered by what it hides: the Queen and then the Minister. The third is based on a glance which sees that the first two glances leave what must be hidden uncovered to whomever would seize it: the Minister and finally Dupin" (ibid, p. 10).

Once again, the subject repeats certain roles based on, for example, the action of seeing, which shows the "intersubjective module of the action that repeats" (ibid, p. 10). Lacan added that "we must now indicate in it a repetition automatism in the sense that interests us in Freud's work" (ibid, p.10). He introduced the phrase of *la*

politique de l'autruiche, which relates to a mechanism of the ostrich, who in situations of danger introduces its head into the sand letting others to pluck his bottom. Lacan attributed to this phrase an “everlasting meaning” (ibid, p. 10) in the intersubjectivity complex because different roles are distributed within the intersubjective situation. Lacan mentioned that: “For this technique might finally be qualified as political, distributed as it is here among three partners, the second believing himself invisible because the first has his head stuck in the sand, all the while letting the third calmly pluck his rear” (ibid, p. 10).

There is a similar point of view presented by Žižek (1992). Previously, in “The Purloined Letter”, the ostrich inaugurated the idea that the Other and the imaginary substitute, The King, who had his head stuck in the sand, might not see all. Žižek, in the analysis of Hitchcock’s films, presents a variation: “The Other must not know all” (1992, p. 71). Žižek analyzes the scenes of *Saboteur*, “the charity dance in the palace of a wealthy Nazi spy posing as a society lady” (ibid, p. 71) in which the rules of etiquette and ceremony, which represent the Other, have to be maintained at any cost. Here, keeping up appearances conceals the real action. The *problem formed scenario* (which is rescuing the hero’s girlfriend from the hands of the Nazis) is in correlation with the *solution formed scenario* (which is to comply with the social rules as a way to find the right time to escape together: the hero and his girlfriend).

In addition, the case of the frustrated boxer, in which the Other deceived us by telling us that criminals are victims and victims are criminals, presents another modality in relation to the Other who changes the values of the social world. Žižek stated that when the activity “acquires a totally different symbolic value” (ibid, p. 75) there is “transference of guilt” (ibid, p. 75) “as a result of unexpected changes in the symbolic texture of intersubjective relations” (ibid, p. 75). The outcome of the

transference of guilt because of the changes in the social network [Other] gives, as a result, a reversal, which is accompanied by melancholic features (ibid). These examples inform us about the Lacanian formula “the unconscious is the Other’s discourse” (Lacan 2006 [1966], p.10).

Also there is a ‘lack’ or an absence in the Other who, for example, might not know or see everything. It shows that the displacement of the signifier [the letter in “The Seminar of the Purloined Letter”] occupies different positions at different times within the intersubjective repetition. Lacan stated that “the subjects, owing to their displacement, relay each other in the course of the intersubjective repetition ... their displacement is determined by the place that a pure signifier –the purloined letter– comes to occupy in the trio” (ibid, p. 10). This can be associated with the same mechanism that Freud found in the interpretation of dreams, in which displacement informs us about the movement of the signifier within a chain that is characterized by an absence and a substitution of elements.

Going back to the dialectic of intersubjectivity, Muller and Richardson envisaged that: “What takes place is less a reciprocal exchange between two subjects than the attunement of one subject [the analysand] to the discourse of the Other coursing through it, with the help of another subject [the analyst]. It is understandable, then, why Lacan soon completely dropped the term ‘intersubjectivity’ from his vocabulary” (Muller & Richardson 1988, p. 72). This is because it is in the subject’s phenomena of repetition that the therapist can observe and listen to the inter-game of the signifier. I would like to add that listen to patient’s ambivalence, which repeats as dual narratives in the patient group, allows the therapist to unfold the subjective position and intervene in order to attenuate the extreme situation, which causes anxiety and acting outs. Patient’s repetition here will have a new meaning for

the subject. This is because the patient will understand that repetition of the ambivalent situation, which is due to his/her conscious and unconscious actions, is related to his/her subjective position. Here there is a movement from the imaginary ambivalence to the subjective position, which entails a change of direction within the thought process of the patient.

To continue, I will present the Lanian ideas of odd or even in order to introduce what is beyond the imaginary presence of the other [intersubjectivity] for Lacan. This will reinforce the idea of a functional process beyond the imaginary and symbolic reality of the subject, which relates to what escapes from the intersubjectivity place that is the dyadic functioning process.

7) The Act of the Game: Odd or Even?

The game of odd or even is played by two participants, in which one of them holds two or three marbles in his/her hands while the other attempts to guess if the number of objects is odd or even. Lacan informed us that observing this game from an intersubjective point of view one could infer that it is, in fact, a re-enactment of an imaginary mirror position. The first player, who attempts to guess the number of marbles that are hidden by his/her opponent [the second player], puts him/herself in the opponent's shoes, via identification with the other person. The first player attempts to mirror what the opponent is thinking. This is, in fact, only a partial view [imaginary] as understood by ego psychology or cybernetics, in comparison to, what it is the complex reality of the subject (Lacan, 1991 [1954-1955]).

In computer systems one can deduce how certain mechanisms operate by the use of patterns. This establishes differences between cybernetics and subjective symbolic processes. Lacan announced that in the machine "memory is ... the result of

integrations... basic memory is made up of a section which groups results by threes ... The result, memorized, is available to be brought in at any moment” (1991 [1954-1955], p.184). In cybernetics, memory does not associate with the concept of experience and retroactive effect *-nachträglichkeit-*, which are included within the structure of symbolic memory and the function of remembering in human beings (ibid).

In addition, Lacan suggested about dual intersubjectivity that “if we look at our neighbour and think that he’s thinking what we’re thinking, is a gross error” (1991 [1954-1955], p. 188). For Lacan there is something that escapes the obvious place of intersubjectivity. For example, in “The Purloined Letter” neither the minister nor the Queen thought that the letter could be found because it was exposed to everybody. Yet, Dupin looked in the obvious place and found it, while the police were looking in a hidden place without any success.

In association with this, the letter occupied the place of an absence [because it was purloined], which is replaced by the minister for a presence [an imitation]. This absence is what escapes to that place of intersubjectivity, which allows the subject to formulate a question [where is the letter?]. The idea is that in order for a subject to ask a question there has to be something unknown or missing for him/her [the truth]. Lacan homologates this with “a *quod* upon which the interrogation bears” (ibid, 185). This is because “the symbolic *quod*” (ibid) also “represents for us, namely something far more acephalic still than what we encounter in the dream of Irma’s injection” (ibid, p. 186).

This symbolic *quod*, in my opinion, is a gap [vacuum], which is represented, functionally, as a set of absence/presence, or in other words, as the relationship between the signifier and signified that “suited Lacan’s purpose of emphasizing how

the signified inevitably ‘slips beneath’ the signifier, resisting our attempts to delimit it” (Bailly, 2009, p. 45). This brings us to mention the reinforcement of the bar by Lacan, of the Saussurean sign. This interacts with the place of truth, which is also lost for the subject because there is no a correspondence between the signifier and signified (Lacan, 2007 [1969-1970]).

However, it has already been mentioned that there are two moments in Lacan’s works. This included the idea of a symbolic structure that at the beginning of Lacan’s works was a complete system [whole] and after the 1960’s became a structure, which contained a gap [non-whole]. Therefore, the idea of a whole structure changed onto a focalized absence via substitutions of elements. It is here, where the concept of object *a* appears in Lacan’s theory as an absence or a gap within the structure, affecting its own functioning. The vacuum is introduced in the structure by means of being an engine of the system. This notion also represents an urgent force, activity [agency], something that is an insistent power (Lacan, 1999 [1972-1973], p. 3, see footnote).

The idea of object *a* in Lacan’s works (2004 [1973]) brings us to mention that there is a part [rest] left over after the subject’s alienation to the symbolic order, which includes the operation of displacement (metonymy) and substitution (metaphor), which then allow for new successors of the lost object [absence]. In my viewpoint, this is not a complete structure as Lacan presented in his earliest works but an interactive phenomenon between the symbolic matrix and the human agency, which facilitates the property of being dual by sustaining a gap or absence. This is reflected in the narratives of the patients as *problem and solution formed scenarios*, which are dyadic components interacting through a vacuum within a symbolic surface.

To explain object *a*, Lacan stated that it is a matter of freedom or death (ibid), in

which there is not a real choice. As a way to illustrate this, in his *Seminar XI*, “The Four Fundamental Concepts of Psychoanalysis”, Lacan (2004 [1973]) offered the parable of the highwayman. The highwayman states: Your money or your life! Here, there is not an alternative, because life inevitably means that both life and money vanishes. Hence, in return for life, one has to renounce money. Something disappears as a result of the confrontation with the highwayman, which here stands as the image of the Other [symbolic structure]. The object *a* is what fades away in the operation, or anything that represents the loss.

Therefore, the subject is articulated around the *effect of the binary signifier*, which is equivalent to a renouncement, in order to obtain imaginary freedom. This is because language presents this binary effect of the signifier, which shows the prevalence of a dualism [binary signifier] and a vacuum [absence]. Yet, the parable of the highwayman is a construction to obtain an insight into a functioning process that is beyond the presence/absence duality.

In other words the patient group found very difficult to move away from the extreme ambivalence in order to gain a different insight into their problems. This is also represented by the phrase stated by the parable of the highwayman: Your money or your life! The patient group wanted to keep the money and their life. Loss was seen as a terrible process, which had to be avoided, triggering a thinking process that increased feelings of pleasurable disturbance in the patient. This also questioned me about the difficulties encountered by the patient group, which were associated with giving up this pleasurable disturbance and with the facts that this secondary gain was producing very intense feelings. The uneasiness related to impossibility of performing their conscious agency.

This is presented in most of the cases of the patient group. I believe that changes

in the thought process of the patient might encourage the renouncement of the secondary gain or might diminish the pleasurable disturbance of the patient. It is here that understanding their subjective position might be beneficial for the patient in relation to start thinking about integration of extreme elements or even acceptance of their unconscious feelings in relation to their ambivalence.

From now on, I will move onto this second period of the the works of Lacan, in which he was called post-structuralist. In order to do so; I will go further, to explain how I interpret dual narratives in correlation with the Lacanian idea of desire.

8) Drive, Desire and Dual Narratives

In his *Seminar VI*, Lacan stated that the notion of libido is the “psychical energy of desire” (1958-1959, p. 2), which is involved in the substitution of one signifier for another producing “multiplication of signification” (ibid). The use of the function of a metaphorical articulation enables us to talk about the poetic creation and “the maturation of the libido” (ibid, p. 3) that enunciates the possibility of love and desire. Lacan stated that “desire seems to bring with it a certain quantum in effect of love, it is indeed very precisely, and very often of a love which presents itself to the personality as conflictual, of a love which is not avowed, of a love which even refuses to avow itself” (ibid).

First of all, this introduces the idea of courtly love, which is an illusion of a servile function because “love operates in a master/slave relation masquerading as its opposite” (Easthope, 1989, p. 91). Therefore, there is a narcissistic illusion, in which men and women desire each other, but, in fact, they desire beyond the other. It is for this reason that for Lacan “there’s no such thing as a sexual relationship” (Lacan, 1999 [1972-1973], p. 12). This is because there is not a unique sexual object that

satisfies the drive.

In Hegel's master-slave dialectic, the "process of recognition" (Hegel, 1977 [1952], p. 111) between the master and the slave, which repeats in the courtly love relationship (Wright & Wright, 1999), is based on "twofold significance" (Hegel, 1977 [1952], p. 111). This means; firstly that what is lost [absence] in the subject will be imaginarily found [presence] in the other; and secondly that the subject does not see the other as another being but "in the other sees its own self" (ibid). This is supported by the function of the imaginary mirror that reflects the image of the other back to the subject, providing what he/she wants to see. Therefore, the presence of "an ambiguous otherness [seen as twofold significance] is equally an ambiguous return into itself" (ibid).

Consequently, the notion of desire in Lacan's works is in correlation with the dyadic connotation of hide-and-seek, in which its presence brings up something about its absence. In other words, the absence will be found in the other via an imaginary construction of a presence, which is based on the fantasy of the subject. The concept of absence/presence and hide-and-seek, in fact, are ways of conceptualize something that is beyond the dual represented concepts. A two way process between the engine [drive] and the generated concept. Here, the dyadic functioning process is visualized by me as a function that is placed beyond the absence but it utilizes it within its functioning. Therefore, the concept of desire needs to be extended to the fact that there is a dual functioning process supporting the articulation of symbolic elements that are reactivated by the illusion of an imaginary object, which creates the ambiguous idea of otherness as a return on itself. Duality, by the use of an absence and a presence, reflects again the quality of the functioning process.

This is associated with the concept that "love always has its source in a lack. The

response to love must also give the sign of a lack” (Gault, 2011, p. 3). This is because “as a specular mirage, love is essentially deception (Lacan, 2004 [1973], p. 268), which means “to love is to give what one does not have” (Lacan, 1960-1961, [II], p. 28). The frustrated boxer reflected the deceptive character of his ambivalent discourse. This was because he was trapped in the dual situation in which there were not new significations [lack of productions] within his narratives. This interrupted his conscious desire and reactivated the lack or absence, producing anxiety. Here, one could imagine that the dyadic functioning process was a repeated function, moving around these two concepts.

In his *Seminar XII*, Lacan extended this definition of love when he said that “love is to give what one does not have to someone who does not want it” (1964-1965, p. 191). For Žižek the second statement is a supplement of Lacan’s first definition (Žižek, 2007a). This means that, in fact, love articulates the place of an absence for the subject. Here, Lacan presented the notion of courtly love, which is “the only way to elegantly pull off the absence of the sexual relationship” (Lacan, 1999 [1972-1973], p. 69). It supports that the subject constructs an illusion in order to obtain substitutes for the ‘lack’. Yet, the absence is an unreachable part of the structure. This is also a conflicting residue, the remaining part [rest] that is left over of the desire in the unconscious. Courtly love personifies the fulfillment of the absence, facilitating the desire for something else. This allows a continuous substitution along a chain of signifiers.

In association with this, the patient group presented to be stuck in relation to the ambivalence. There are not situations in which the symbolic exchange represented by the idea of love has been sustained and as a consequence what it was observed was negativism towards themselves and others. Here, patients did not move away from the

absence, which invaded them with pleasurable disturbance. Instead they repeat the ambivalent extremes finding no solutions to their personal problems. This is an unconscious process by which the patient group remains refraining their conscious agency due to the fact that the unconscious agency overtakes the scene. The problem formed scenario invades the subject of negative thoughts.

Theoretically, Lacan started talking about desire based on the correlation between the satisfaction of a need as a biological requirement of the human being and the order of a demand, which includes the presence of a symbol. Pluth argues that “a demand ... is [a] spoken, articulated need” (2007, p. 60) Language offers the opportunity for the subject to express his/her demand, which is supported by a biological need. Pluth sees the child as an individual who splits his position between “beyond” and “on this side”, when his/her mother articulates his/her demand. This seems very interesting because this author talks about an active individual, an agency that is seeking “on the side” some kind of representations. He states that “the subject is not only produced by signifiers, or how a representation is made for the subject by the Other’s discourse, but also *how representations may be sought after on the part of the individual*” (Pluth, 2007, p. 61, italics are mine).

In the case of the man of the tiger’s claws the desire of the father appears as a terrible situation for this father who told his friend that one of his sons is placed as a feminine subject while the other son was placed as a masculine one. The concept of the desire in Lacan’s theory placed not only an absence as an engine of the symbolic process but also a presence that is mobilized in the discourse of the imaginary other. Duality here is reincarnated in the two opposite terms that adjudicates a place for each of the two brothers. In this case as a pair of opposite words, which are presented as an example of the foundations of dual narratives. The subject assimilated the opposition

and difference of the duality, making it part of his subjective construction. All of this is regulated by the dyadic functioning process that shows the impasse between absence and presence as dual phases of the function of the mind and the language.

From the beginning of the existence of the child, the mother [other] is the one that signifies, for example, the cry of the child. This seems important because it shows that there is an active agency [child] that is elaborating demands to the other [mother], and therefore, creating representations within a dyadic functioning process. At the same time, the “beyond” is associated with the Other to whom the demand is directed, demanding a need for recognition, presence and love, which in the patient group was a demand for knowledge. For Lacan, as stated in his *Seminar IX*, “beyond” implies “the limit beyond which our experience has gone, the limit beyond which there commences the possibility of the unconscious” (1961-1962, p. 12). Is this idea of beyond something that we do not know about our functional systems? In this case, I have envisaged it as the dyadic functioning process.

It is in this split [“beyond” and “on this side”] that an agency of the subject is included so by placing an important role in seeking representation from the Other that triggers the motivation for identifications. In his *Seminar IX*, Lacan stated that “identification, poses itself immediately as identical, as founded on the notion of the same, and even of the same of the same” (Lacan, 1961-1962, p, 4). It seems interesting to mention that in his *Seminar III*, Lacan stated that “the signifier is a sign that refers to another sign” (2000 [1955-1956], p. 188-167).

There is an analogy, here, between the foundation of identification and the concept of the signifier. This is because there is something that repeats that refers to something else, which corresponds to a remaining part [rest] of something that has been left over after the subject’s alienation to the symbolic order named “object *a*”

(Lacan, 2004 [1973]). This relates to the idea of “beyond” [the same of the same, a sign of a sign] as a place, in which the absence is situated by facilitating the “on the side”, which associates with the imaginary production of the desire of the subject via metaphor [substitutions] and metonymy [displacement]. “According to Lacan there is also something “on the side” of demand, and this is where he situated what he calls desire. The “on the side” [imaginary illusion] refers to something on the part of the subject, as opposed to the beyond of demand, which concerned the Other” (Pluth, 2007, p. 62).

It is in his *Seminar IX*, that Lacan mentioned desire in connection with a “signifying articulation” (1961-1962, [IX], p. 6), in which the subject’s desire is produced after an inter-game of demands between the subject and the Other. Therefore, desire is articulated within demands, which is associated with an interaction of the activity of the subject and the Other in a recursive form. Desire does not exist without a chain of signifiers. It is the product of the articulation of the linguistic elements. And it is also the enunciation of desire that is linked with the interstices of what the Other is prescribing for the subject (Sharpe, 2005).

One of my hypothesis was that demands in the patient group were increased because they did not understand their personal circumstance due to be positioned in an ambivalent situation, which made them doubt about their subjective place in life. This associate with another of the hypothesis that was that there was an excessive dependency of the members of the patient group on others, which was aggravated by the lack of resources to solve problems, which was exposed in the difficulties they have in the solution formed scenario. Therefore, they believe that others will contain their anxiety and that the other [Other] will give them what they need. This relates to a lack of resources to communicate their thoughts in which the desire becomes cover

by the demand. Therefore, there is an increment of the demands from the patient to the other, which is triggered by the confusional [doubtful] situation of being placed between the components of the ambivalence.

The place of the Other relates, also, to a place of incompleteness because desire is associated with an absence. If the other is an imaginary vehicle, in order for one to achieve some kind of contact with the Other, this implies that everything that is experienced by the subject via the other, in fact, refers to the Other [place of desires]. Fink mentioned that: “The unconscious [Other] is ... overflowing with other people's desires”... “there is a desire that you take to be ‘your own’ and another with which you grapple that seems to pull the strings and at times force you to act but that you do not feel to be altogether your own” (1995, p. 9).

This means that the Other [place of language] also incorporates desires. This is because there is something lost in the chain of signifiers that needs to be recovered via “desiring” something that is a substitute [semblant] of the absence. Also, desire is a condition whereby the subject has to find a place in the Other, but, in fact, desire is “maintaining some kind of existence outside of the Other” (Pluth, 2007, p. 66).

I have previously introduced the idea that desire stands in relation to a demand, and that language triggers an inter-game of demands between the subject and the Other, which is the “anonymous mechanism that articulates the interaction of subjects” (Žižek, 2006, p. 41). Desire was enunciated via the other by narratives that, for example, parents had told about their children, even before they were born. In fact, it was in relation to the subordination to the Other that someone could have a desire. “What I desire is predetermined by the Other, the symbolic space within which I dwell” (ibid, 42). Is there anything else predetermining the symbolic world of the subject? I believe that the dyadic functioning process also predetermines narratives.

The dialectical encounter between the Other [place of language] and the subject articulated a desire in a metonymic way by the use of a metaphor. It is for this reason that “man’s desire is the Other’s desire” (Fink, 1995, p. 9), an enigma that is supported by fantasy. Zizek stated: “For Lacan, fantasy provides an answer to the enigma of the Other’s desire” (2006, p. 47). This enigma, for Lacan, is presented by the subject in the form of a question: “Ché vuoi? What do you want? The question posed to the other of what he wants, in other words, from the place where the subject meets desire the first time, desire being first of all the desire of the other” (Lacan, 1958-1959, p. 12)

This question confronts the subject with a place of horror because there is a lack of knowledge re-enacted by the censorship applied to language that controls the free circulation of speech in order “to ensure that one did not speak of sex” (Foucault, 1998 [1976], p. 17). The same phenomena relates to the discourse of an anxious patient, who refers to feelings of “emptiness”, because he/she cannot cope with the absence, which appears not to be reincarnated in any other substitute.

This is also observed in the case of Miss D., who could not tolerate the loss of her therapist, presenting an ambivalent question about her sexuality: Am I a man or a woman? It is the very same question that for Lacan “is really topical and pressing for everyone” (Lacan, 2008 [2005], p. 22), which relates to a “negative aspect that appears in anything to do with the sexual, namely its inability to aver [assert]” (ibid). My hypothesis, in the case of Miss D., was that sexuality presents as an ambivalent question, which in the patient group is exacerbated, increasing negativism and questioning the ontological place of the subject. The ambivalent sexual position inform us about the extreme ways of viewing the world that confuses the subject in relation to her desire, producing the patient to be stuck in a situation in which she

cannot make a decision [conscious or unconscious] about her sexual identity or her sexual election of a partner.

This question: *Ché vuoi?* in fact, refers to sexual desires. The enigma is the unknown that is metonymically displaced producing a subjective question [Am I this or that?], which generates a fantasy. Therefore, desire is an enigma, an inaccessible or obscure side of the discourse (Pavon-Cuéllar, 2009) for the subject, which allows the subjective construction of fantasies. As a consequence, the enigma triggers the imaginary illusion that the subject's sexual desire remains a choice, which is, in fact, based on the Other's desire. Zizek mentioned that “ ‘man’ desire is the Other's desire: the subject desires only in so far as it experiences the Other itself as desiring” (Zizek, 2006, p. 42). This desire is also an enigma (ibid) and “fantasy provides an answer to the enigma of the Other's desire” (ibid, p. 47). The enigma positioned the patient group in an extreme ambivalent place in which there are doubts but there is not a compromise solution for the client.

The enigma of the Other's desire is presented as “a junction and disjunction of language and *jouissance*” (Pluth, 2007, p. 113). This is because in neurosis, castration acts as a boundary to *jouissance*, inaugurating the symbolic activity of the subject, which facilitates the metonymically articulation of the desire. And, Zizek also presents this, when he stated the “abyss of the Other as Thing” (2006, p. 45), in which the emptiness of the Thing, via a specular contact with the other and his/her dual narratives, triggers the *dyadic functioning process* found also in the Other [society] mediated by the absence that separates binary accounts in the Other. This brings me to introduce the ideas of alienation and separation.

9) Alienation and Separation

These two concepts: *alienation and separation*, in Lacan's theory, are the binary thoughts that support the building of the production of a subject, integrating desires and fantasy. Here, one can say that alienation and separation are the result of fantasy structure. Lacan, in his *Seminar X*, mentioned that "the structure of desire is for us most fully developed in its fundamental alienation, it is there [that] the object *a* is most masked, and with it the subject is, as regard anxiety most secure" (1962-1963, [XXV], p. 302) The operation of *alienation* for Lacan relates to the fact that the subject acquires his/her subjective position based on this first step of being alienated by the Other.

It is for this reason that the "object *a*" [absence], which via substitutions remains as a residue [rest] that facilitates symbolic articulations [presence] for the subject, is the fundamental gap for the constitution of the subject. It also promotes the articulation of his/her desire and a separation from the Other. Therefore, the absence of the mother, whereby her presence was alienating for the child, allows the desire in the child for something else. It is in this way that the game of the Fort-Da was produced.

For Lacan, *alienation* is between "the child and the Other" (Fink, 1995, p. 49). The child by "submitting to the Other" (ibid) "becomes ... a subject 'of language' or 'in language'." (ibid). Therefore, the child is represented by the signifier that was supporting the place of the child for the Other. As a consequence the child becomes "a divided subject". Fink discussed what Lacan called a "forced choice". Therefore, "the choice of submission is necessary if one is to come to be a subject, but it maintains its status of a choice since *it is nevertheless possible to refuse subjectivity*" (1995, p. 50, the italics are mine).

The choice, here, is presented in relation to *submission or refusal*. The latter has as a consequence the position of being psychotic, “victory by the child over the Other” (ibid, p. 49). This brings me to mention that desire is also a sacrifice, which points to an exigent image of the Other that is castrated by organizing the phallic *jouissance* [submission + absence and substitution = neurosis] and the *jouissance* of the Other [refusal + completeness = psychosis] (Miller, 2001).

There is an opposition between language and being [real] because the child has given up *jouissance*. This brings us to mention that language and *jouissance* are at stake when determining the formation of the subject and his/her identity via the representation of the phallus: I have it [male position] or I am [feminine situation]. The constitution of the subject is at ‘a junction and disjunction of [the body] language and *jouissance*’. This means that the human being has gone through a *dyadic functioning process* between two components: the limitation of *jouissance* and the incorporation of language, which includes an institutionalized way of obtaining an imposed identity between the binary pair of feminine and masculine (Butler, 1990).

The process of amalgamation of the pre-genital areas, in Freud, gives as a result the consolidation or unification of the libido that moves towards a sexual object. The subjective act is the sexual aim as a tendency towards the object. It is an expectation that the child had to abandon the autoerotic pleasure in order to gain the unification of the libido. Here, there is something similar about *jouissance*. There is a structural relationship between the junctive and disjunctive functions of language, and *jouissance*. The dual operation allows the limitation of *jouissance* in the Other and the child; the incorporation of language within the subject, and leaves a part [a rest left over] of *jouissance* within the subject and the Other, which always demands enjoyment.

As a consequence, the subject becomes a subject of the fantasy, a subject situated in a particular position [junction] between the Other and *jouissance*. Disjunction, here, relates to a part of *jouissance* that continues escaping, which allows a different structuration of the subject within an act. Disjunction is between the symbolic and the real. Its point of union is the signifier of *the name of the father* that incorporates the imaginary, as a third element, in order for the subject to obtain a semblance of being (Miller, sd.). An act has the connotation of being an unconscious act triggered by *jouissance*, while the subject is unaware of why he/she acts in a particular manner with the consequence that the subject experiences feelings of uneasiness. Therefore, the subject structures his/her fantasy in a symbolic position or schema for language and *jouissance*. The junction also means that something can change in analysis through the experience of acquiring a new knowledge (ibid).

In general, the unconscious pleasure has to be resigned by the child in order to become a subject. Obviously, a remaining part [a rest] of that *jouissance* always escapes [disjunction] as a result of this operation, which leaves the subject with some unconscious pleasure that is a kind of enjoyment that is characterized by, in my opinion, a mixture of pleasure and discomfort or uneasiness. It is here, that the concept of fantasy appears for Žižek as the economy of desire (1992) because of this dual operation between *jouissance* and language [Other], which characterizes the presence of fantasy and the metonymic articulation of desire.

The second operation is *separation* that for Lacan allows the absence and the possibility of desire in the subject. In his *Seminar X*, Lacan stated that “ [the] possibility of absence, is what gives presence its security” (1962-1963, [IV], p. 46). Lacan mentioned this in correlation with the Fort-Da, which allows the child to construct the symbolic game, obtaining a space for his creativity. The opposite of this,

when the mother of the child is constantly on his back, produces anxiety in the child (ibid). In Fink's words *separation* "involves the alienated subject's confrontation with the Other, not as a language this time, but as desire" (1995, p. 50). Here, "the subject is cause of the Other's desire" (ibid). I previously mentioned that alienation and separation are the result of fantasy structure. Yet, separation is related to how the subject attempts to regain the lost object [lost being]. Fantasy "provides an answer to the enigma of the Other's desire (Zizek, 2007, p. 1), which is a contingency, 'private' formulation that supports a sexual relationship (ibid).

For Lacan "fantasy is the support of desire, it is not the object that is the support of desire" (1964, p. 207). This means that if there is fantasy, the human being has gone through the process in which the delimitation of *jouissance* has allowed him/her the inauguration of a desire via a symbolic process. The object, here, is the equivalent of the absence, which has been facilitated, in certain ways, through the possibility of a substitute. This is because the lost object encourages a movement forward within the chain of signifiers, in an attempt to reconstitute [recover] this absence via a symbolic activity.

In the Fort-Da the absence of the mother implies that she desires something beyond the child. In fact, the mother's desire reflects the desire of the Other [absence], which is also impossible, because there is no object that could satisfy the desire of the mother. As a consequence, the Fort-Da acts as a construction of the child's fantasy, in which the mother is available through the control of the child's activity. In fact, the illusion of the game also supports the absence. The operation needs to be repeated rather constantly in order for the child to partially cover the absence via a momentary presence that is only an imaginary illusion. It is for this reason that "fantasy makes *jouissance* into something the Other is after, and it makes

me the object that provides the Other with *jouissance*” (Pluth 2007, p. 87).

The Other also desires and is affected by a constant battle with its own *jouissance*. At the same time, the Other is also influenced by the remains of *jouissance* [the rest left over] [disjunction], which was the result of the symbolic operation of language. This phenomenon has also split the Other [symbolic castration], which reveals that *jouissance* is also part of the Other and has to be limited by the subject in order to maintain his/her desire. Lacan in his *Seminar XI* stated that “the enigma of the adult’s desire” (1964, p. 239) re-enacts the encounter with the Other’s desire in the form of a question: “why are you telling me that?” (ibid). This, in fact, is associated with the absence that “is encountered by the subject in the Other” (ibid) that in my viewpoint produces anxiety and feelings of emptiness.

The fantasy, here, is twofold because “on the one hand, it is an attempt to stage oneself as the object of the Other’s desire...the child’s question about the Other’s desire is answered by his or her own death...What does the Other want? [Does the Other want my death?] ... On the other hand, fantasy tries to give some symbolic place to *jouissance*...*jouissance* is like an encounter with mortality” (Pluth, 2007, p. 92). It is for this reason that separation is staged between the junction and disjunction of language and *jouissance* so by protecting the subject from an abysmal death [real] and also from the Other’s desire. As a result, fantasy structures the subject and maintains the limit of the Other’s desire (ibid).

The case of the Cambridge student shows the inter-game of fantasy and *jouissance*. The conflictual ambivalence in which the patient repressed the positive element of his dual narrative inform us that *jouissance*, which reinforces the encounter with mortality, takes over the whole scene of the discourse of the patient by becoming negative. My hypothesis was that dual accounts are not always

communicated in the narrative, but at times, one account, the solution formed scenario, presents repressed or absent. This is because the negative scenario and *jouissance* become embedded with the fantasy of retaining the father. As a consequence, the patient positioned himself like the woman who seduced the older man [the substitute of his father]. The patient also acts out the impossibility to put into words his concerns about losing his father. My patient, without knowing it, positioned himself and others positioned him in an ontological place due to the ways he experienced the family dynamics, which involves retaining his father by the use of his fantasy. This operation is also unconscious.

Fantasy shows the impasses in signification that the subject encounters with his/her *dyadic functioning process*, which structured him/her. In Lacan's works fantasy is defined as "a window on the real ... [which] comes precisely to veil" (Skriabine, p. 7) because fantasy opens up a space for the subject to construct a substitute of the real [absence]. This informs us that freedom in Lacan relates to fantasy and how the child does something with his symbolic destiny.

It is during the learning life of the subject that the interrelation of the real, symbolic and imaginary takes place. In his *Seminar XXIII*, Lacan mentioned that the Borromean knot is a formula of interlocking functions that represents a chain, in which the real, symbolic and imaginary are entangled (Lacan, 1975-1976) in correlation with the contingency experience. Therefore, the three registers conform to a universal matrix associated to properties of the psyche that provides a framework for the functioning of the mind (Bailly, 2009). In addition, this matrix supports the structure of language, in which the materiality of the signifier is at stake.

The notion of materiality and non-localization of the absence brings me to mention another approach, in which different things have been investigated with the

real, symbolic and imaginary registers, in relation to the spatial confines of the sign in the brain (Muller, 1996). This reinforces the fact that there is evidence that the sign's position is integrated with two spatial places in the brain supporting its specific functions: "space encompassed by the symbolic register and space functioning in point-to-point correspondence" (ibid, p. 6). This means that: "there is a representation of a linguistic space in the left hemisphere of the brain" (ibid, p. 6). Such evidence has been the result of the investigation of brain dysfunction in deaf patients with aphasia (ibid). As a consequence, the left hemisphere of the brain was altered and showed certain deficiencies in growth and development, while language had been affected in a subject: "Being deprived of language means not only being incapable of symbolic differentiating experience; it also means that the development of the brain is altered" (ibid, p. 8). In these cases the subject "existed in the register of the Real" (ibid).

These ideas show the interrelationship between language and the functions of the brain, in this case between the left hemisphere and the possible localization of the sign. I mentioned this to support my ideas. My perspective attempts to inform us that the activity of the human brain helps us to organize our reality using dual elements by the aid of, for example, the wiring system of the brain. These ideas trigger the need for research of a *dyadic functioning process* in the brain's system in relation to language and mind based on subjective experiences.

The patient who was on a hunger strike had previously experienced physical abuse and this might have been an indicator of blockage in the symbolic reality of the subject, which could have interfered with the ways he operated his *solution formed scenario* of his discourse. My hypothesis was that patients, who present "in need" or who are demanding, which includes demands for services, attention, love, etc., they

are, at times, positioned in an ambivalent situation. This creates a continual doubt in relation to their existential place. In fact, the demand is demand for understanding because they do not know what is happening with their fractured reality [or views of their own world]. As a consequence, they act out their thoughts and feelings. The prisoner on a hunger strike exposed the lack of symbolic tools [verbal communication], which was replaced by acting outs.

Nevertheless, language is outside the subject and becomes incorporated by narratives and our experiences by the used of a *dyadic functioning process*. Pluth stated that “the subject has an important relation to language, but it is also external to language in some way ... The subject is not only represented by a signifier: a part of it is also not represented. Again, the suggestion is that the subject is not identical to language” (2007, p. 14). This is because there is something hidden in relation to the signifier, “a unary trait ... it commemorates an irruption of enjoyment” (Lacan, 1969-1970, [XV], p. 112). In other words, not everything can be signified or know by the subject, something in relation to the signifier is missing and produces discomfort for the subject. My point of view is that we construct our realities based on narratives, which are encompassed by our own experiences.

This will keep our existence and the illusion of a certain freedom outside the Other. In fact, Lacan stated that: “desire [is] ... something that only manages to strengthen one’s subjection to the Other” (ibid, p. 63). This shows that the encounter with the Other’s desire is ambiguous [What does the Other want from me? Does the Other want this or that?]. This generates a dichotomy between the subject’s position and his/her desire [freedom] in connection with the Other’s place and the Other’s desire, which are mediated by an absence.

These ideas of the Lacanian Other underpin the dialectical subject and the

concept of agency. This brings me to mention the proposition of noumenal freedom, which is introduced “as a belief in the possibility of a historical act ... which suspends the chain of causal dependencies and realizes freedom” (Zizek, 2008, p. 98). Yet, if freedom is a way for the subject to find a liberated position from the Other via an act, in which “noumenal Freedom is *nothing* [absence] but a rupture within phenomenal reality, the premonition of another dimension which *appears* [contingent] within phenomenal reality” (ibid), therefore, freedom [from the Other] seems to be a key for subjective action.

In the “Phenomenology of Spirit” Hegel stated that: “The freedom of self-consciousness is indifferent to natural existence and has therefore let this equally go free: the *reflection is a twofold one*. Freedom in thought has only pure thought as its truth, a truth lacking the fullness of life. Hence freedom in thought, too, is only the Notion of freedom, not the living reality of freedom itself. For the essence of that freedom is at first only thinking in general, the form as such [of thought] which has turned away from the independence of things and returned into itself” (1977 [1952], p. 122). The reflection is twofold because it supports the illusion of freedom for the subject, in order for him/her to construct a reality that is based on a death truth [nature] that creates substitutes or equivalents of it.

Patients from the patient group who demanded for therapy because they were feeling uneasy about their actions, which relate to their unconscious agency, exposed the character of being subjected to an unknown reality that interrupts their day-to-day activities. Freedom, here, is interrupted by predetermined narratives, which affected the desire of the subject. The suicidal daughter was really unhappy about her constant battle with the imaginary other. The ambivalent scenario of control and being control placed her and she was placing herself in the role of a rebel who was battling against

the same dichotomy, which constituted her subjective position. My hypothesis, here, was that pseudo-voices in the patient group were experienced because the negative scenario was reinforced by pre-determined perceived negative narratives. Pre-determine narratives constitute our subjective reality. The questions here are: do we really understand those narratives, which have constituted ourselves as subjects? Or, do we have a partial view that is an illusion of what we believe is our subjective place in life?

The role of the therapist is to rediscover and retranslate the subjective illusion when the extreme ambivalence is affecting the desire of the subject. The members of the patient group did not present as subjects who wanted to move forward in life but as subjects who were stuck in a reality, which was invaded with pleasurable disturbance and acting outs. These acts were also extreme and they communicated something that it was impossible for the subject to convey. Interventions, here, are a way to move forward in order to avoid the impulsivity sustained by these acts. It seems very important to understand what kinds of acts [agency] the subject is able to undertake in order to obtain freedom, and how they are connected to the Other.

10) Act, Acting out and *Passage à l'Acte*

First of all, I would like to establish a differentiation between the three concepts that in my opinion are associated with the idea of agency [due to the fact that there are concepts that involve an unconscious activity of the subject]: the psychoanalytical notions of act, acting out and *passage à l'acte*.

The first concept is the notion of an act, which in psychoanalytical terms is something totally different to the concept of physical motility. Freud in the “Project for a Scientific Psychology” (1950a [1895]) introduced the idea of a “specific action”

in relation to an imaginary other that will facilitate, for example, the satisfaction of the need for food in the baby. This brings up the idea of an absence, when the need is not satisfied, creating in the child the beginning of a thought process via a hallucinatory wish, in which the desire for food is at stake [presence]. Freud rethought of these ideas in the “Formulation on Two Principles of Mental Functioning” (1911b) by the use of the reality and pleasure principles. The idea of an action was part of a motor discharge process integrated also as a restraint during the thinking process. Freud presented this in a very mechanical way, establishing a base for further elaborations.

As a consequence, there are also other authors, who have viewed the idea of an act in relation to a thought process, such as Heinz Kohut (2009 [1971]), who “formulated a view of the person in which humanness is thought to be dual, both guilty and tragic” (Ridgway, 2007, p. 3). The guilty person finds himself/herself having feelings, which are in connection with the superego and the breaking of the law. In addition, the figure of the tragic human being is associated with a patient’s experiences of despair and emptiness (ibid).

Duality, here, sustains a division of feelings. Does a dyadic functioning process also support this division of feeling? This dual view of the person presents a *problem formed scenario*, which in my viewpoint supports a negative thinking system and a lack of coping mechanisms, and also offers a *solution formed scenario* that is absent or repressed. This is similar to my hypothesis presented in the case of the Cambridge student within the patient group. It is not a coincidence that Kohut’s works were based on self-psychology and narcissistic personalities, which are personality disorder structures characterized by the lack of subjective skills to deal with problem solving. Kohut, in “The Analysis of the Self” (2009 [1971]) also introduced the notion of

"action-thought", which is a process between action and thought underpinned by the sublimation of primitive narcissistic fantasies.

However, in order to understand how an act integrates with mental activities, one has to underpin this with the notions of representation and fantasy. The subject is organized around representations, which are embedded within a symbolization process. This will allow an organization of fantasy denominated "action representation" (ibid). Lacan, in his *Seminar XIV* (1966-1967), stated that an act is a way to signify. This means that "an act does not just involve doing something, it involves doing something with signifiers" (Pluth, 2007, p. 101). Therefore, the representations of actions [via fantasy] are associated with signifiers and meanings, in which the action is a way to communicate something [consciously or unconsciously] in a dual manner as a problem and as a solution form.

Yet, for Lacan, an act involves a violation of accepted or imposed boundaries. This relates to the Lacanian idea of traversing the fantasy, which is an analytical way to imply that a subject can be re-structured after analysis. Lacan, in his *Seminar XI*, mentioned that a subject has "traversed the radical fantasy" (1964, p. 273) if there is a production of a new meaning for the subject, during analysis. In other words, psychoanalysis is a way to "dialectize" (Fink, 1995, p. 77). This is what in analysis takes place when the analyst introduces a new signifier producing an original meaning for the subject. As a consequence, there is a change in signification, an act that involves traversing the fantasy.

Therapeutic interventions in the patient group have to be associated with a change in signification between the ambivalent situation, presented as a demand for treatment, and the subjective position of the patient. For example, the woman who wanted to be in prison offered the ambivalent scenario of dependency/independency.

My hypothesis, here, related to the dichotomy of dependence/independence, which unfolded the relation of the patient with others [Other]. This envisaged an illusion in which there was a need for the patient of keeping dependent on others [Other], which was excessive.

The series on therapeutic interventions performed on this patient pointed out the extreme ambivalence, which was refraining her desire for independence. This was done in order to produce a new meaning to her subjective position. Traversing the fantasy was a change that has to be performed by the patient in relation to the Other who was reincarnated in the others. The subjective change was based on an opposite meaning to the one that she previously supported, which was the illusion that others would contain her anxiety. This was also backed up by the hypothesis that there was something beyond the duality of dependence/independence. This was based on the concept of a dyadic functioning process operating beyond the dual components, functioning by the differentiation of values and by the opposition of meanings. This was more than teaching her skills to deal with her negative views; this was related to her subjective position in life and her beliefs systems.

Once again, an act is connected with traversing the fantasy of the subject during therapy, in which the therapist by listening to and interpreting the unconscious introduces new meanings to the chain of signifiers. It is for this reason that the launch of a new signifier in the therapeutically experience will change the meaning of the chain of signifiers for that subject, and therefore, “the analysand [patient] is no longer stuck” (Fink, 1995, p. 78). This is associated with a change in the structure of the subject, in which the structure is transformed, inaugurating a new subject, which also underpins the end of analysis [or the change of situation (crisis) for the client].

The action of traversing the fantasy, for Lacan, is also represented in the Fort-Da as a model for the act. In the game, one can observe the repetition of the death drive that attempts to bind up signifiers with the absence-presence of the mother. However, it fails because the child has to repeat the operation again and again. It is here that during the construction of the game, the mother returns only as an illusion. This creates a signifying activity that is “canceling the event out of an effective tension, yet preserving it as a signifying tension in the form of a compulsive linguistic repetition” (Pluth, 2007, p. 103).

In my opinion the Fort-Da is an act, a symbolic act, in which Freud, as an observer, noticed the oscillation between two stages of the game [absence-presence]. In fact, this dual phase, in my viewpoint, *is the beginning of the articulation of dual narratives*. The Freudian Fort-Da shows the foundations of the *dyadic functioning process*. This is because during the act, the physical motor action that Freud’s grandson executed by throwing an object away and reeling it back, included a signifying act by the use of words. The act was accompanied by the terms Fort and Da (ibid), or two functional moments of a symbolic action.

As Lacan, in his *Seminar XIV*, “The Logic of Fantasy” (1966-1967) stated, the absence or the presence of the mother allows the signifier to generate the subject (ibid). “What is not there at the origin is the subject itself”(ibid, [I], p. 9). Yet, the subject exists as soon as the articulation appears. It is during the interaction of the signifiers that for Lacan the subject is defined. This is demonstrated when he stated that “my formulae that there is no subject except through a signifier and for another” (ibid, [I], p. 9) that shows the “material” use of the signifiers in order for the subject to produce meaning. This means that the subject in Lacan’s works is an articulation between at least two signifiers [material] mediated by a gap [bar] and producing a

meaning via symbolic actions. This principle gives the base for a structure of the act. This also applies to my idea of the subject that is formed by dual narratives, which are split in two settings: *problem and solution formed scenarios* [negative and positive] mediated by a gap or vacuum, guided by a dyadic functioning process.

One can say that the act [symbolic act] is based on a physical motor action, which is needed for the child to construct the game. This allows me to mention that, in the analytical situation, the subject finds him/herself in the symbolic act, in which the causation is the motor action. It is the physical movement that allows a child to construct a symbolic act. Also, it is by the use of a physical action that a symbolic act can be executed. Yet, Lacan stated: “The essential dimension is not the active aspect of motricity...[which] is only deployed, here, in the dimension of the game. It is its *logical structure* that distinguishes this appearance of the fort-da... It is because *it is the first signifying thematising* - in the form of a *phonematic opposition* - of a certain situation, that one can qualify it as active, but only in the sense that, henceforth, we will call active only what has, in a sense that I defined it, *the structure of the act*” (Lacan, 1966-1967, [I], p. 123, italics are mine).

The structure of the act is observed during the game in a transgressed form because “an act uses the Other’s language against, despite, and without, the Other, in what could be called a profound indifference to the Other” (Pluth, 2007, p. 104). The child constructed a new meaning in order to replace the absence. The construction was done due to his symbolic articulation, at that time. Here, repetition is at stake, but not because it merely repeats a trauma, in which the child felt the absence of the mother and wanted to bring her back. Yet, it is because repetition is the basic structure of the act, which is also a modality of dual narratives and includes a basic twofold phase [absence-presence] that shows that language [and mind] have the same

characteristic, which is a *dyadic functioning process*. And this is what is repeated: the twofold functional process in a contingency fashion.

The idea of trauma has always been a problematic concept in psychoanalysis. This is observed when Freud changed the idea of a sexual seduction [the current act] to the notion of fantasy in his hysterics. I particularly believe that a *dyadic functioning process* sustains the structure of the act and it is placed beyond the concept of trauma. A traumatic situation might aggravate the split of the functional process, giving as a result a dyadic system of narratives, which could be less integrated and more conflictive than a more stable twofold scenario, in which struggle is minimized by the subject's mental processing. Most of the observations of the patient group accounted for a certain traumatic experience or even for an account of sexual abuse, which could have been the reason for an extreme dissociation of mind and language. This brings me to mention that the psychic reality of the patient could have been stuck on an ambivalent situation due to the perceived early events.

This also allows me to put forward the works of Žižek (2008). In *The Ticklish Subject*, he stated a two-stage process: the Hegelian “negation of negation” which is nothing but repetition. This is because for psychoanalysis negation is repression and ‘negation of negation’ is the return of the repressed element. The “negation of negation” is a twofold process [dyadic functioning process] that for Žižek facilitates the narrative space (ibid). Here, what is repeated by the use of the ambivalence is the possible traumatic effect of the scission of consciousness.

However, one can say that the *dyadic functioning process* encompasses the act of the subject, also as a way to deceive the Other, when it is exacerbated produces ambivalent situations, such as in the case of the frustrated boxer. This is also observed in the creation of new signifiers that produce a shift in meanings. In the Fort-Da the

creativity of the child informs us about the game by the use of the absence-presence. For Winnicott (2005) creativity is facilitated by a “transitional space” between the mother and the child. In my opinion, creativity is produced by this *quality* of language [and mind] that is “*duality*”, which is triggered by a *dyadic functioning process* of the subject’s symbolic activity. It is in the articulation of dual [symbolic] elements that creativity shows its expression.

However, the dyadic functioning process is exacerbated in the patient group, in this case it does not facilitate the creativity of the subject, but it splits feelings and actions in an extreme way. This creates difficulties in the elaboration of coping mechanisms of the patient, producing a lack of containment of subject’s anxieties. This is because there is a process in which two elements that are mediated by a gap facilitate subjective symbolic actions, finding solutions and supporting the coping mechanisms of the subject. If the elements are experienced as extreme [due to an exacerbated process], the possibility of combinations are reduced and blocked.

In fact, this mechanism of combination is the one that appears in metaphors and “interrogates the Other about the Other’s completeness by presenting the Other with a signifier that escapes from it” (Pluth, 2007, p. 110). A balanced activity of the dyadic functioning process accentuates the creativity of the subject and supports his/her coping mechanisms, which in the patient group is blocked due to its exacerbated functioning.

Now, I want to introduce the next concept that I will analyze in relation to dual narratives, which is the idea of *acting out*. This will be done in order to clarify the risks involved in these kinds of subjective actions while working with members of the patient group. It is for this reason that the therapist has to contain risks in order to prevent these subjective actions [acting outs], which are produced by the client due to

his/her extreme ways of perceiving the world, intertwined with patient's impulsivity and anxiety.

It was observed that in the patient group there was a lack of communicating tools due to the subject's poor verbal symbolic ways of conveying certain information and feelings. My hypothesis here was that acting outs were generated by increased feelings of pleasurable disturbance. This exposed the fact that the subject was trapped in an ambivalent situation or dichotomy, such as feelings of controlling/being control by the other [Other]. This was observed in the case of the suicidal daughter in which acting outs were refraining her desire and increasing her pleasurable disturbance due to the extreme preoccupation for the ambivalent situation.

The International Dictionary of Psychoanalysis states that *acting out* "refers to the discharge by means of action, rather than by means of verbalization, of conflicted mental content. Though there is this contrast between act and word, both sorts of discharge are responses to a return of the repressed: repeated in the case of actions, remembered in the case of words" (2011, p. 1). Laplanche and Pontalis define acting out as an action of an impulsive character that produces a rupture with the subject's usual intentions [conscious agency]. It is often taking an auto- or hetero-aggressive form, informing us of the repressed material, which could be in connection with the transference or an attempt to dismiss it" (2006 [1967]).

Therefore, following these definitions, there is an emphasis, in which acting outs are ways for the subject to communicate something unconscious. It shows that the rupture [scission] between the conscious and the unconscious can also be expressed in dual narratives, in which the account of the acting out is included in the *problem formed scenario*. It allows one to say that this is an act beyond conscious motivations, which is presented by the subject in an impulsive and aggressive form in

order to be interpreted by someone. It is *a message in its own right*. Pluth stated that acting out “also can be considered a repetition of an unconscious and a fantasmatic scenario ... [it] is *an enactment of a fantasy*” (2007, p. 100, italics are mine). Lacan, in his *Seminar X*, “Anxiety” (1962-1963) placed acting out in relation to feelings of dismay and anxiety, which in these cases involves “an immense deception” (Lacan, 1962-1963, [VI], p. 69).

The Cambridge student experienced feelings of deception in relation to his father’s behaviour, which portrays the unfaithfulness of his father in relation to his mother. The fantasy of retaining the father and the association with his feelings of being betrayed by his father [because the patient has identified with his mother] placed him in a situation in which communication is blocked and acting outs were the only way to express his anxiety, which included a secondary gain.

The fantasy in which he places himself as the other woman sustains his *jouissance* and his negative feelings, repressing the solution formed scenario and interrupting his desire. This supports my hypothesis in which the repressed element [positive scenario] unfolds only in a negative form, which is experienced by the patient as a negative view of the world that refrains his conscious agency, invading his narrative with negative elements that make him feel low in mood and suicidal.

In this case, the use of dual narratives facilitated interventions to prevent risks. This was done by giving to the patient a new meaning to his current ways of viewing the world, which refrained acting outs and unnecessary risks. Despite that this patient took two overdoses, the outcome of the treatment was positive due to the fact that the second intervention after the second overdose addressed the problems, which were related to his subjective position and his feelings in relation to retaining his father.

Now, I will introduce the third concept associated with the idea of agency,

which is the psychoanalytical notion of *passage à l'acte* that is a French term used also in psychiatry and criminology. These types of actions are very risky for members of the patient group and 'others'. It is here that dual narratives offer the possibility of containing risks by preventing these subjective actions. This has to be done by applying boundaries and exploring the messages that the patient is not able to communicate. This will help the patient to put into words his/her thoughts [with the help of the therapist] containing his/her anxiety and impulsivity and preventing risks.

The *International Dictionary of Psychoanalysis* describes *passage à l'acte* as: "A particular kind of action defined by its disruptive and even criminal character ... an act is directed at the self or at others, it is generally considered psychopathological. In "passage to the act" it is the idea of "passage" that is important, for it refers to the relationship between the act and the supposed mental process that prepares for and facilitates it" (2011, p.1). Pluth defines *passage à l'acte* as "a disruptive, precipitous act ... [which] seems to be a reaction to (and against) ... [a] ... fantasy ... in which the subject maintains a desirable position for the Other. But a *passage à l'acte* is not yet an act *tout court*, because although it is a sort of protest against the fantasy, it does not leave the fantasmatic scenario behind altogether –it does not traverse fantasy". (2007, p. 100).

Therefore, *passage à l'acte* is associated in the psychoanalytical field with a kind of act that has a connotation of criminal psychopathology, in which the subject acts against the fantasy. It is a protest and obviously there is a lack of remorse, which is typical in forensic cases. Lacan, in his *Seminar X*, "Anxiety" (1962-1963) placed the *passage à l'acte* within a feeling of extreme *emotion*, in which "anxiety is the cause of doubt... to act is to operate a transfer of anxiety" (Lacan, 1962-1963, [VI], p. 68).

Two of the clinical observations of the patient group show the concept of *passage à l'acte*. In both cases, both actions were performed prior to the presentation of the clients to mental health assessments. This means that the extreme situation was so acute [at that time] that the subject had to communicate his/her feelings by the use of a *passage à l'acte*. This means that subjects from the patient group have to be taken seriously when they cannot manage their lack of solutions of their ambivalent situation. The aim of the use of dual narratives, here, is to diminish risks to patients and others by containing anxieties and by working with the ambivalent scenario.

The first one of these cases was the case of the prisoner on a hunger strike who was in prison due to his 'previous criminal offence'. This previous offence was a *passage à l'acte* due to the anger he experienced in relation to people from his previous accommodation. This patient was sentenced to two years imprisonment after threatening housing workers and spreading petrol around a public building. He did this because staff at that site wanted him to be removed from his current accommodation after certain disputes with his neighbours. One of my hypotheses here related to the ambivalent situation that generated feelings of pleasurable disturbance due to the fact that the patient was stuck in a certain dichotomy [dependency/independence]. This generated anxiety and acting outs.

It is important to mention, here, that prevention of risks is one of the roles of the therapist who applies dual narratives. Here, the therapist's role has to be flexible in order to convey messages to the patient in relation to boundaries around client's secondary gains and around limits to certain subjective actions, which could be dangerous for the client and others.

The second example I would like to mention here is the case of the woman who wanted to be in prison. Her *passage à l'acte* involved the action of set a fire as an

impulsive act due to her extreme ways of viewing the world. She had been in prison three times, one for arson and twice for threatened arson. She was charged with imprisonment for both offences. My hypothesis here showed the patient's excessive feelings of dependency on others. This was due to the fact that the subject thought that others would contain her anxiety, which was aggravated by the lack of resources to solve her problems, which is exposed in the difficulties that the patient had in the solution formed scenario. Here, dual narratives sustain that prevention of risks is operated by the therapist who has to interact [intervene] between patients' distorted beliefs, which create impulsivity and anxiety, and the acquisition of a new meaning in relation to patient's subjective activities.

11) Conclusions

This chapter has conceptually, clinically and analytically demonstrated that *duality* is a property of language and mind. This is because the psychoanalytical concept of agency is presented in the therapeutic arena within a *dyadic functioning process*. This occurs when a patient, by the use of dual narratives, describes an account, which is split into two sections, or it is presented in two different chronicles that could be considered as a problem and a solution form.

The introduction of Lacan's works has informed us that the subject is constituted and pre-determined by the symbolic world. This approach is different from Freud's perspective, which presented a mechanical apparatus of the psyche. Lacan emphasized the idea of a symbolic apparatus, in which language and the effectiveness of the symbol facilitated a twofold symbolic function. This is a dyadic process because there is something that remains [a rest] after the subjective symbolic operation that produces substitutions of linguistic elements within the psychical reality of the subject.

Lacan presented the idea of a subject who is mediated by the signifier. The existence of the subject depends on an interaction of two elements [signifiers] that are articulated in a chain of signifiers. In fact, the same interactive process repeats in dual narratives, which are ambivalent because the twofold flood of continued action between opposite signifiers creates a chimera of undecided reality for the subject. This supports a question for the subject: Am I this or that? At the same time, it maintains an illusion of subjective freedom of choice, which, in fact, depends on the previous relationship that the subject had established with the signifier via his/her imaginary others.

From here on, my contribution to psychoanalysis emphasizes the deconstruction of *the problem and solution formed scenarios* based on the previous ideas of dual narratives. Therefore, the *solution formed activity* presents us the action of the subject during the construction of a symbolic materialized moment. This is discursively submitted by the subject to the therapist in order for the patient to find a solution to *the problem formed activity*, which has been imposed by the imaginary other on him/her. The presentation of this material offers a space for the analyst to interpret the inter-game of *the problem and the solution formed scenarios* in order for the subject to integrate positive and negative elements of his/her discourse, which are present in both scenes. All of this is well supported by the case of the man of the tiger's claws.

This has brought me to the idea of sexuality and the binary pair of feminine and masculine that in certain patients are presented as extreme dual components within their discourse. As a consequence, the question about sexuality [Am I a man or a woman?] is supported within this ambivalent scale, facilitating a sexual identity and a subjective choice for the patient. Sexual identity moves along a chain of signifiers that is assisted by the *dyadic functioning process*, demarcating twofold elements,

which install boundaries around certain themes or narratives.

“The Mirror Stage”, in Lacanian theory, has given support to my ideas that language and mind are amalgamated by a *dyadic functioning process*. This is because during the mirror stage the child constructs his/her reality based on the imaginary presence of the other. A dual relationship between the subject and the other has also been established, which triggers the *dyadic functioning process* and the construction of a binary reality. Language is the support of the mind during the subjective building process. Consequently, mind and language are not only integrated in their functions but also in the ways they are organized by the presence of dual elements.

Mind is considered as a symbolic matrix that is assisted by language. It is also dotted with a quality that I believe is duality and supports the symbolic function of the subject within a *dyadic functioning process*. Mind mediates the subject while language has captured and has been captured by the subject, which means that language is internal and external.

During this chapter, I also looked into the Freudian Fort-Da, in which the absence and presence of the mother allowed me to talk of a dual phase, which inscribes the beginning of the articulation of dual narratives. It is for this reason that the Fort-Da shows the foundations of the *dyadic functioning process*, which also allows the production of the subject by the use of the signifier. For Lacan a subject is articulated between two signifiers mediated by a gap, producing meaning via symbolic articulation [action]. In my opinion, the subject is between two narratives which are separated by a gap or linked signifier, operated by a *dyadic functioning process*.

Lacan’s ideas about language and the signifier have shown that the structuration process of the subject is presented as a recursive action between components. Agency

is found in the interaction of that process as a gap or a signifier that links narratives facilitating the discursive movement of the metonymic chain of signifiers, and with it, desire. In addition, the analysis of the *problem and solution formed scenarios* of the narrative of the patient presents new tools to be used by practitioners on a daily basis in order to prevent risks, working with the ambivalent subject and with a patient's subjective position.

All this material has brought me to outline a new analogical design of the psyche called the scaffolding model, which will be introduced in the next chapter. This is a metaphorical model of the mind, which adds a collection of eclectic concepts from different disciplines in order to integrate the dyadic functioning process within the structure of the brain, mind and language [+senses].

Chapter IV

A Metaphorical Framework of the Mind: The Scaffolding Model

“We still have to learn a great deal more about duality before the secrets of the thinking brain are fully unraveled” (Stern, 2000, p. 41)

1) The Proposal of a Model

This thesis, which is a conceptual research, was based on the analysis of patients with personality disorder in crisis in which I incorporated the analysis of dual scenarios and the dyadic functioning process, supported from a Freudian and a Lacanian perspective. By doing so, I have laid down the foundations for the presentation and the outline of a metaphorical model of the psyche. The current chapter presents the thought process and the conceptual research; I have been involved in, in order to introduce this analogical model. The chapter includes a description of its framework and outlines its characteristics or properties. *My hypothesis here is that if there is a dyadic functioning process, which is repeated in the mind and the language of the subject, the same function has to be represented in the brain of the human being.*

I want to clarify that *this framework of the mind is an eclectic set of analogies* between Freudian and Lacanian theories and certain ideas from brain and mathematical and physical sciences. The idea of ambivalence observed along the previous chapters gives this framework a rationale for introducing my thoughts in relation to the concept of reflection within an internal/external functioning system.

This underpins with the notion of “organ transfer” (Sharp, 2006, p. 250), which has been previously stated as a concept introduced by this author in relation to

organ transplantation. It is here that during the transplantation of vital organs, the severity of brain damage positions the patient, within the medical approach, in a situation in which “organ donors lack of personhood as it is understood and value in this [American] culture; that is, brain dead patients intrinsically lost their subjectivity and thus can no longer assert themselves in social contexts” (ibid, p 16-17).

The donor, then, becomes the representation of the thing [the lost element of the symbolic world], facilitating life to the recipient by the transfer of an organ [via substitution]. It is for this reason that Sharp stated that in organ transplantation, they are the recipients who “integrate this unknown Other as an intrinsic part of their subjective sense of self” (ibid, p. 5). Here, the symbolism and cultural meaning of organ transplantation is constructed based on this idea of the cadaverous body, which is attributed to the donors by the use of narratives that circulate from the social to the private context and vice versa.

The exchange, here, of something [an organ] that comes from a cadaverous form and it is transferred to another living human being, which for Sharp has the character of a “gift of life” (ibid, p. 13) and it is embedded in the construction of accounts within the “language of a gift economy” (ibid, p. 12) remind us of the exchange of symbolic elements as gifts within the interaction of the social and cultural system. At the same time, the idea of a biological and subjective interrelation is also exposed in the presentation of the brain death criteria in which the donor becomes dehumanized, presenting a lack of personhood. This creates contradictions due to the fact that the donor’s body, which is preserved by the use of the ventilator, presents all the signs of life found in the body that is still alive. The dilemma is: Is the patient death or alive? Is the brain death criterion enough to medically diagnosed death?

Here, I want to present Sharp's ideas in order to support the development of the scaffolding model. Sharp stated in relation to "organ transfer" (Sharp, 2006, p. 250) that:

"The art of distinguishing the brain from the mind is a tricky affair: neurologists, for instance, may draw little of any distinction between the two and may rarely use the term mind at all ... the categories of brain and mind play off one another within the realm of organ transfer... the brain is understood as a complex organ whose dysfunction proves destructive to both bodily functions and the social and emotional attributes that define who we are. To preserve the distinction between the organic and abstract aspects of our selves, *I employ brain to refer to the organ itself, whereas I associate mind (which is recognized in organ transfer as dwelling within the brain) with social personhood and the private self or psyche.* The mind, then, should be understood within this study as encompassing the abstract, symbolic aspects of our self: our emotions, thoughts, dreams, tastes, and desires. If the brain keeps us alive and human, it is the mind that allows others to sense us as unique persons who can be loved and mourned by others" (ibid, p 250, *italics are mine*).

I have borrowed Sharp's concept of "organ transfer" *in order to represent, metaphorically, the idea that the mind coexists with the brain.* In contrast, the medically constructed brain death criterion, which is employed in order to justify the end of the existence of the subject and his/her mind, and the reinforcement of the presence of a cadaverous body, facilitates the legal power needed in order to procure an organ for transplantation.

Despite the previously stated dilemmas around this medical practice, my viewpoint, here, involves the existence of the mind due to the presence of a functional brain. We have a mind due to the fact that we have a brain and that any dysfunction of our brain could affect our mind, and as a consequence, our behaviour. The mentioned concept of "organ transfer" associates with the connection between the brain and the mind, which as we know is medically and logically impossible because of the

immateriality and non-locality of the mind. But, for this thesis it is used as a hypothetical construction.

Once again, for this thesis, the concept of “organ transfer” sustains that the mind is a hypothetical extension of the working brain. This is done in order to facilitate a metaphorical construction of the brain, mind and language [+senses] named scaffolding model.

In addition, the idea of an ambivalent subject, previously observed in the clinical cases, gives also a rationale for introducing quantum theory of the mind. This is because physical reality from a quantum theory perspective is ambiguous or ambivalent prior to the act of observation. Also, in quantum physics there is an idea about a “dual electric charge” [which supports the notion of duality previously investigated in language and mind] that maintains a geometrical function in the *physical brain* and a topological space in the *cognitive brain* (Stern, 2000). This separates two spaces, which are correlated by a dual charge. It is here that the dyadic functioning process is represented as a support of this dual activity, creating the mind from the reflected functional brain. I will develop this further, later on. The aim of this chapter is to integrate approaches, which are based on the dilemmatic perspective of the brain-mind duality. This attempts to give answers to the subjective process of building a mind by the construction of a model, which includes the therapeutic use of dual narratives.

2) The Concept of an Ambivalent Mind

The idea of the mind is a modern concept. In antiquity, it was mythology that placed the thought of the psyche as a personification of “the human soul, mind or spirit” (Oxford Dictionary, 2011). This is portrayed in the legend of Eros and Psyche, also known as the myth of Amor and Psyche, or the Roman tale of Cupid and Psyche by

Lucius Apuleius. It narrates the account of a love story between Psyche and Cupid [Eros]. The story shows an impossible relationship between a God and a mortal, which is mediated by the seeing and unseeing [ambivalent] positions of the interplay of roles. I will narrate part of the myth in order to give an introduction to the concept of the psyche and to inform how the story plays an important role in the construction of my model.

The legend recounts how Cupid was commanded by Venus or Aphrodite, who was Cupid's mother, to play a trick on Psyche. Therefore, he made himself unseen [invisible] and flew into Psyche's bedroom while she was asleep. In order to do this, Cupid had to use his golden arrow to make Psyche fall in love with a horrible creature that Venus would place before Psyche, as soon as she was awake. This was because Venus was jealous of Psyche's beauty. Venus is characterized as a competitive Goddess [Other] who did not want to have her beauty compared to that of a simple human being [Psyche].

At the same time, when Cupid was in Psyche's chamber, Psyche woke up and felt the close presence of Cupid's body but, of course, she did not see him, as he was invisible. However, she was still able to look right into his eyes. This action caused Cupid to stumble, fascinated by Psyche's beauty. Instead of scratching her with his golden arrow, he wounded himself with it, and so fell in love with Psyche. This love story shows us the connection between two characters who interact in a specular situation mediated by a possible-impossible gaze.

In the myth, one can interpret that it is the encounter of the subject with the imaginary other that presents us with the scene of the two characters, who have to deal with the ambivalent position of seeing and non-seeing. This happens in the chamber, while Cupid was invisible and when Cupid and Psyche found an imaginary

likeness of their-own reflected gazes. This was supported by the ambivalent characteristic of the possible and the impossible [visible and invisible].

In relation to the tale, Psyche represents a reflecting surface in which the idea of the double is exposed because of what Cupid saw in Psyche when he had fallen in love. In the myth, this idea of the double was actually the binary interaction of their gaze, which was mediated by this dyadic articulation of their minds. Here, there are two notions, which become one. One of them is the concept of love as Narcissistic, and the other one is the function of the gaze and its “inside-out structure”(Lacan, 2004 [1973], p. 82).

The idea that love is narcissistic brings me to chapter two and the thoughts that, what is lost [absence] in the subject will be found [presence] in the other; and secondly, that the subject does not see the other as another being but “in the other sees its own self” (Hegel, 1977 [1952], p. 111). This is supported by the function of the imaginary mirror that reflects the image of the other back onto the subject so by providing what he/she wants to see. Therefore, the presence of “an ambiguous otherness [seen as twofold significance] is equally an ambiguous return into itself” (ibid).

Also, Lacan, in his *Seminar VIII*, stated that the essential of being in love, *Verliebtheit*, namely the recognition of the foundation of the narcissistic image in so far as it is what gives its substance to the Ideal Ego” (1960-1961, [XI], p. 161). It is for this reason that the subject is constituted in the imaginary reflection of the other. It is the other, who allows the subject an identity and a position in life. And also, it is the other, who is, there, being offered to the subject as an object to love and to be loved, and facilitating identifications.

In addition, the function of the gaze introduced “that consciousness, in its

illusion of seeing itself seeing itself, finds its basis in the inside-out structure of the gaze” (Lacan, 2004 [1973], p. 82). Therefore, in the tale, the imaginary reciprocal action of the subject with the other shows that the gaze and its inside-out structure [visible-invisible] are articulated by the construction of narcissistic love. In fact, what the tale portrays is the level of mediation that the psyche or mind grants to the subject by the use of the dual function of the gaze [seeing/non-seeing] and by one’s senses. These appear embedded within the narrative of the story. This is an account of love that positions the characters in a double activity, which is produced by the structure of the gaze.

All of this brings me to the statement that *the mind is a mediator between the subject and the other* through the use of the gaze and the senses in which the two phases of the conscious and the unconscious [known-unknown/visible-invisible] facilitate certain agency that is twofold. For example, we look without seeing or we see without looking. Freud (1950a [1895]) used the idea of the psyche or psychological activity, when he formulated his notions about the functioning of the mind. This was previously stated in chapter one. I want to mention that with the presentation of this myth, one wants to put forward that the mind contains this dual attribute of the gaze that is embedded in its own functionality.

As a consequence, the idea of the mind maintains a link with the concept of ambivalence, such as visible-invisible. This is demonstrated by the fact that the mind also supports a dual characteristic. This was previously stated by Freud when he mentioned the scission of consciousness in his patients (1894a). Ambivalence is not only considered in the formerly introduced tale but it is also associated with the psychoanalytical idea of agency. This is because in chapter one, I stated that agency is seen as possibility or impossibility of action for the subject. The fact is that agency

also is observed in the analytical arena as disavowing [action] (Ahumada et al., 2006). The subject seems not to have any knowledge of his/her intention to do certain actions and this seems to emphasize the dual, ambivalent character of the subjective agency. This is because agency is conscious and unconscious. The concept of the mind here is connected to the idea of a subjective agency.

Also, in chapter two, ambivalence is presented by the use of specific but not explicit utterances, in relation to certain subjective questions: Am I this or that? Am I a man or a woman? This triggers a doubtful position within the subject. I stated the theoretical idea presented by Butler (1990), in which she observed the binary pair of feminine-masculine as an imposed socially constructed restriction. And, I concluded that, in the clinical setting, the patient group presented with variable and confused ways of viewing the binary pair [man-woman] as extreme ends of an equation. This triggers the ambivalent question: Am I this or that? Am I a man or a woman? This becomes a conflict for the subject in the patient group.

In other words, my viewpoint is that sexual identity moves along a chain of signifiers, prioritizing a *dyadic functioning process* that is demarcated by twofold elements, which installs boundaries around certain themes or narratives. The action of the subject is at stake in a recursive relationship within a symbolic matrix that is bounded around a binary pair. This relates to the Lacanian phrase “a signifier is what represents the subject to another signifier” (Lacan, 2006 [1966], p. 694). Therefore, in this thesis I have emphasized the notion of an ambivalent subject, which underpins the construct of agency.

I believe that in order to gain an insight into the notion of the mind and outline a metaphorical model of the psyche, following this characteristic of ambivalence, it is important to observe another mythological construction. It is the character of the

myth as a culturally transmitted element that brings me here to the account of Narcissus. Also, the idea of narcissistic love situates this second myth in an important place in the constitution and development of the subject, which includes the subject's imaginary relationship with the other. I want to introduce it here, in order to present my thoughts that are associated with a specific structural characteristic, which is duality, through a split, or an ambivalent property that is at stake within the functioning of the mind.

Therefore, it has been observed that the previous presented tale of "Cupid and Psyche", introduced the idea of an ambivalent mind in which the binary concept of, for example, visible-invisible articulated with a property of the mind that included the functions of the gaze and senses. This binary attribute of the mind also triggered within language a doubtful interrogation of the subject: Am I this or that?

Now, the introduction of Narcissus's myth will facilitate an understanding of the psyche as an *ambivalent dual-reflection*. This is a representation of how the subject is constituted, which is supported by the account of the myth. This is because the subject is predetermined by the narratives of the other, which become incorporated within the subjective structure of the child as a dual ambivalent reflection that is integrated by the interaction of the subject with the other during the mirror stage. We see in the other who we are and the other sees on us who they are. This is what was constituted in the foundational structure of, for example the ambivalent position of Mr. X and his position of a slave waiting for the charity of the master. As a consequence, duality, here, will be observed as an internal and external reflection, which is also ambivalent because of the juxtaposition of the positions [roles] that are attributed and undertaken by the subject and the other. Now, I will introduce some theoretical ideas about Narcissism before I introduce the myth.

3) The Theoretical Account of Narcissism

Narcissism in a person has always been viewed derogatorily as this is someone who might love him/herself too much. This is because narcissism is associated with selfishness and with behaviour, which is not welcome in society. Freud observed this characteristic in Greek mythology, and theoretically he legitimized these socially unaccepted acts by incorporating the myth into psychoanalysis (Lee, 2006).

The term ‘narcissism’ in psychoanalysis was first introduced by Freud in Vienna at a meeting of the Psychoanalytical Society on the 10th of November of 1909. After that, in “Leonardo Da Vinci and a Memory of his Childhood” (1910c), Freud stated the idea of object-choice in homosexuals, which was, for him, related to the re-enactment of autoerotism and an election “along the path of narcissism” (Freud, 1910c, p. 100). This is because Freud thought that the homosexual man chooses a younger person, who reminds him of himself, at a time that he was a child loved by his own mother (ibid).

Later on, in the Case History of Schreber, Freud mentioned that the causation of paranoia is associated with certain homosexual components of sexuality. It is here, when Freud stated that there was a “homosexual wish in the development of paranoia” (Freud, 1911c, p. 60). Also, Freud pointed out that the transit of libido from autoerotism to object-love might have been affected. This is because in these cases, patients “linger unusually long in this condition [autoerotism]” (Freud, 1911c, p. 61), and as a result, they show certain characteristics, such as, a homosexual election that maintains a “choice of an external object with similar genitals” (ibid).

It is in “Totem and Taboo” (Freud, 1913 [1912-1913]) that he returns to the theme of the “earliest choice of object” (ibid, p. 17) in association with the “incestuous fixation of the libido” (ibid). This was done in order to give an account of

an “infantile feature” (ibid) in the “mental life of the neurotic patient” (ibid). Here, narcissism is seen as a “physical fixation” (ibid, p 29), which produces an *ambivalent* reaction, or conflict within the patient, which is “*localized in the subject’s mind*” (ibid, italics are mine).

In his paper “On Narcissism”, Freud (1914c) stated that cathexis is a libidinal quantum [libidinal theory] that could be withdrawn [inversion of the libido] from the external world and “directed to the ego ... [that] gives rise to an attitude which may be called narcissism” (ibid, p. 75). Here, Freud also talked about megalomania or grandiose ideation, which is caused by the libidinal cathexis of the ego. All of these ideas, in fact, express stereotypical concepts that need to be re-evaluated today as Freud constructed the current notion based on an unsure position “between a developmental and structural concept of narcissism” (Moncayo, 2008, p. 3). In addition, Freud’s points of “view [are] ... outside the subject experience of the narcissistic person and a view that reflect the negative feelings of those subjected to the antics of narcissism” (Lee, 2006, p. 2).

Currently, the American Psychiatric Association DSM IV-TR defines Narcissistic Personality Disorder as “a pattern of grandiosity, need for admiration, and lack of empathy” (2000, p. 685). This reinforces the negative connotation of the term narcissism. The notion of narcissism has to be considered within the confines of the structure of the subject. This is because narcissism is part of the constitution of the subject that is built from the first contact with the imaginary other. To consider narcissism only as a negative attribute of someone’s personality is to examine someone only from an imaginary viewpoint instead of also considering narcissism as part of the subjective structure. For Kohut a patient with narcissistic psychopathology has suffered from a lack of empathy during his childhood creating an *ambivalent*

position, in which there is an *over evaluation of the self*, which is followed by a *feeling of inferiority* (McLean, 2007). This viewpoint, in my opinion, shows a more realistic approach to narcissism because it presents a characteristic of the psyche [ambivalence], which demonstrates that dual elements interact within a structural approach of the mind. Therefore, the characteristic of the psychological structure is viewed as dual or ambivalent.

Something similar is theorized by Melanie Klein (1997, 1998), who observed that there was a close relationship between narcissism and schizoid pathologies (Vaknin, 2001). She thought that the child was born with a dissociated ego, in which archaic mechanisms of defense [splitting, projection and introjection] are actually ways of dealing with the external perceptions of the world and this is in parallel to the vulnerability of the child. The child attempts to defend him/herself from feelings of disintegration and death by using those mechanisms (ibid) and by splitting the external and internal object.

Klein (1997, 1998) maintains an object relations theory, in which the relationship between the child and the mother is a reflection of the formation of the mind of the child. For example the “bad and good” breast are forms of an imaginary split object, and its incorporation, projection or identification establishes the basis for a structural psyche of a child. Therefore, narcissistic personalities, from a Kleinian point of view, are defending themselves, via splitting, from a bad internalized object, which is experienced outside the subject as persecutory in nature. This triggers within the child a schizoid defense mechanism governed by a projective identification (Vaknin, 2001).

This approach supports a viewpoint, in which the subject is structured in a narcissistic way as a result of these first defensive experiences with an imaginary

other. This occurs through the use of a splitting [ambivalent] mechanism and the concomitant employment of dual elements [good and bad breast] within the structure of the psyche. This is similar to my ideas expressed in chapter III in relation to the ambivalence presented by the patient group. I mentioned, at that point, that an ambivalent position of the narratives of the patient group could have been the cause of an extreme splitting of elements. This could have been due to a possible traumatic experience or as a consequence of certain negative early events of the life of the subject, such as a lack of emotional containment.

In addition, Lacan (2006 [1966]) in “The Mirror Stage”, introduced in chapter three, stated that the ego, via identification with the other, is constituted during the specular drama of the mirror stage. Therefore, the intersubjectivity with the other is the base for the internalization of imagos via identifications with the imaginary other (Lacan, 2006 [1966]). The end of the mirror stage occupies for Lacan the place of primary narcissism because of the presence of a death instinct. Lacan attributes this to the imaginary aggressiveness that operates in relation to the specular presence of the other who also presents as a “good-Samaritan” (ibid, p. 79). Lacan’s ideas also reinforce the *ambivalent* presentation of the subjective structure [mind], which is composed of imagos or identifications, including good and aggressive components.

Now, I would like to use the myth, in order to give an account of my ideas about narcissism and how this concept relates to a fundamental base. As I have stated, this is relevant because I believe that the review of the myth will give an analysis of the idea of the mind, as an internal/external dual-reflection. This is the same as saying that the mind sustains this dual-reflection, facing the external [outer circle] and the internal world of the subject. In here, I am talking about an ambivalent [functional] mind in relation to the presentation of this internal/external [ambivalent] reflection.

The Greek myth of Narcissus describes the story of a hunter, well known for his beauty, who was seen by Nemesis, the goddess of revenge, and who attracted him to a pool of water. Nemesis envied Narcissus's beauty; it was for that reason that she tricked him to look at himself in the water. The crystalline fluid acted as a mirror and Narcissus [*Νάρκισσος*] –a name which in Greek possibly derives from [*ναρκη*] (*narke*) meaning sleep or numbness– was so fascinated by his own image that he drowned – perhaps deprived of consciousness or unresponsive.

This coincides with “a state of solipsistic encapsulation and separation from the world” (Moncayo, 2008, p. 7), a kind of dreaming state that coexists with the Freudian idea of absolute primary narcissism (Freud, 1914c). This state is “prior to the constitution of the ego and therefore auto-erotic” (Rabaté, 2003, p. 29), fundamental narcissism (Dolto & Nasio, 1997) that relates to the importance of the desire of the mother for her child as a base for his/her positive development, or a cosmic narcissism (Kohut, 1966), which transcends the search of man for completeness and meaning (Corbett, 1989). For Moncayo, it is a pre-subject narcissistic phase or primary narcissistic degree zero, which reincarnates a return to the basic union [pre-subject] with the mother (Moncayo, 2008).

My viewpoint is that Narcissus was captivated by his own image because he saw his likeness on the surface of the water, which connected him with an internal/external dual-reflection within his mind that acted as a mediator between the inner and outer world. This included also a void held up by an enigma [absence] in relation to his subjective questioning. One can say that the internal/external reflection is a duality, which is also supported by the dyadic functioning process that is beyond the imaginary and symbolic articulation of the gaze. Duality here is a twofold process.

This is similar to the duality of symbolic components previously stated in

chapter III. This is because it is the functional system that supports the duality of components and processes [activities]. I previously mentioned in chapter III that a pair of signifiers involves two elements differentiated by opposition and separated by a gap. Yet, if one observes how a duplet of signifiers are structured in comparison with the structural contents of the mind, one can visualize that the structure of the mind holds also an empty space or absence. This is because the mind also produces a scission of consciences that also includes a vacuum. This is because the functional mind detects and assimilates dual components, which are already socially separated by values. The dyadic functioning process absorbs these components, associating them with other contents of the subjective reality of the subject. One can also imagine that the vacuum in the mind is equal in value to the absence [One-missing] represented in the chain of signifiers by Lacan (1999 [1972-1973], p. 129) via the inter-signifying relationship.

From my viewpoint, this means that the two signifiers of a pair are separated by a gap or absence within the chain of signifiers. And, also, that the mind has copied the external world via introjection of a pair of ambivalent elements, which triggered the doubtful question: Am I this or that? The question is precipitated by the symbolic activity of the subject due to the lack [agency], which facilitates the articulation of elements. Therefore, language and mind are structurally equivalent because both structures support an absence and ambivalent pairs of signifiers [representations].

It is for this reason, that in the tale, Narcissus went beyond the symbolic world in order to find his own answers to his questions. However, he found the 'real' [the One missing] that represented a 'lack', and he encountered death in the form of primary narcissism degree zero [absence]. Narcissus was imaginarily attracted to his image. Yet, in fact, he was looking for a response to his own existence [his predicate],

in his own reflection.

A dyadic functioning process supports this exchange of functions between the external image in the mirror and his symbolic understanding of his perceptions. Once again, Narcissus was looking for answers to his ambivalent question: Am I this or that? Yet, the imaginary mirror had played tricks on him, because the answers to his questions were embedded within the symbolic register and he could not look into it. Narcissus's tale offered a subjective position in which the subject gets stuck in the imaginary perception.

The illusion of the reflection in the mirror took him to a place of death [the real] without a symbolic articulation of his own subjective position. This means that Narcissus did not understand his subjective place and as a consequence he drowned. The same situation repeats in the patient group when they do not know about their personal situations and they also "drowned". The role of the therapist here is to unveil the subjective position in order to avoid acting outs.

4) The Dual Reflective Function of the Mind

This brings me to state that the mind is characterized by a *dual reflection* as an activity, which is sustained by a dyadic functioning process, based on the interaction of the subject and the other [external world]. This allows for the mechanisms of introjection and projection (Klein, 1997, 1998), the inscriptions of representations and the repression of contents in the unconscious, which return as a symptom (Freud, 1900a), and the articulation of signifier and signified in the "signifying chain" (Lacan, 2006 [1966], p. 418) via the imaginary relationship with the other supported by the Other (ibid).

It is here that we become subjects. The ontological development of a human being depends on this process, which is facilitated by the property of mirroring

[reflecting] images based on the “dialectic of identification with the other” (Lacan, 2006 [1966], p. 76) and on the concept of a primary narcissism or zero point [real]. This brings us to the beginning of the development of the subject, in which his/her ontological and philological bases interact for the first time. Here, the support of language, which facilitates a mind, also provides a symbolic function, in which the question about the existence of the subject (ibid) has to be articulated alongside his/her life cycle.

A functional brain also backs up this symbolic function. Here, the concept of “organ transfer” (Sharp 2006, p. 250) has to be mentioned in order to integrate a structural process in which the brain is amalgamated as a subsystem within the structure of the brain, mind and language [+senses]. I envisaged this concept in order to integrate the idea of subsystems into a functional and dynamic structure in which the transfer of functions and processes from the brain onto the mind is supported by this notion. Sharp formulated this construction because he knew how hard it was to mark a distinction between the brain and the mind. This author based the connection between the brain and the mind on the facts that the brain’s “dysfunction proves destructive to both bodily functions and the social and emotional attributes that define who we are” (ibid).

In order to place a different order of organization between the biological aspects of the brain and the abstract features of the self, he stated that the brain has to be recognized as “the organ itself” (ibid), while the mind “is organized in organ transfer as dwelling within the brain” (ibid), which includes the social self and the psyche as main components. The psyche is also associated with “the abstract, symbolic aspects of our selves: our emotions, thoughts, dreams tastes, and desires”(ibid), while “the brain keeps us alive”(ibid).

Therefore, there is a structure which also includes the subsystems and it is based on this idea of “organ transfer” that allows the integration of the mind in association with the presence of the brain. We have also observed that the mind has the attribute of presenting ambivalent sets of functions like, the seeing/non-seeing [dual function of the gaze] and the knowing/non-knowing. These dual functions, within symbolic levels, trigger the ontological questions of the subject: to be or not to be? Or, Am I a man or a woman? that are also ambivalent presentations of the subject.

My hypothesis is that if the mind and its connections with the symbolic world, the perceptions [gaze] and senses present ambivalently, there would also be an ambivalent functioning process in the subsystem of the brain. I have thought of this with the aim of extending the concept of “organ transfer”. This is because a dyadic functioning process, which repeats along each of the subsystems, also integrates the structure.

In addition, one can envisage that the dyadic functioning process underpins with the concept of a *dual reflection*, which is internal and external. Firstly, the reflection is internal [*Innenwelt*] to the subject, and *it is represented by the transfer of the functions of the brain onto the mind*. Secondly, the reflection is external [*Umwelt*] to the subject and it relates to the mirroring effect that the subject receives from the other and the outer-circle, which is also supported by the functional brain and the capabilities of perceiving [+ senses] the images and the stimuli coming from the outer-circle. The gaze here plays a role in the perception of external stimuli.

In the case of the Narcissus’s tale, the translucent substance of the waterhole reinforced this external reflection, which comes from outside the subject. Here, the full resemblance of the body is attributed to an imaginary image, because “without a *reflection* the subject cannot see a total image of its own body” (Moncayo, 2008, p.

12, *italics are mine*).

These ideas prioritize the concept of reflection and the notion of ‘mirroring’ in the subjective construction of the self [and mind]. The interaction of an internal reflection from the functional brain, following the idea of “organ transfer”, and an external reflection from the social environment allow for the construction of the psyche as a symbolic matrix, which contains language and narratives. This phenomenon raises the question that outlines the existential exploration of the subject: to be or not to be? and includes the duplet idea of feminine and masculine as imposed by the Other (Butler, 1990), reincarnated in the question: Am I a man or a woman? Therefore, the ambivalent reflection [internal/external] facilitated the existence of a subject who is the product of social narratives and brain functions.

Also, in my perspective, one can imagine that the brain [from a biological perspective] internally displays onto the mind a functional system that attributes different levels of physical characteristics of sexual behaviour or “sexual dimorphism” (Goldstein et al., 2001), which, for example, is shown as a structural dissimilarity between the brain of a female and a male (*ibid*). Yet, human beings are not only biologically made, there are other factors to take into account within the sexual identity and behaviour of the subject. I want to state with this that sexual differences are not only characterized by organic predispositions of the functional brain but also by a structuration process (Giddens, 1984) of the mind, in relation to an experiential articulation of the concepts of feminine and masculine within the narratives that predetermined the subject. This is characterized by an activity in which reflection of the external reality is at stake by the use of the perceptions and the gaze supported by an internal reflection of the brain itself onto the mind.

I need to emphasize, here, that my particular reading of the mythological

account of Narcissus leads me to talk about the mind as a reflective system, in which reflection and the idea of likeness, play important roles in the constitution and activities [agency] of the subject. This is because the subject is inaugurated into the recursive process of interaction with the imaginary other supported by the symbolic world of language, which comes from the outer circle and is mediated by the construction of the mind that is internally assisted by the functional brain.

The mind is shaped as a result of a *reflection* from the external interaction with the other onto a topological space that is equivalent to a “symbolic matrix”. This is because a topological space could be seen as a milieu of representations, which have symbolic values. This facilitates the development of the subject, incorporating symbolic and perceptual elements. It is here, that narcissism bridges between the identifications with the other and the concomitant consequence of the introjection of the relationship with the other (Laplanche & Pontalis, 2006 [1967]) onto a surface. It is for this reason that, for Lacan, there is a need for understanding the mirror stage within the context of an identification (ibid), which in turns allows for the formation of a “symbolic matrix” (Lacan, 2006 [1966], p. 76) based on introjections of representations of imagos (ibid) onto the mind.

The Lacanian foundation of “The Mirror Stage” in which the *reflection* of the subject in the mirror facilitates a “reality ... [that] duplicates” (Lacan, 2006 [1966], p. 75) allows me to focus on the notion of *reflection as a dual process*, which is also guided by the concept of “organ transfer”. To imagine the mind as ambivalent connects my thoughts to the concept of dual-reflection, which portrays a function of the psyche. Lacan mentioned that Freud, in the presentation of his ideas of the mind, talked about [light] that “led [him] to identify quality as pertaining to the special apparatus” (1991, [1954-1955], p. 110).

That “pure quality, that is, the external world seen as a simple reflection” (ibid), in fact, brings Freud to mention that consciousness is a “reflection of reality” (ibid). This means that Freud based his work on the subject’s action of “co-naissance of reality” (ibid), which is nothing more than a reflection of the external world. In my opinion the reflection is dual not only because the reality duplicates, facilitating the presence of an internal reality for the subject, but also because the internal process of reflection assists the phenomenon of the construction of the subjective structure via the dyadic functioning process. This is what articulates the game of the Fort-Da (Freud, 1920g) by which the child starts constructing his/her reality based on the absence and the presence of the mother.

In addition, Lacan stated that “man gets to see his reflection from the point of view of the other” (1991 [1954-1955], p. 112), in which the body is recognized as a “symmetry that reverses” (Lacan, 2006 [1966], p. 76). This is an important element in Lacan’s theory, which relates to the optical mechanism of vision applied to a symbol. It is here that what is reversed from the image of the mirror comes back, giving the subject an inverted message. The expression: “the sender receives his own message back from the receiver in an inverted form” (Lacan, 2006 [1966], p. 246), presents the imaginary place of the other as a base for symbolic activity, which gives the subject an identity, which is actually a reflection [an illusion]. This concept of reflection also represents the shadows of Plato’s allegory of the cavern (Plato, 2003) as a partially captured reality of the subjective experience.

All these ideas place the notion of reflection as a structural function of the psyche, in which the subject develops his/her subjectivity. It is not just language what is structuring the subject but the gaze and perceptions during the interactional encounter with the other, which are also sustaining a dual function, such as the

ambivalent situation of seeing/non-seeing.

Nevertheless, in order to allocate the abstracted notion of the mind to a process of negotiation of the subject's reality, avoiding a theological perspective, I would like to juxtapose certain elucidations: the concept of the mind, which is involved in "phenomenon and processes" (International Dictionary of Psychoanalysis, 2011, p. 1) does not coincide with the metaphysical idea of the soul [spirit or anima], which is related to a more religious matter.

This allows me to understand the mind [information system] as an "symbolic matrix", which acts as a pacemaker between the inner world of the subject –internal reflection [transfer] of the brain– and his/her outer circle, forming a "space" that also produces conscious and unconscious phenomena, taking us away from an account of the mystical attributes of the image of the soul. Lacan also exposed similar ideas, when he mentioned the importance of the nervous system, denominated by him as an "intra-organic mirror" (Lacan, 2006 [1966], p. 78). This is because the mind is a construction based on the reflection that the other gives back to the subject in an inverted form [illusion]. Narratives also encompass this inverted reflection, which are experienced by the subject in a discursive and perceptual way [body language].

In order to approach an account of the mind as a dual-reflective system, it is a priority to bring up the previously mentioned concept of the *surface-differentiation* [that forms the system], which is composed of layers that connect the ego, the id and the external world. These are conceptual ideas found in Freud's works (Freud, 1923b). Once again, Freud stated that "consciousness is the *surface* of the mental apparatus; that is, we have ascribed it as a function to a system which is spatially the first one [layer] reached from the external world" (ibid, p. 19). This structure, which is composed of different coats or substructures, is the mind or surface [space] that

reflects the outer circle of the subject through the support of the gaze and senses.

It is because of the lack of knowledge of certain functions and processes of the brain that I would like to speculate on certain thoughts in order to cast a light on the kinds of processes and systems, which account for the presence of dual narratives in the clinical setting. One of them is the current presented role of the mind as an *intra-organic mirror* or system, which repeats the inner support of the brain, attributed to the existence of a human being.

In neurophysiology, certain conceptions are in parallel with this. For example, the concept of mirror-neurons is one of them. *Mirror-neurons*, which are allocated to the frontal lobe, are able to fire a reaction in the brain when we observe an action by another person and also when we execute the same action (Ramachandran, 2010). Therefore, imitation and emulation become a faster way of developing culture. This is inferred by the fact that we learn by observing another person's actions or when we perform the same actions, in which we adopt the other person's point of view (ibid). This supports the biological basis of the mirror stage mentioned by Lacan, which is stated in chapter three. I would also like to add that the mirror-neurons perspective does not confirm the scientific validity of such research, as there is not enough evidence to support its postulations. It is for this reason that mirror neurons can be applied as metaphors for psychoanalytical accounts (Vivona, 2009).

The other conception is a metaphorical phenomenon of *conversion [transfer] of functions between brain and mind* (Stern, 2000), which could be used as a hypothesis. This relates to the presentation of certain ideas about electric charges conceptualized by quantum physics, which I will go into detail later on. For now, one can visualize that there are specific charges operating from the interaction of the functional brain and mind, by a process of conversion or transfer [reflection] of

functions, from the brain onto the mind [symbolic matrix]. These basic thoughts come from physics and in particular from quantum theories.

It is not my intention to be pompous about these abstractions or base my hypothesis on unrealistic matters. However, I believe that there are certain unknown brain functions involved in the symbolic construction of the subject, which one has to envisage by building them up as analogies, in order to outline a metaphorical model of the mind. This also associates with previous theoretical constructions, such as, the idea of the hypothesis of energy (Freud, 1984a), which was stated in chapter two, or the Lacanian notion of “the drive as the treasure trove of signifier”(Lacan, 2006 [1966], p. 692), which was mentioned in chapter three, in relation to the drive and the signifier’s chain. For a researcher to give an account of mental or symbolic processes within the mind, there is a need to assemble analogical constructions due to the lack of observable scientific evidence.

However, my understanding of Freudian ideas in connection with the Lacanian construction of the mirror stage is that the subject develops his/her mind, with the support of language, from this first encounter with the other [mother] in a specular interaction, which is the basis for further inscriptions. It is for this reason that the subject is constituted by the presence of the other that inaugurates the “precise nature of the particular mental action intuited by Freud regarding the formation of the ego in the so-called narcissistic phase of development” (Moncayo, 2008).

Also, Bowlby emphasized this by stating that the loss of a mother figure or its substitute was an important variable in the problematic development of a child. This lack of a mother figure had as a consequence, the concomitant responses of detachment and despair in the infant (Bowlby, 1997 [1969]), whose development is based on the reciprocal influence between mother [other] and child [subject] during

the mirror stage, which includes communication of affects and symbols. This supports the binary interaction of the gaze –because there are two potential subjects during the mirror stage– and senses, which includes also a twofold connection between a mother and a child’s minds, highlighting that the presence of the other helps to constitute the ontological development of the subject.

Here, narcissism is based on the imaginary presentation of the other’s actions, which are the foundations for the subject to symbolically represent the world through the use of language, in a dialectical exchange of presence and absence inaugurated by Freud in his observation of the game of the Fort-Da (Freud, 1920g). As a way to find an existence for the subject, language is a *support*, in which the interaction between the subject and a caregiver is at stake. This is achieved, not only in a way in which the subject is inscribed into a world of language but also as a problem because language also implies an unpleasant struggle.

Communication uses constraints (Billig, 1999), which models the subject by inscribing a narrative that is prescribed for him/her by the other. This was previously presented in chapter two, for example in the case of the man of the tiger’s claws. Consequently, “trauma is a function of interaction” (Bowlby, 1997 [1969], p. 10), in which the external [imposed by the other] narratives of the subject produce a scar in the subject’s internal world [symbolic matrix]. This is supported by a *dyadic functioning process* within the mind of the subject, because the symbolic matrix has been dotted with a quality process that includes a duality, which has been derived from the functional projections [transfer] of the brain onto the mind. Here, the idea of “organ transfer” also includes the concept of a reflection within the function.

This dyadic function has, as a predecessor, the dual interaction that occurs between a mother and her baby, which incorporates within the child a reflected image

of the process. This is an *internal facsimile* of that reciprocal action, which is also twofold, forming the mind of the subject and attributing a subjective position, which is split between the role of the child and the position of the mother. This is because there are two subjects interacting and absorbing elements [signifiers] via a learning process. This also articulates two subjective positions between the participants of the interaction. And, this is a main issue, which is the unfolding of a subjective position that is articulated in relation to the other as a dual foundation of a subjective interactional process. The introjection of these images or components by the subject, which are in pairs, depending on values, such as positive and negative ones, will be allocated within the symbolic matrix. For example, Melanie Klein (1997, 1998), mentioned previously, cited ideas of the dyadic pair of ‘the bad’ and ‘the good’ breasts within the mechanisms of projection and introjection within her object relations theory.

There are similarities, here, to certain thoughts, which are also discussed by Taylor, in relation to identity, which includes an awareness of our “moral space” (2004 [1989], p. 28). Here, the concept of moral space is equivalent to my ideas of the shaping of the mind. This is because this area becomes “a space in which questions arise about what is good or bad, what is worth doing and what is not” (ibid). Taylor, here, talks about a “spatial metaphor” (ibid) that presents principles by the use of linguistic elements, such as ‘good’ and ‘bad’, which are in turn also paired. It is for this reason that language brings up the function of *support* because it facilitates standards within the use of symbolic elements [dual signifiers], which relate to the oppositions and differences of the signifier. This was also stated by Lacan in the example of “the laws of urinary segregation” (Lacan, 2006 [1966], p. 417), in which the two doors, by opposition and difference, represented the signifiers, by which each

of the two characters identified themselves.

In addition, Taylor offered, as an example, the uncertainty of narcissistic personality disorder cases, which showed a counter effect on the signs of “spatial orientation” (ibid) of the untroubled mind. Patients with narcissistic personality disorders present with manifestations of unpredictability. And, this is what I tried to demonstrate in chapter two, when I have presented, for example the case of the Austrian female patient, whose variability of mood and ambivalent position, in relation to her sexuality, were at stake. This also influences the way that these kinds of patients elaborate their *problem and solution formed scenarios* that are presented in the clinical setting as being dissociated and conflicted and, at times, the solutions are repressed or blocked. For Taylor, like in my clinical observations, this is manifested with signs of “spatial disorientation as well as moments of acute crisis” (Taylor, 2004 [1989], p. 28).

The proposed *dual narratives* by the presentation of *the problem and the solution formed scenarios* are clinical evidence, which demonstrates that language, in conjunction with the specular image of the gaze and the perception of the senses, which I have called language [+senses], incorporate into a mediator [mind] the foundations of a symbolic world in order for the subject to build a mind between the functional brain and the outer reality. Here, the idea of dual narratives brings me to the concept of splitting of consciousness, which has also been discussed in the analytical arena (Freud, 1894a; Klein, 1997, 1998). This is because dual narratives are fractured, separating and grouping positive and negative components or signifiers.

I have already observed that the idea of trauma, which in Freud contributed to what he called the scission of consciousness (1893a) and had as a consequence the splitting of the mind (ibid), is a secondary moment of the function of the psychological

structure. This is because I see the split of the psyche as a property of language and mind, which is demonstrated by the operation of absence and presence, which in turns facilitates the symbolic production of the subject. The mind is split because the human being needs to find a substitute for an absence. This relates to an internal division between something that one lacks and a possible object that becomes momentarily internalized as a substitute for the lost one. This was also observed by the use of dual narratives, in which the *problem formed scenario* was separated by a gap or a linked signifier from the *solution formed scenario*.

If duality is detected in language by the binary effect of signifiers [absence-presence] and in dual narratives by the presentation of the *problem and the solution formed scenarios*, in my opinion, the mind also supports a twofold system, which I have nominated as the *dyadic functioning process*. The problem here is the immaterial characteristic of the mind that does not allow us to place observables within the problem in hand, which is the study of the mind. We only have observables that are constructions found in language and others systems, such as the gaze and perceptions. The question is: Can be mind and language homologated?

However, following my chain of thought, I have found similarities in a theoretical account called: dual-process theories, which since the 1970's have been developed and investigated by different approaches. It is thought that such perspectives claimed that human beings have two minds (Evans & Frankish, 2009). It is for this reason that "human central cognition is composed of two multi-purpose reasoning systems, usually called *System 1* and *System 2* " (ibid, p. 1). The problem with this approach is the lack of recognition of the concept of an unconscious subject. In order to understand these approaches I will firstly mention how the idea of duality was primarily seen by certain authors.

5) From the Duality of Brain and Mind to the Duality of Mind and Language

Mental phenomena are considered nonphysical and immeasurable [qualia], which relates to symbolism, representations, thoughts and ideas that are the products of the functional brain, in comparison with the physical world, which is measurable [quantitative] and tangible. It is for this reason that the relationship between mind and matter [brain] plays an important role within the concept of dualism in the philosophy of mind, which began with Plato in his association with the idea of death. For him, the soul was trapped in the body until death, which was an act of liberation. Therefore, the soul is observed to be the “prisoner” of the body. Mind is the real person, which cannot die (Cooney, 2011). In Plato’s Republic, Book 7, the allegory of the cave is narrated, in which the perception of the world is nothing else than mere shadows (Plato, 2003). Here, the idea of a universal concept is based on the theory of forms, which are immaterial [qualitative] substances. The mind becomes something incorporeal, which is needed in order for the subject to access any abstract knowledge. Or, in other words: “Plato furnishes the conceptual framework needed for saying that body and soul differ in kind, the one being perceptible and perishable, the other being intelligible and exempt from destruction” (Stanford Encyclopedia of Philosophy, 2009, p. 1).

This was presented differently by Pythagoras, who believed in the transmigration of the soul, which after death became bound up with the ‘divine soul’ returning pure, in order to be reincarnated in another being (Stanford Encyclopedia of Philosophy, 2009). Further on, St. Augustine stated that man was composed by soul and body. The soul was the best part of the man and the body was the inferior component (Saint Augustine, 1960). Aristotle, who was a disciple of Plato, did not agree with his master’s postulations. For him, there was a direct relationship between

mind and body, in which the soul was the 'form' of the body (Aristotle, 2000). The form is the essence of the thing. Therefore, the form is the substance. It is interesting to observe how in Plato, we see forms [shadows], which are universal or general concepts, and in Aristotle the form is allocated as the essence of the body, which is an abstract concept that is internal to the subject, and a particular subjective idea of the mind.

All of this allowed Descartes to mention that there is a spiritual power, which is an agency that allows us to know things (Descartes, 1997). His approach was based on analogies, in which the brain and the body were the links needed for the subject to construct, for example, a conveyed image of a figure. It is important to point out that Descartes incorporated concepts that were based on Aristotelian doctrines of a central sense, in which, for example, the notion of common sense was analogically related to a central organ of the body (Descartes, 1997).

Descartes stated that in the brain there is a motor force, which is a component called *fancy* or imagination. This element is what allows the retention of impressions and the movement of the motor force of the nerves. For him, this was done by the support of external perceptions. Descartes stated that "we must think that the power by which we are properly said to know things, is purely spiritual, and not less distinct from every part of the body than blood from bone, or hand from eye. It is a single agency, whether it receives impressions from the common sense simultaneously with the fancy, or applies itself to those that are preserved in the memory, or forms new ones" ... "this cognitive power is at one time passive and another active..."(1997, p. 42).

In this passage Descartes defined agency as a cognitive power that is associated with a spiritual idea of the mind, which facilitates activity and knowledge

for the subject. It is important to take into consideration that he gave to this notion of agency a dual characteristic of being passive and active. In my viewpoint, Descartes formulated a theory about an integrated functional system, in which the mind is an agency that holds a dual property. The notion of a purely spiritual agency reinforces the impossibility of localization of the mind. This is because this idea implies a non-materialistic construct. Therefore, the concept of the mind acts like an invisible entity that changes from passivity to activity, facilitating motility within the system or analogical psyche, which includes the body. This brings us to a functional system of the mind, in which the agency is located as part or component of the structure. Therefore, the interaction between materiality and immateriality seems to be connected by this dual function, which is called mind or agency in Descartes's works.

However, the relationship between mind and matter [brain] has been a traditional problem, which has motivated a philosophical debate since the beginning of the study of the fundamental nature of knowledge.

Reductionism makes an effort to explain the phenomena from a unitary point of view (Ney, 2008) in which the prevalence of one of these theories: the biological, the neuropsychology and neurophysiology, or psychological, attempts to give an answer to the dichotomy. Despite of this, the consensus is that the mind [consciousness] and 'subjectivity' only belongs to the human being.

The materiality of the brain and the immateriality of the mind expose the question of how materiality can cause a certain action or behavior in the human being. How the brain can influence the mind? And this is the question of agency: How a physical entity, such as the brain, can produce an agency with free will?

Causation, which is the causal relationship between behaviour and its results (Robb & Heil, 2013), attempts to answer this question. Yet, the conclusion is that

causation is impossible from a materialistic perspective. This is because material things do not have will-power [lack of subjectivity] or they cannot perform an intentional behavior (ibid). Descartes believed here that the mind [and the subject's decisions] influences the body. This points out a philosophical dualism that is not accepted by sciences.

From here on, there are two schools of thought: *dualism*, which states that the brain and the mind coexist together, and *monism*, which postulates that the brain and the mind are separated.

Here, *dualism* is presented in different modalities. For Descartes the mind influences the brain, from an *epiphenomenology* point of view the brain affects the mind [here an epiphenomenon is a “secondary effect or by-product” (Oxford Dictionaries, 2013, p. 1)], *interactionism* believes that the brain and the mind are in “reciprocal action or influence” (Oxford Dictionaries, 2013, p. 1) and *psychophysical parallelism* states that the brain and the mind exist in parallel, there are not effects between them (Heidelberger, 2003)

This allows me to talk about *monist* theories that state a distinction between *materialist*, which supports the hegemony of the brain [matter] (Underwood, 2008), and *mentalist*, which is based purely on the concept of the mind as an unobservable substance [essence] with attributes (Dietrich & List, 2012). Humanistic psychology presents this idea in which only mental phenomena is involved in subjectivities.

In addition, there are two types of materialism: the peripheralist and the centralist.

Peripheralist theories are the ones that the concept of the mind is reduced to the idea of behaviour as “a condition of the environment” ... [which, does not] “account for [the] behavior in terms of the underlying neurological laws” (Taylor, 1964, p.

107). For example thinking of hunger is translated into the behaviour [observable] in which the individual starts eating, which is not always the case.

Centralist materialism is when mental processes are identified with purely physical processes in the brain, which is the aim of cognitive neuroscience. Therefore, there are only physical processes, which are not more than chemical reactions or physical states in the brain. Here, brain states are the same than mind states. The brain-mind identity relates to identify structures in the brain, which correspond to mental states.

Materialism attempts to replace psychology with neurophysiology. Here, free will is recognized as a result of a vast amount of nerve cells and their connected molecules (Crick 1995). I will come back to these ideas later on. For now, I want to state that the current metaphorical model of the mind attempts to prioritize a dyadic functioning process that is beyond any dualism. Yet, it utilizes dualism as a repetitive pattern between the subsystems of the brain, mind and language [+senses]. Dualism here is related to the interrelations of elements within the structure and also with a dual functioning. There is a movement from the duality mind-brain to a recursive functional system, which integrates the classical dichotomy of mind-brain but as components of an interactive structural system. This is because there is an interactional situation between the observer [subject] and the discursive reality that pre-determines the subject, which is supported by the structure that is guided by the dyadic functioning process. The subject is in an interactive process of dual elements. In fact the subject is an ambivalent subject.

A dyadic functioning process that repeats along the structure in relation to each one of the subsystems supports the interaction between the brain and the mind. The emphasis of an interactionism and a functionalism approaches might question the

existence of a subject within this model. It is for this reason that the subject is introduced here within the subsystem of language [+senses] that includes a subjective position due to an interaction of dual components or signifiers. This relates to the Lacanian expression, “a signifier as being what represents a subject for another signifier” (Lacan, 1968-1969, [I], p. 22). Agency here is a dual momentum within the structure in which the activity of the subject could be conscious or unconscious. This is also supported by a dual narratives system.

I have mentioned that the mind forms a functional system or structure that has certain properties, such as passivity or activity [duality], which are facilitated by an agency as stated by Descartes. In my perspective, agency is what links dual narratives, such as a gap or an absence, which could also have the value of a linked signifier, as previously observed. Therefore, duality plays an important role in the construction of the mind. One can say that there is a move from the twofold materiality [brain]-immateriality [mind] to the binary action of the psyche, which incorporates distinctions between, for example, passivity and activity. This is also translated into language and dual narratives. Because language supports the double value of the signifier which is also represented by opposition and difference of dissimilar words as it was stated in chapter three, when I cited the Lacanian example of “the laws of urinary segregation” (Lacan, 2006 [1966], p. 417).

I have also emphasized the idea of a *symbolic matrix*, which includes symbolic elements or representations. Language is manifested via the mind and its quality, which is duality, and expressed within the clinical setting by the use of dual narratives. This is because the function of the signifier is a reflection of the function of the mind [duality], negotiated by the activity of the brain. This will be discussed in relation to a topological effect (Stern, 2000).

The mind uses the function of language as a *support* that is a way by which the subject expresses him/herself and is heard. Here, the connection between the physical and the mental is produced by a conversion or *transfer* from the functional brain onto a surface or symbolic matrix, which is done by the use of certain properties, such as the assimilation of a qualitative character of the mind and with it, duality.

a) From Brain to Mind

I have already stated the importance of the idea of “organ transfer” (Sharp, 2006, p. 250), in relation to the internal/external [ambivalent] sources of reflection within the construction of a subjective structure, which involves the functional brain. There is another author who reports on the notion of the brain or its neuronal complex system and its relations to the mind, in this case emphasizing consciousness. Damasio (2010a) attempts to give a formulation in order to describe certain mechanisms in which the brain produces the self and informs us that the self and the mind are integrated, forming what we call consciousness. It is interesting because, in his viewpoint, the self that is placed within the confines of the mind is what differentiates human from animal, in which “the mind is the basic component” (ibid, *audiovisual material*) of the human being.

My idea is that the concept of consciousness is not enough to explain the mind or even the self. It is the idea of the unconscious mind [or a duality mind] that is also needed in order to gain an insight into these terms. It is for this reason that I will mention that Damasio (2010a) emphasized a “process of construction” (ibid, *audiovisual material*) and “deconstruction” (ibid), in which “the process that emerges from the brain” has as a consequence what we named consciousness, and “knowing how to build” (ibid) our experiences is what allows us to include the idea of the self.

These ideas add to the value of the thoughts observed in Freud's works, in which the notion of the unconscious is linked with a subject that is not aware of certain functions of his psyche (Davis, 1994), such as dreams or conversion symptoms. I will add that, in relation to this understanding, there is also an unconscious accomplishment that is observed in the clinical setting and expressed by the patient through dual narratives.

In my perspective, during the *problem formed scenario*, which is narrated by the patient, one can detect the unconscious phenomena, which includes the agency of the subject who is not aware of his/her actions, or he/she acts out of his/her agency without control (Ahumada et al, 2006). This implies that there is an agency that does not know everything and also denies any responsibility about his/her actions. It is in this way that psychoanalysis claims that disavowing is action [agency] (ibid). This underpins the occurrence of the deconstruction of dual narratives that is associated with the discourse of the subject and the *dual idea of the problem and the solution formed activity* of the patient, which was explained in chapter three.

Once again, I gave an example of deconstruction in the case of the man of the tiger's claws, in which an imposed narrative was presented as a *problem formed activity* by the discourse of the other and incorporated by the subject in his/her internal world [mind] as a *problem formed scenario*. Therefore, it was also observed that the subject recreated a *solution formed activity* as an attempt to solve a problem, which was reinforced [imposed] by the narrative of the other through the presentation of the *problem formed activity*. At that time, the patient was not aware of his actions [mechanisms] and why he was doing them. This was a deconstruction of a previously presented *problem and solution formed scenarios*. That was inferred in the therapeutic setting, while a patient demanded treatment.

At that time, I discussed the thoughts of the notion of agency as disavowed (Ahumada et al., 2006). Now, I want to state that deconstruction facilitates the understanding of a symbolic mind, which is composed of narratives that includes the agency [action of the mind] of the subject, forming what we call conscious and unconscious phenomena. This is observed in the discourse of the subject, during the analysis of dual narratives. This understanding is because the deconstruction of the problem and the solution formed scenarios shows two phases of the psychological formation of the subject in which being subjected causes a response to the commands that the other [Other] has imposed on us.

To complement Damasio's (2010a) concepts without focusing only on a conscious process, my ideas currently add a *dual process of the mind*. This is observed in the binary scenarios of dual narratives by the use of conscious and unconscious phenomena. In *the problem and the solution formed scenarios* there is an exchange of unconscious occurrences [unknown elements] that maintain the subject in an ambivalent position. The subject does not know why *repetition* is at stake, which is a *functional consequence of the property of the mind that is duality*. Human beings repeat dualities in an ambivalent way.

The problem with repetition is that it acquires a pathogenic effect when symbolic activity is blocked or absent because the two scenarios [problem and solution form] become less integrated. Therefore, there is an acute division of negative and positive components that produce instability in the subject and as a consequence we observe the typical acting outs of unexpressed feelings or ideas. These are presented as seeking behaviour but, in fact, they re-enact the uncertainty, in which the subject is embedded, looking for knowledge and information about his/her subjective position. Its 'lack' is presented as a subjective action [response] to the

Other in the form of an acting-out, which is *a message in its own right*.

Consequently, the unconscious [unknown] is a very important element that needs to be integrated into the concept of the mind. This is because it incorporates a functional process of dual narratives. The *problem formed scenario* facilitates the discursive inputs, therefore the analyst will interpret the information so by reaching a solution within the clinical setting. Damasio (2010b) only talks about consciousness and when he talks about unconsciousness he expresses the idea of automatism. I believe that this concept is not enough to explain the mind because this particular notion is associated with a mechanical system that takes us away from any subjective discursive position, which includes a predetermination of dual narratives of the subject. The best concept here to use is 'subjective ambivalence', which also relates to the division between conscious and unconscious processes. This is because in ambivalent thoughts there are two ideas: one that is repressed [unknown for the patient] and another one that is conscious. A very good example is the behavior of Freud's Rat Man who was positioned between the ambivalent love and hate.

However, Damasio mentioned some interesting ideas about representations, which I would like to state, here, in order for me to continue giving some preliminary elements of a new outline of the notion of the mind. Damasio (2010b) stated that the most complex brains have the facility, by the use of its neurosystems, of creating "representations of the life processes, representations of their own bodies, representations of the world outside" (ibid, *audiovisual material*). This correlates with "representations, which are made in the form of neuro-maps" (ibid) that are the result of packages of information or perceptual images of our experiences (Damasio, 2010c). For him, the "mind is a collection of flowing images, in those images are built on neuromaps, [which] ... are maps of the world outside and of the world within the

body” (Damasio, 2010b, *audiovisual material*).

Therefore, one can mention that representations are inscribed on these neuromaps within the neurosystem (Damasio, 2010b). At the same time, there is an “organ transfer” that is the mind, which supports these neuromaps by the use of a symbolic function based on a *dyadic functioning process* that is expressed in dual narratives. These narratives are the evidence that the mind is split because the psyche follows the structure of language which recursively interacts as a part of a gestalt or as a part of the whole system, which includes the brain, mind and language [+senses]. For this reason, language and mind share the same property, i.e. duality. Language, for Lacan, acquires meaning due to the twofold function [condition] of the signifier (Lacan, 2006 [1966]), which, in my opinion, is also observed in dual narratives.

In addition, the idea of an internal/external dual-reflection intertwines with the ambivalent position of the subject, which was introduced through the legend of Eros and Psyche and the duplet concept of seeing/non-seeing. The common denominator along this thesis is that the subject exposes an ambivalent state of mind, which has as a consequence this doubtful situation in which knowledge is partial, such as the known /unknown series, and the example that actions are experienced by the subject as possible or impossible. This idea of an ambivalent subject gives a rationale for introducing another perspective, which is quantum theory of the mind.

Previously, I left my discussion about the mind-brain problem in suspension, stating that materialism attempts to give an answer to the problem of free will by finding a vast amount of nerve cells and *their connected molecules* of the mind-brain. Now, this brings up the philosophical debates that have motivated quantum neuroscience and classical neuroscience, which are based on the previously mentioned idea of “the traditional mind-brain, or ‘hard’, problem” (Smith, 2006, p.

181).

b) The Importance of the Molecular Levels

Quantum neuroscience points out the transformation of neural activity into consciousness in which molecular levels play a very important role within the structure and the function of the brain (ibid). However, the passage from a quantitative characteristic of the brain into a qualitative attribute of the mind remains an unknown. In chapter two, I gave an insight into Freud's point of views around this transformation from quantitative to qualitative when he mentioned in "The Project" the idea of cathexis of representations. There, thoughts were charged with energy [drive].

The explanations of these Freudian ideas were based on Newtonian mechanics or classical physics, which were the current paradigms at that time. The main feature of Newtonian mechanics was the idea of continuity, in which energy was circulating in infinite amounts, continuously. Things have changed since then and currently energy, light, force and motion are seen as a dual particle/wave form.

In order to give an understanding of how quantum physics are implicated in a new metaphorical construction of the mind, it seems important to discuss certain ideas about the precursors of quantum theories. This is because within the physicists' circles scientists maintain that "quantum theory will turn out to be deeply implicated in the hard problem" (Smith, 2006, p. 182).

First of all, I would like to mention the contribution of Albert Einstein (1879-1904) who described the photoelectric effect in which electrons are liberated from a substance under the influence of light or under the effect on an electromagnetic field. This was a way to present the concept of a *dual particle/wave*, in which electrons were found to exhibit dual natures: explained in terms of waves or explained in terms

of particles. “Light can sometimes behave as a particle and sometimes as a wave” (Gaff, 2011, p. 1). Reflection [one of the properties of light] here is also explained in dual ways [particle/wave duality].

Quantum physics approaches the existence of matter by stating that atoms are formed by a nucleus that is charged, positively, and electrons that are charged, negatively, which are found rotating around the nucleus in orbits. These primary ideas, which were presented by Ernest Rutherford (1871-1937), configured the Rutherford’s 1911 model of the atom, which exposed a gap in his theory because the negative electron would be attracted by the positive nucleus destroying the atom (Kaku et al., 2007, *audiovisual material*).

Another physicist, Niels Bohr (1885-1962) added, to solve this problem, the idea that the orbits of the electrons were fixed. These were, then, well-defined orbits around the nucleus and there was nothing [gap] in between the orbits. This idea of the electron being a particle constituted the Bohr model (1913). There were other ideas, which opposed to the Bohr particle theory. This was the idea of the electron as a wave.

These ideas that electrons have fixed orbits inspired others to think that “energy presented as waves made up of discrete energy packets of quantum, now called photons” (ibid, *audiovisual material*). This quantum idea could be applied to matter. It was Werner Heisenberg (1901-1976) who calculated a mathematical description of the Bohr particle model in 1925, which pointed out to the essence of the debate: Is the electron a particle or is the electron a wave? (ibid).

Classical physicists were unconvinced. It is for this reason that another physicist, Erwin Schrödinger (1887-1966) who “disliked the generally accepted dual description in terms of waves and particles, with a statistical interpretation for the

waves, tried to set up a theory in terms of waves only. This led him into controversy with other leading physicists” (Dirac, 2012, p. 1). This was an alternative to Bohr theory presented by Schrödinger in 1926.

However, for Heisenberg the uncertainty was placed in relation to the position of the electron [particle]. Was matter made of particles or was matter made of waves? He articulated both theories about the particle and the wave. Here, the uncertainty principle (1927) was presented by Heisenberg. It stated that, in order to observe an electron we need to apply a light onto it. To observe an electron and to see where it is, it is impossible because as soon as we shine a light on it, it changes location. This changes momentum and position of the particle. It is impossible to measure position and momentum, at the same time (Kaku et al., 2007, *audiovisual material*). Events here are based on probabilities and *uncertainties*. He finalized by mentioned that “the electron is a particle and the probability of finding it, it is giving by its wave” (ibid, *audiovisual material*).

During the same period of time, Bohr who was also one of the promoters of the Copenhagen interpretation of quantum mechanics, which gave the basis for a general understanding of the atomic world, presented the Bohr’s Principle of Complementarity (1927). This was based on the so-called *wave-particle duality for light*, which is presented in the next graph (Harrison, 2000).



This graph exposed an analogy called: Figure-Ground. The current figure presents a drawing of a vase. The visual effect of the vase is that if one looks at it in one way, it presents as a simple vase. Yet, if one looks at it from a different angle, the

vase has two faces. The conclusion here is that there are *two viewpoints*, which can be switched backwards and forwards but we cannot see both at once. Yet, the figure presents both viewpoints at once. The similar effect is thought to be of an electron as a wave or to be of an electron as a particle. Both present this dual viewpoint (ibid). The corollary of this is that *a phenomenon can be viewed in one way or in another, but no in both ways at the same time*. Is this illusion of a dual viewpoint, which organizes the perceptions of our universe? Or, Is there something beyond our senses that articulated the dual viewpoint? Is this also an ambivalent phenomenon, which supports the dual subjectivity of the observer?

Bohr also emphasized that there was a “problem of ambiguity” (Smith, 2006, p. 182). This was in relation to language and how to avoid ambiguities that language unfolded during the process of communication, which was a dilemma. His focus here was in general epistemology more than in physical investigations (ibid). His position was that quantum mechanics changes the classical explanation of ‘cause and effect’ (ibid). This is because the ‘cogito ergo sum’ that Descartes introduced with his philosophical process is already lost in the moment of thinking. The subjective time does not coincide with the physical time and our emotions have already vanished when we want to think of them.

The idea of language as ambiguous [ambivalent], which is unfolded by subjective temporality [constant change] is also related to the philosophical thoughts of Heraclitus of Ephesus (BC 535-465) as the form of an insistence and a constant change in the universe. Heraclitus’s phrase: “no man ever steps in the same river twice” reinforces this idea of change, which is also related to Bohr’s thoughts of the inversion of the classical phenomena of ‘cause and effect’, which interacts with subjective activity.

This is because there is continuity in the subjective movement within the subjective thought process that is measured by the impossibility of action of the subject of 'stepping in the same river twice'. The idea of 'cause and effect' implies that something is terminated after the culmination of the phenomenon, which is not correct because a mental state changes all the time. The question here is: what happens with repetition?

It is then that Heraclitus also believed in the concept of unity of opposites. This means that all entities had the attribute of being *pairs with contrary properties*. It does not get more ambivalent than this when one mentions that language is ambiguous [like the presentation of the Freudian case of the Rat Man, who was placed between the love (conscious) and the hate (unconscious) for his father and his fiancé] and that our emotions have already dissipated and changed when we try to analyze them. Again, this relates to a continual change in our subjective reality. It is here that ambiguity is related to repetition. I previously stated that the subject repeats ambivalence in a subjective way. This is because the subject's narratives are split into two scenarios, which repeat along the life of the subject. Time here is seen as subjective time in relation to subjective experiences that also account for individual differences.

On the other end of the scale of quantum physics was Schrödinger who brought into quantum theory the idea of the difficulties of the integration of the observer within the investigation and the search for knowledge. Here subjectivity attempted to be included within the natural phenomenon by the use of the observer, which for Schrödinger was not applicable. Schrödinger analyzed the pre-Socratics in order to find out the origin of the paradoxes that were formulated along the pathway of science.

The conclusion was that he found very difficult to put himself [the observer] into the picture while he was thinking about Nature. This is very similar to the critiques that Moran (1993) stated in relation to Freud when she discussed that Freud did not mention the word subject and that he saw the mental process as machinery. This emphasizes the difficulties of integrating the subjective experience within the physical world. This is also found within the mind-brain problem. And, this was also a critic from Schrödinger to Heisenberg who mentioned the idea of an observer in relation to the correspondence between particle and wave. This critic, in fact, reinforces a split in the way that certain authors observe the idea of mind-brain or subject and nature.

In my opinion, the dialectical idea of subject and nature has to be based on a recursive moment, during the structuration process (Giddens, 1979). This is because there is an interaction between, for example the brain and the mind, which constitute consciousness and there is also a lack of knowledge of the subjective process, which includes an unconscious phenomenon. Heisenberg also talked about an integration of processes when he mentioned his principle of complementarity between particles and waves. Here the observed [subject] is embedded in a recursive process, constructing the mind and the brain. The idea of the observer introduces the subjective activity of the subject in relation to matter. This is one of the ideas that quantum physics bring in relation to the interaction between mind-brain. It is matter that is approached by the observer producing a complementary phenomenon. The other idea is the concept of ambivalence, which interacts with a superposition of states in the brain [matter or nature] before the observer's activity.

The idea of subjectivity mentioned by Heisenberg, who postulated his uncertainty principle, placed the role of uncertainty as a main feature of the quantum

world. The *uncertainty principle* is based on the unknown location of, for example an electron. “There is a small chance that it may not be in the atom to which it should belong but the other side of the galaxy!” (Smith, 2006, p. 184). This is because our observations are constricted and “we should not assume the existence of a ‘noumenal’ world we can never reach” (ibid). Heisenberg here homologates his thoughts with Plato’s ideas in which reality is only shadows; “they are forms, ideas which can be expressed unambiguously only in mathematical language” (ibid).

These ideas placed the world of mathematics beyond the duality of mind-brain, in which: “Mind or matter is a consequence of mathematical structure” (ibid). In quantum physics, there is also an idea that mind and matter is represented by mathematical structures, which gives as a consequence the illusion of a reality for the observer. “In other words, the [Platonic] forms are always present in both matter and mind and they are responsible for both” (Smith, 2006, p. 184).

Language for Heisenberg has similar connotation that the ones expressed by Bohr because language “make[s] things unambiguously clear” (ibid). This is because the language of quantum is not considered an ordinary phenomenon like every day language. He compares the language of physicians, in relation to atomic events, with the idea of potential expressed by Aristotle (ibid).

Aristotle observed that we know the reality of physical objects through experience. Here, organisms and objects are formed of a *potential*, which is their matter, and of a *reality*, which is their form. For example, a seed has the potential to become a growing plant [reality]. Heisenberg also talked about the complementary of matter and consciousness -potential and [subjective] reality-, in which the verb “to be” has to be re-defined (ibid). Again, this is because the every day language does not match the language of quantum physics.

Smith (2006) also presented the ideas of another physicist, Walfgang Pauli (1900-1958) who was convinced that “the worlds of mind and matter were aspects of a deeper reality, a *unus mundus*” (ibid, p. 185). Pauli added the concept of archetypes from Jung’s theory to the previous ideas of mathematical formulations of Heisenberg. This is really interesting because it is here that the archetypes take over within the subject reality when consciousness levels have dropped, during the sleeping process. And it is here that we have the two levels of reality, which were envisaged by Freud’s conscious and unconscious systems and stated by the positive and negative components of dual narratives in my perspective.

For Pauli, the archetypes are beyond the distinction between the psychical and the psychic and also pre-exist the human race (ibid). Here, for Pauli quantities and qualities are the dilemma of physics and psychology in which there is “a cosmic order independent of our choice and distinct from the world of phenomena” (ibid). In addition, he mentioned that the observer “is a little master of creation, with the capacity for (at least) partial free choice and of, in principle, uncontrollable effects on the observed” (ibid). In fact, what Pauli mentioned is that there is a divided world composed by the archetypes and by the microcosms, which is observed and partially created by the subject. He added that “dreams are a way to retrieve the underlying unit” (ibid). It seems interesting that he mentioned the idea of an “unbroken *unus mundus*...where psyche and soma are one” (ibid). It transpires here that reality is already split or ambivalent. Only the *unus mundus* [the formula] is ‘unbroken’.

c) From Molecular Levels to Neuronal Quantum

Quantum physics has ventured explanations about the ‘hard problem’ or the division between the brain and the mind by following the activity or role of the molecular levels. Differently, classical neuroscience has attempted to correlate the activities of

the brain, which are associated with consciousness, with the areas of the brain in which these actions took place (Smith, 2006). The focus was on finding the “neural correlates (or concomitants) of consciousness (NNC)” (ibid, p. 181). This has continued with the debates around quantitative [brain] and qualitative [mind] which intercepts with the concept of subject’s free will. How does consciousness emerge? How do we become subjects with desires and intentional [and unintentional] actions?

It is here that despite the lack of evidence of quantum neuroscience, quantum approaches have been recognized as an important perspective in relation to the idea of consciousness. This is due to the advances in physical theory, which includes “quantum field theoretical biodynamic, [that] provides an account of the water molecules inside the tiny-tiny microtubules (then billionths of a meter in diameter) within the neurons” (Globus, 2003, p. XIX).

The microtubules are filled by the above mentioned water molecules, which are rather polarized [they are dipoles], forming a “crystalline structure, a water quasi-crystal whose nodes are spinning oscillating dipoles” (ibid). As a consequence, there is an “electric dipole field” (ibid), which is resistant to temperature changes. It has been postulated that this electric field might be what allows for the existence of [subjectivity] consciousness due to its activity. Following this line of thoughts, quantum physics offered a possible solution to the hard problem by the use of the previously mentioned uncertainty principle, in which “it is impossible to be quite certain of the position and momentum of a particle at one and at the same time” (Smith, 2009, p. 57).

This principle is captured and observed in neurobiology. It is here that the duality of mind and brain acquires certain integration. It is suggested that there is equivalence between quantum possibilities and biological instances by inferring that

“an incoming nerve impulse excites some electronic configuration to a metastable level which is separated energetically by a potential barrier from a state which leads unidirectional to exocytosis” (Beck, 1996, p. 346). This sustains the corollary that: “quantum tunneling through this potential barrier leads to a wave-function of two parts, one representing the state when the barrier has not been penetrated and one when it has. In one case exocytosis occurs, in the other it does not” (Smith, 2009, 57).

The biological presentation of exocytosis offers “two ‘superposed’ states” (ibid) which involve an act of observation and, therefore the presence of an observer. As a result, in the Copenhagen interpretation of quantum theory, one can mention that *an act of observation causes* “collapse of the superposed wave-function into one or the other [states]” (Smith, 2009, p. 57) in the brain, which is the same as saying that physical reality is ambiguous or *ambivalent prior to the act of observation*. It is here that consciousness becomes apparent due to the possibility of free will (ibid).

The question here is: How does subjectivity operate within the election of one of the states? This seems not to be very clear because quantum physics positions ambivalent reality prior to the idea of ambivalent subjectivity. It is here where I believe that ambiguity is a recurrent phenomenon between the physical and the subjective world. At the same time, this previous physical ambivalence seems to facilitate an observer’s choice. And, what about the observer? Has he/she got a desire or a wish? Can he really choose what to observe?

Quantum physics sustain that it is “the emergence of the discrete from the continuous” (Stapp, 2006 cited in Smith, 2009, p. 58) “[that is] ... described as the collapse of the ... wave-function ... [which] involved the intervention of consciousness” (Smith, 2009). It is the observer by the use of the observer’s free choice who interrogates nature and therefore the wave-function collapses in the brain

(ibid). This is because the “world reduces to a set of possibilities, *potentia*, to a single certainty” (ibid). The conclusion is that “the state of the brain becomes a cloud-like collection of an infinitude of classically describable possible brain states, each representing a tendency for a corresponding experience to occur” (Stapp, 2004 cited in Smith 2009, p. 59).

The subjective activity of the observer or even his/her agency, for quantum physics, causes the wave-function, which is a way to describe the quantum of the brain state, to collapse to a particular state, which could be called experience. And as a consequence, there is an exclusion of all other states. Therefore, in an experiential situation, the known is split from the unknown and the seen from the unseen. It is here that several questions are presented: who or what is the observer or agent? Is the act of observation an act of will? Or, Is the observer subjected to observe the phenomenon?

Quantum physics proposed that the external [outer circle = Other] is also ambivalent before the observational experience, which is assimilated by the observer during the observational process. Or, Is the observer point of view previously ambivalent as well? This mean: Is he/she positioned as a negative or a positive observer before the observational situation? What does happen with the voluntary and involuntary actions of the observer? Is reality prior to the observer’s subjective reality or it is a *mutual construction* that is based on an ambiguous experience within an ambivalent interaction of elements? Here, Smith stated that for Stapp (2006): “The conscious agent remains outside the system and his/her choice to make an observation or not is freely undertaken” (Smith, 2009, p. 59), which means that the dilemma between mind-brain remains for quantum physics. This is because there is not an interaction between matter and mind but an already decided observer who finds in

nature, by the use of a kind of selective process, whatever he/she wants to observe.

The importance here is the existence of an ambivalent system beyond any duality. Quantum physics proposes the interaction between a neurophysiological and a molecular system by the integration of a predetermined ambivalent reality prior to knowledge. This brings me to the idea of the ambivalence of the subjective structure, which is presented in the dual narratives system as a general uncertainty observed as an extreme viewpoint in the patient group [acute presentation].

In quantum physics there is a previous ambivalent reality, which allows multiple possibilities or brain states. The fusion of ambivalent systems [subject and nature] could give as a result individual differences because the observer is also constructed within the act of capturing the ambiguity reality. My viewpoint is that a dyadic functioning process supports ambivalence. Duality here is the external ambivalence that exists prior to the act of observing, following the above-mentioned quantum physics' ideas, which interacts with the internal subjective ambivalence that is imposed by language.

d) Subjectivity and Dual Charges

It was previously envisaged that the brain connects with the mind by a *transfer* phenomena, creating the mentioned “organ transfer” (Sharp, 2006, p. 250), which is due to an internal analogical reflection from the brain, in a form of a “macroscopic wave function” (Jibu & Yasue, 1995, p. 124) defined as a “phase wave of the matter [brain] field” (ibid). The idea, here, is that this wave-function, via reflection onto a surface or “symbolic matrix” (Lacan, 2006 [1066]) that is the mind, offers the possibility of *transferring* the brain processes onto the psyche by following the analogical concept of “organ transfer”. A throwing back of light onto a surface is a way to say that the mind acts as a reflected space, facilitating this operation. The idea

of reflection, here, comes from the previously mentioned concept of particle/wave duality. Therefore, the reflection of light is a very important issue within the structuration process of the brain and the mind due to the fact that without light there is not life and not subject.

It is, here, that quantum physics approaches a solution to the problem of *transfer* from the recursive connection between the brain and the mind. Here, there is another instance of complementarity, which seems important to explore. This is the idea that there is an analogous *wave-particle duality* in the mind-brain connection. This is another viewpoint in relation to quantum physics, this time; it is in relation to a duality of charges. In my opinion this also involves as a result a dual functional system that conveys information onto the mind, which is facilitated by the scaffolds or patterns of connectivity of the neuronal system (Chklovskii, 2005) that is reflected onto a surface [psyche]. In here the reflection of a dual wave or a dual particle from the brain onto the mind and vice versa seems to be an appropriate concept to use when one has considered the idea of “organ transfer” that is supported by a dyadic functioning process.

However, there is unknown knowledge in physical theory that maintains a gap between a mental phenomenon and physics due to the fact that physics do not provide us with observables of thoughts. This is because thoughts are immaterial. Can the laws of physics give an answer to the phenomenon of consciousness?

As an attempt to give an answer to this question, Stern (2000) proposed a new solution to the problem of consciousness, which is a combined theory called “infophysics [that] is built up using a *matrix logic* which allows for a straightforward connection with the matricial formalization of quantum physics” (ibid, p. 75, *italics are mine*). Here, he informs us that this integrated theory depends on the

experimental correlation of “the logical properties of matter and the quantum nature of the brain [in which] ...information may be codified at the atomic level ... [and] ... must enter physics at a fundamental level” (ibid).

This theory also includes mathematics due to the fact that mathematics amalgamates logical elements by the utilization of symbols. Stern recognized that symbols refer to other symbols, avoiding the self-reference principle [when a symbol refers to itself], which appears to trigger uncertainty as a resemblance of the uncertainty principle of quantum physics.

Therefore, logical symbols can be seen as operators [observables] within this theory, such as the utilization of “the ordinary logical scalars true and false by the singular operators TRUE and FALSE which then become subject to the application of various operations of operator algebra” (ibid, p. 76). I do not want to go into detail about these mathematical and logical elements due to the fact that they are very advanced and hard to grasp. Yet, in order to give a general idea about this, I would like to say that these operators are used to calculate the eigenvalues in the vacuums, which are the low-energy states of water molecules in the neurons, by the use of mathematical representations. Here, the vacuums of the neurons of the brain appear to play an important role in relation to subjectivity. I will go back to these ideas later on.

For now, Stern (2000) maintains that the forces of the vacuums, which are not virtual due to the fact that they have been recognized and measured, might shed light on the phenomenon of consciousness. He also proposed that there is a main science of consciousness, which is ‘topology’. This is because “consciousness is non-orientable and in this respect it ‘violates’ the laws of ‘orientable’ physics (Stern, 2000, p. 80). “In actual three-dimensional space ‘orientable’ means ‘bilateral’ (ibid).

Stern presented the idea of consciousness as a topological imperfection [a singularity]. This is because one can collect information in a [orientable] bilateral way using a topological surface, and devices, which include an input and an output phases. This acts as a mirror with a bilateral symmetry that allows exchange of the right and the left vectors. Consciousness [singularity] cannot be tested in this way [in a bilateral way] by the use of these devices due to the fact that when one study consciousness, the mirror symmetry is not there anymore. “Somehow it [consciousness] must perform rotations that appear impossible to our geometrical brain” (Stern, 2000, p. 80). This shows that the idea of a topological space for consciousness is different to our knowledge of geometry. Instead of this, there is an imperfection, which Stern calls a ‘knot’ within the topological space. It is here that “the backreaction for a system with a single side, which has no other ‘side’ to go to, *is routed back* to the system, in this manner inducing the effect of self-awareness” (ibid, *italics are mine*). In fact, Stern proposed that consciousness is seen as a one sided system that is routed back and contains topological imperfections.

Nevertheless, there is a difference between the language of the physical world and the language of the topological one (Stern, 2000). This brings Stern to mark a division between the physical world, which includes the use of geometry, and the biological world, which adds the study of topology. This is because the concepts of geometry are not enough to explain what happens in the living world [and consciousness]. The distinction between geometry and topology emphasizes a “topological solution to consciousness” (ibid, p. 85). He thinks that a new theory should be placed in a transition of phases between orientable and non-orientable topological spaces in which energy and information propagate instantly due to ‘tachyonic’ [theoretical particle that moves faster than light] properties.

It is for this reason that he stated that the previously given answers to the ‘hard problem’ have been unproductive attempts because they look into material or spiritualistic approaches only. It is here that approaching the concept of consciousness from a mechanistic framework, which includes neurons interactions, neurotransmitter or quantum mechanics, seems not to be enough. Stern proposed an interaction between topology and logic. This is because “abstractions ... have great physical power. Words and thoughts alone can induce measurable changes in the brain, can alter the state of consciousness, with the amplified effect being visible to the naked eye in the state of hypnosis, for example” (ibid, p. 87). One can infer, here, that for Stern the Neural Correlates of Consciousness (NCC) are not enough to explain consciousness. For this reason he talks about topology as a hypothetical space in which the thoughts are engraved.

As a consequence, for Stern, there are *logical excitons* that behave like particles. He stated that there is a possibility that “a logical exciton ties a knot in a cognitive space which cannot be smoothed out ... [and] it is prevented from dissipating” (ibid, p. 87).

There is an interesting comparison that Stern offered in relation to this possible phenomena and physics, when he talked about topological charges in particles such as magnetic monopoles or derivative particles. The magnetic monopole shows a “twisted configuration in field theory” (ibid, p. 87). Therefore, there is something about a space that changes due to a derivative phenomenon. And this is what he appears to say when he mentioned the idea of a ‘knot’ that is tied up in a topological space. There is something that acts [a knot] as an imitative phenomenon within the topological fields when a thought is stored. In order to do so, one needs “two dimensional field which encode information” (ibid, p. 88).

To explain this, Stern presented the difference between Noether charges and topological charges. The latter are non-local. Topological charges represent very well the idea that thoughts are non-localizable, “we never observe an isolated thought in particular locations of the brain” (ibid, p. 88). In comparison, a geometrical Noether charge is local. He stated: “It can be localized in a particular spacetime point, to a degree allowed by the uncertainty relation” (ibid).

The main idea is that the production of a thought is correlated with a (topo)logical knot that is tied up as a spatial element within the system. For Stern “Thought is essentially a (topo)logical effect, connected to the brain by means of duality, much as the magnetic monopole, a collective excitation, is related to the dual electric charges. In the actual brain there are Noether charges and these are converted into (topo)logical excitons that move freely through the neuronal medium, decaying into their constituent part and recombining back. A (topo)logical exciton emerges as a fundamental quantum of consciousness, forming coherent waves that run through the brain matter ... They carry topological energy ... their spectra remains highly coherent, because a coherent superposition of true and false underscores the very existence of a (topo)logical exciton” (ibid, p. 88).

This model of the brain takes into consideration that the dual charges are reversible, which places them as a derivative of the geometrical or (topo)logical charges. This associates with the space in between the orientable physics and non-orientable consciousness. And also, the model expresses the logic underscores [true and false] previously mentioned when I introduced the mathematical or symbolic elements of the model, which add the mathematical/logical component of it. This presents a possible solution to the problem of consciousness in which dual charges are converted from Noether to topological and vice-versa. Stern adds that this

“mechanisms of consciousness ... somehow converts physical to mental and mental to physical” (ibid, p. 89), maintaining a logical operation within the represented charges in the vacuum.

It is here that the concept of topology emerges as a solution to the problem of consciousness in which charges are (topo)logical or “nontrivial dynamical topological configurations that exchange with ordinary quanta” (ibid, p. 90) and they are carried by waves or currents. They are impossible to be measured due to the fact that they are isolated from the external world. One can measure the Noether charges, which are measurable by certain devices, which allow the construction of a map of the topological charges of the corresponding Noether charges. It was demonstrated by Wilder Penfield that by using the dual charges one could manipulate the topological currents and the contents of consciousness. From this, one can infer that Stern’s approach is the product of the electrical field theory because the topological charges are the hypothetical result of the electrical charges, using mathematical representations.

Wilder Penfield was a Canadian neurosurgeon who published “Epilepsy and Cerebral Localization: a Study of the Mechanism, Treatment and Prevention of Epileptic Seizures” (Penfield & Erickson, 1941). He operated patients with epilepsy while stimulating different areas of the brain when the patient was conscious. As a result, he sketched maps of the brain and its functions and reported that electrical stimulation of the temporal lobes had as a consequence the recall of very vivid memories. Stern mentioned that “in the Penfield effect the Noether charges are converted into (topo)logical charges but there must be and there is the reverse transformation whereby the (topo)logical charges are mapped onto electrical Noether charges of the brain” (Stern, 2000, p. 90). Therefore, one can infer that Stern talks

about hypothetical charges that are different to electrical charges but they are seen as a consequence of them.

In order to reinforce his ideas that “the mind acts on matter” (ibid, p. 90) and vice versa, Stern mentioned another experiment on patients who were paralyzed. This group of participants had implanted in their brain certain electrodes. Due to their disability they were not able to communicate anything. The experiment was based on the fact that patients were able to change their brain waves by the use of their will power. This was done by the patient while he/she learnt how “to make their cortical potential more negative or positive, in this manner moving a cursor up and down on a computer screen, writing messages” (ibid, p. 91). The important issue, here, was the fact that patient’s choice was between binary options that for Stern had implicated boundaries. From my viewpoint, it is the duality of choices that allows for the subjective construction of a topological space. I will talk further about this matter.

I have mentioned that for Stern a thought is a ‘knot’ in the topological space. This is a way to present a model of consciousness from the combination of dual charges. Therefore, one can say that a thought is produced as a result of the received input and it is engraved in the system. In dual narratives it is the interaction of symbolic elements that attributes dual choices to the subject. Dual, contradictory narratives have placed the subject and the subject has placed him/herself within certain messages coming from the Other. One can say that the received input has two values [contradiction] and it is the subject who unconsciously has chosen [subject’s own construction or interpretation] his/her subjective value due to the internalization of previous [imposed] narratives.

In other words, a thought for dual narratives is an internalized element, which is intangible but gets engraved in a symbolic matrix. This is because reflection [input]

that is accompanied by dual opposite signifiers is absorbed from the environment onto the system where the [dual] input gets engrave. The absorption starts from a perceptual level, which functions as a gestalt of different perceptual organs. If the subject is impaired, such as in the case of a blind person, other perceptual functions take over; obtaining a representational 'image' of the [dual] input that is always accompanied by language or representations, coming from the other [Other].

Inputs are stored in the system, firstly as basic dual mnemonic elements. Their quality increases with time and sophistication of stimuli engraving. As a result, a thought for dual narratives is intersected between two elements, in which the subject's choice that is predetermined by language [incorporation of previous narratives], takes place. As a consequence of this, a thought is constructed around this [dual] input in which the value of one of the extremes of the dual component has been exacerbated by previous incorporated messages. It is here that a particular thought has a certain value for the subject, which is opposed to the other extreme value of the duality. Feelings of uneasiness in the subject are experienced when the values of a thought are in contradiction with the subject's conscious choices or when thoughts get entangle between different interconnected values.

The stored input and its value, when a similar input is presented again, gives the subject the opportunity of going back to the stored representation of the input and recalling it, triggering self-awareness. And this is what we observe in free association when we ask questions [inputs] about certain material presented by the patient. I want to clarify that a dual input experienced by the perceptual system of the subject is already an interpretation of it, a representation. This is also a reflection that carries two opposite meanings [or opposite signifiers], which have been attributed to the

subject via the big Other [place of language]. Language gets more sophisticated along the life of the subject, which facilitates perceptual engraving by the use of opposition.

Nevertheless, for quantum physics the *construction of the mind is a topological problem* (Stern, 2000) [metaphysical space]. The physical brain includes geometrical laws between a commutative [involving substitutions or exchanges] and a non-commutative [without substitutions or exchanges] space (ibid). In the cognitive brain, we are in the presence of an *abstract space result*. Therefore, “thought is essentially a topological effect, connected to the brain by means of duality, much as the magnetic monopole [defined as a single electric charge], a collective excitation, is related to the *dual electric charge*” (ibid, p. 88, *italics are mine*).

Topological charges include knots. A knot is a kind of imperfection along the campus of charge. When *a thought manifests, a knot is tied up*, therefore, the very same *knot becomes a spatially long lasting object in the mind* (Stern, 2000). It is for this reason that a “dual electric charge” maintains a geometrical function in the *physical brain* and a topological space in the *cognitive brain*.

Similarities are found in Freud’s works with his hypothesis about the neuroses of defense, in which “the human mind works by virtue of mental forces and energies following patterns of investment and displacement similar to those in a complicated electrical apparatus” (Sulloway, 1979, p. 61). In chapter two, I mentioned these Freudian ideas of an electric charge spread over the memory traces. This is also very similar to my thoughts of a “metaphysical space”, in which the mind is shaped because the energy of the physical brain is reflected onto a topological space. If one imagines that the mind acts like a reflective system, onto which the functions of the brain and the external reality are reflected and reproduced, one can state that the mind operates like the brain does. And this also envisions how the psyche functions within

the external world, such as using language as a way to allocate a dual narrative system within its confines.

This is because, in my perspective, there is an analogical reflection [of lighting] from the functional brain or a “macroscopic wave function of quantum field theory” (Jibu & Yasue, 1995, p. 124) transferred by a reflection onto an abstract surface allowing symbolic activity by forming the psyche, which also contains reflected knots [thought or representations] that are the products of consciousness allocated in the cognitive brain (Stern, 2000).

The unconscious is also the product then of the wave-function [unknown function for the subject] that is expressed in *dual narratives as a problem formed scenario*. This is because the wave-function is reflected onto the mind, which is an unknown process for the subject. Therefore, the unconscious has the same connotation of being an unknown. It is here, where the subject lacks knowledge in relation to this internal processing system, which repeats in the construction of his/her subjectivity via language. And this is a process system that works at two levels, one conscious and another unconscious, which are projected and absorbed by the subject onto a dual narrative system by the use of language.

One can imagine here that the subject is positioned as an *active* observer of an ambivalent world in which his/her activity produces a “collapse of the superposed wave-function” (Smith, 2009, p. 57) in the brain. The dilemma is how this relates to the involuntary activities of the subject if physical reality is ambiguous or *ambivalent prior to the act of observation* because of the different brain states. Is there a subject prior to the act of observation? Is a functional system beyond the act of observation? In addition, the *passivity* of the observer also relates to the influence that the ambivalent world exercises over the subject. Here, the dual ambivalence of the

subject interacts activity and passivity within the subjective experience. In relation to this, there was an attempt to give a solution to the problem of subjectivity and nature. This was done by the introduction of the concepts of *subjective and objective reduction*.

The development of quantum theory of consciousness was due to the fact that Stuart Hameroff in 1991 integrated Roger Penrose ideas, which were published in *The Emperor's New Mind* (1989) and *Shadows of the Mind* (1994), with his thoughts in relation to his work in cancer research, anesthesiology and his interest in brain functions. In Penrose's works "human mind was incommensurable with classical Newtonian physics and machine intelligence" (Smith, 2009, p. 59). Hameroff's theory was named Orchestrated Objective Reduction (Orch-Or), which was a jointed cooperative work with Penrose.

In this perspective, quantum physics presented the idea that an observation causes a collapse of the wave state in the brain, which was previously an indeterminate superposition of states before an observation was made that inaugurates the concept of *objective reduction*. This is an alternative to the idea that "the natural world could not 'be' without an observer" (ibid). Objective reduction explained the natural world based on its own space-time geometry in which, at a critical point, there is a collapse into one of the states. In here there is not an observer [subject]. This differentiates *objective from subjective reduction* (ibid).

Is objective reduction a process within the structure that facilitates the production of subjectivity? Can objective reduction relate to the involuntary activities of the subject? I mean with this: Is objective reduction an energetic equivalent or a producer of consciousness? And if it is: Can objective reduction associate with a lack of subjective intention [absence of an observer]? Does objective reduction explain

subjectivity from a conscious and unconscious viewpoint? Or, Can this really be only an isolated physical phenomenon within the brain?

From here on, the phenomenon of objective/subjective reduction attempted to explained consciousness, which was related to the hypothesis that objective reduction of superposed quantum states occurred in the brain. How does this occur? The theory explained that the phenomena should be related to isolation from the observation of the states and be presented by certain specific conditions, such as near zero [low-energy states] temperature. Penrose-Hameroff thought that the previously mentioned microtubules were the appropriate place for this phenomenon to occur, due to the suggestion that “quantum superpositions within microtubules are orchestrated (harmonized) so that objective reduction occur on a macroscopic (though still electron-microscopic) scale” (Smith, 2009, p. 60).

Smith presented a question here: “Assuming, for the moment, that this theory makes physical and biological sense, how does it address the ‘hard problem’?” (ibid). It is here that Penrose considered that consciousness is “non-computable” and that “human mathematical intuition escapes this possibility” (ibid). The unpredictability of the “self-collapse of a quantum state in the brain” (ibid) related to Hameroff and Penrose’s ideas of the existence of subjectivity due to the idea of “multiplying up” (ibid) [orchestrated function]. In fact, this presents a subjective ambivalent state that due to a physical function is able to choose [hazardously] a state or to select a particular viewpoint. This is non computable because if it was computerized the brain should have had a program of action in order to operate this selection.

The neurobiological implications of the orchestrated function within the microtubules [part of the cytoskeleton of a neuron along with microfilaments and intermediate filaments], which are formed by a protein named tubulin built of

subunits: α - and β - tubulin, associates all of its components by constructing *dimers* in microfilaments, joining end to end and forming protofilaments. They line up together (thirteen of them) integrating a “hollow tube” (Smith, 2009, p. 60). The tubulin dimer has two conformations and the passage from one position to the other is believed to be regulated by a central electron (ibid).

Here, quantum physics, applied to the complexity system of the brain, offers an explanation that links consciousness with behavior (ibid). The question here is: how does the brain activity, which switches functions by the use of a central electron, become subjectivity [consciousness]? This for Penrose-Hameroff relates to the previous concept of the objective reduction, which occurs when a critical point is reached [collapse of the wave-function in the brain into a certain state] within the microtubules that facilitate a “quantum isolation mechanism” (ibid, p. 60). The isolated mechanism is combined with a *specific condition* within the microtubules that allows the objective reduction. Here, *low-energy states* of molecule water inside and outside the microtubules in the neurons might facilitate objective reduction. “After the self-collapse the process would start all over again” (ibid) and this activity might produce consciousness. For Smith these ideas are the representation of an open door for the future of neuroscience (ibid).

Nevertheless, there were other ways to interpret classical neuroscience without advocating quantum neuroscience. Here, physiological memory is also explained by the concept of hologram, which comes from physics. Dennis Gabor in 1946 (Gabor, 1946, 1968) came across holography as a photographic procedure. It is a technique based on the “interference pattern” (Pribram, 1991, p. xxiii) of light, which is the result of two intersected wave patterns. The product is a third pattern named hologram, which has not the same attributes of the two original light waves (Pribram,

1991). In order to explain this, Pribram gives an explanation in which, “if you *defocus* a lens on a camera so that you do not get the image followed in the image plate... you have a *blurred* and ... that blurred is essentially a hologram” (Pribram, 2010, *audiovisual material, italics are mine*). This means that by “refocusing the lens” again one can find the image, which shows that there is a pattern [a hologram] beyond the image (ibid).

Gabor also worked with holographic equations, which were based on the mathematical formulations of Jean Baptiste Joseph Fourier, who was a French mathematician. Fourier developed a mathematical formulation, which relates to the transformation of images into the symbolism of waves, capturing the mathematical image of the object (Talbot, 1992).

It was based on these ideas that Karl Pribram in collaboration with David Bohm developed “Holonomic Brain Theory”. In “Brain and Perception”, Pribram (1991) outlined this theory, which stated that the brain operates like holograms. Therefore, *memory information is stored as waves interference patterns* throughout the nerve system (ibid). Pribram based his ideas in the fact that visual memory cannot be localized and therefore our eyes translate images to our brain in the same manner than images are translated to holograms (ibid). Pribram’s concept of *neural holography* was applicable to the wave-function, which informed us of the “mechanism of memory” (Jibu & Yasue, 1995, p. 135). These thoughts relate to the hypothetical construction of an “unknown physical wave in the cerebral cortex, that a hologram is produced by this wave, and that this hologram stores memory in the brain” (ibid).

These ideas have received the support from physics, in which the “reproduction of a stereoscopic image [optical holograph] by means of a laser beam”

(Jibu & Yasue, 1995, p. 133) has been considered as an observable back up of possible evidence. This laser contributes a *unique type of light*, in which a considerable amount of photons within a wave number create an electromagnetic field (ibid). A laser beam is a reproduction of an “ideal monochromatic light” (ibid), which is a “specific wave motion of the electromagnetic field” (ibid). Here, the wave motion is used in optical holography (ibid).

Pribram’s initial collaboration with quantum physicist David Bohm was very important. This was due to the fact that they thought that the brain operated just like a hologram, taking into account the Fourier mathematical principles and wave patterns. David Bohm also presented his ideas about the “*implicate order*” (Bohm, 2002, p. xviii) in which there is a main level in the physical universe that is not reached by quantum theories or relativity but these theories are the ways to access the “*implicate order*” (ibid).

This main level represents something that it is impossible to divide [a wholeness] that includes an *implicate order* from which human beings reach the experiential “*explicate order*” (Bohm, 2002, p. xviii). It is for this reason that the *explicate order* is perceived by an observer as a particular or subjective moment of the *implicate order*, being the observer also a part of the implicated order (Bohm, 1989, *audiovisual material*). In addition, Pribram stated that “there is a relationship, here, between what we ordinarily experience and some other processes or *some other order*, which David Bohm called the implicate order” (2010, *audiovisual material, italics are mine*).

This *implicate order* is like ‘another scene’ that the one that the subject [consciously] experiences that for Pribram and Bohm associated with the conjecture that particles are the observable of a waveform that contains a deeper universal level.

It is here that there is an amalgamated field outside space and time in which everything is possible as a waveform [as a whole].

This correlates with the previously presented ideas of the presence of an observer who produces a collapse of the wave function (Smith, 2009) in which reality becomes subjective experience. This is because the universe is an interaction of waves that becomes organized as an illusion of reality by the actions of the observer in a specific spacetime. And this is due to the fact that a photon behaves, statistically, as a particle or as a wave (Gaff, 2011), which for Bohm is “context dependent”. This means that “it depends on how the system is tested” (Bohm, 1989, *audiovisual material*). Therefore, reality is that subjective moment in which the observer apprehends the universal level that was previously present as a waveform. Here, Pribram and Bohm agreed that there is a whole [super] hologram that is formed by information about time and space in which particles are spread (Pribram, 1991, Bohm, 2002) that is subjectively experience in an *explicate order*.

This also relates to the concept of ‘quantum entanglement’, which means that when two particles have been connected or communicated together [within a waveform] and they are separated [non-disturbed], a “strong correlation” [of information] remains between the two particles (Sean, 2010, *audiovisual material*). As a consequence, the observer perceives individual solid elements [particles], which in fact they are components of a wave-form that are spread along different locations at the same time within the wave-form (Pribram, 1991). This associates with the idea of non-locality of information, which is everywhere and non-where.

I previously discussed the concept of non-locality of a thought, which shows how the concept of the mind could also be seen in relation to this idea of non-locality due to the fact that one cannot see the psych, which is a conceptual element as well.

The psyche, like a thought, could be also anywhere and non-where. The question is: Is the mind a synthesis of the information, which is subjectively perceived by the observer after the collapse of the wave function, which was previously contained as a wave-form in the super hologram?

Nevertheless, Holonomic Brain Theory includes memory and perception as ways to apprehend the external reality by the use of *interference patterns or holograms* that are distributed in the brain and the nervous system as a wave function (Pribram, 1991). These patterns are associated with previous experiences and they are transformed into mental representations (ibid). Therefore, this concept of interference patterns also allows for the allocation of a hologram anywhere and non-where within the confines of the nerve system.

Today, other authors think that our perceptions are also an external projection of our mind in which “minds are like fields” and they spread out beyond our brains (Sheldrake, 2008, *audiovisual material*). What we observed out there is part of our internal experience that is “projected out”, which is part of our “perceptual field” (ibid). This relates to our perceptions of being “looked at” in which people have experienced [perceived without seeing it] that someone is “looking at them from behind” when it has happened in reality. This has been research all over the world, showing that there might be a “perceptual field”, which we project outside and around us (ibid).

Nevertheless, Pribram stated that Holonomic Brain Theory is based on “four fundamental concepts [principles] and the relations between them” (Pribram, 1991, p. 28). The *first principle* includes the idea that *space and time are linked to the concept of movement* (Pribram, 1991). These ideas were also shared between Pribram and Bohm. They discussed the problem of time and the distinction between present and

past. In classical physics, time is limited by the mathematical value zero; for example, the movement of material objects is connected to time and space. For Bohm, time and space relate to the *implicate order* as a kind of universal that associates with geometry and calculus. This is different in quantum theory due to the fact that movement is not considered as a continuum because, for example, photons behave like a particle or like a wave, depending on the actions of the observer, which the consequences of the collapse of the wave function.

It is for this reason that the *implicated order* shows the unknown phenomena in which the observer does experiences that the particle has changed from its waveform situation. And it has become a solid particle [an illusion of reality] instead of a wave [super hologram]. The observer experiences the *explicate order* in which the presence of consciousness and thoughts maintain this non-locality and immaterial attribute that is also a characteristic of the psyche. Here, the subject experiences a necessity for the brain to process the inputs (Pribram, 1991) in order to make sense of the whole experience by constructing an illusion of reality.

The *second principle* is related to the “processing of all exteroceptive sensations including those dependent on spatiotemporal configurations ... [that] can be understood as amplitude modulation of these oscillations” (Pribram, 1991, p. 28). This processing gives a *pattern of interference in terms of waves, which is called by Pribram the “spectral domain”* (Pribram, 1991, p. 28), “which ... is the Fourier transformation of space and time” (ibid, p. 27). It is here that the model is described as a kind of cognitive functioning system in which the previously mentioned mathematical ideas of *Fourier transform spacetime coordinates into spectral coordinate systems*. Here, each point is represented as a curve or geometric figure (Pribram, 1991).

Therefore the “spectral domain” is a description or a representation of, for example, a visual image, in terms of waves. It is here that “Fourier-like transformations store information of the sensory modalities in the spectral (or frequency) domain. The sensory stimulus is spread out (or distributed) over a region of the brain. A particular example (in the case of vision) would be that particular cortical cells respond to the spatial frequencies of the visual stimulus” (Prideaux, 2013, p. 1).

The *third principle* “derives from plotting spectral and space time values within the same frame” (Pribram, 1991, p. 28). This shows that there is a minimum or a limit to a quantum of information (Gabor, 1946) that could be measured within a spacetime and frequency. This is an uncertainty and the reduction of this uncertainty is related to the mathematical work with a binary digit that is a choice between alternatives (Shanon & Weber, 1949 cited by Pribram, 1991). All of this gives to the model “a distinction between the configural and the cognitive aspects of perception” (Pribram, 1991, p. 28) due to convergence of information processing theories.

The *fourth principle* relates to how “optimization is achieved in perception” (Pribram, 1991, p. 28). It relates to the power of the dendritic micro-processing that takes advantage of the previously mentioned uncertainty [limit to a quantum of information] in order to optimize information processing based on spectral resolution (ibid).

This is a very efficient process, which separates, by the use of Fourier’s [mathematical] transformations, two dualities: the duality particle versus wave and the duality spacetime versus energy/momentum [spectral], which created confusions (Pribram, 1991). Therefore, one can infer, here, that Holonomic Brain Theory takes a theoretical position, which splits the idea of the duality of the particle/wave and the

position of the observer [as a partial way to think the universe] from the Fourier's mathematical transformations and the spectral domain. This includes the recognition of the universe as a whole as presented by Bohm in which transformational procedures and the spectral domain seem to be part of the super hologram.

The Fourier's transformations are based only on spacetime versus energy/momentum. These mathematical applications focus on the spectral representations of the model instead of concentrating in the particle/wave duality, which for Pribram produced erroneous descriptions. It is here that by the use of the "Least Action Principle" (Pribram, 1991, p. 27), there is the least use of energy in order to optimize functioning before acquiring certain balance. Here, "energy and momentum are conserved in the physical interaction" (ibid). Gabor's delineation of the "phase space" is used on the Holonomic Brain Model due to the fact that includes spacetime and spectrum as incorporated measurements. By the use of these tools, it is analyzed that the dendritic nerves become efficient channels while information is perceived and transformed.

As a consequence, the phenomenon of consciousness is understood as a *process of transformations*, in which "the dendritic processes function to take a "spectral" transformation of the "episodes of perception". This transformed "spectral" information is stored distributed over large numbers of neurons. When the episode is remembered, an inverse transformation occurs that is also a result of dendritic processes" (ibid). Or in other words, subjective experience in space and time is a re-combination from the spectral domain's representations in the visual cortex, sensory and other parts of the nerve system. It is here that mind could be seen as a synthesis of the patterns of interference that it is experienced within the *explicate order*.

Therefore, "memory is stored just like a hologram" (ibid), which represents a

surface, while for Freud, memory registration correlated with his hypothesis of the fluidity of energy, in which the psyche transformed excitations into a memory-trace. These are also modifications of perception that will become stamped on our minds in an unconscious manner (Freud, 1900a). In addition, Prideaux (2000) informs us that Pribram's holonomic theory, for example, in relation to vision, is based on the substantial verification that an image, which is composed in the retina, is converted into a holographic [incorporeal or phantom] field.

As a consequence, the brain associates and connects with different areas within the organ, which then distributes particular information on the *spectral domain* via projection [reflection]. The result is that "consciousness is the byproduct of the transformation back again from the spectral holonomic domain back to the "image" domain" (ibid), while for Freud, "consciousness is the *surface* of the mental apparatus" (Freud, 1923b, p. 19), which gives the mind a topological characteristic.

In addition, in the Penrose-Hameroff's approach, it is the dimmer that works by the use of an electron changing the two conformations of each tubulin dimmer. This sustains that there are some functional changes produced by the use of quantum, which might trigger consciousness. Pribram, mentioned the idea of experience, which in fact positions the receiver of information as an agency who does not "view" but re-elaborates, as an illusion, the "transformation from the spectral holographic to image" (ibid). For this reason, memory is a kind of process, in which the receiver re-experiences or re-builds the initial input (Prideaux, 2000).

For Stern, it is the dual interaction of charges that allows the brain to decide geometrically and the mind to choose topologically. From my viewpoint, it is the metaphorical reflection of luminescence (metaphysical energy) that produces a mind. And this also relates to the work of a dimmer, which could facilitate reflection, like

the one used in the microtubules of the Penrose's approach. Stern mentioned that the basis for consciousness guides a way to the "topological waves or currents which carry the charges" (Stern, 2000, p. 90) and that a thought process involves "a topological current propagating along a close information loop (knot)" (ibid). These topological charges cannot be measured. Yet, in my opinion, the waveform is reflected from the brain onto a topological space, creating a surface [mind].

These ideas of charges, which are similar to the Freudian thoughts on cathexis and psychological energy stated in chapter two, are a priority in the constitution of a new model of the mind. This is because the transfer from brain to mind enables the formation of a functional psyche supported by the organ of the brain, which in turn allows for the construction of a subjective reality. Here, one of the novelties in relation to the Freudian idea of energy is the added characteristic of dual charges. Stern (2000) stated that "making use of this duality we can influence the (topo)logical current and with it the inner content of consciousness" (ibid, p. 90). Stern cites in relation to Wilder Penfield's experiment. The application of an electrical stimulus in the brain, "induces virtual cognitive states and memories which the subject treats as real" (ibid) This observation shows the conversion of charges, which presupposes also a reverse transformation of amounts, maintaining a prediction that the mind can act onto matter [brain] (ibid). This presents a resemblance of interactive recursive functions within the brain-mind interface.

Something similar is supported by the previously mentioned dual-process theories, which underpin the binary processes of mental duality without the energetic component. I mentioned that this approach does not recognize the idea of the unconscious, yet it considers instead an automatic processing system. The difference between control and automatism is what characterizes the dual-process theories,

which are composed of two systems. Therefore, once again, human beings are distinguished by a central cognition that reinforces two minds: System 1 and System 2, which are “two multiple reasoning systems” (Evans & Frankish, 2009, p. 1).

In psychoanalysis there is a subject with a lack of control and this is the difference between this approach and dual-process theories. This is a very important issue to take into consideration in the construction of a new metaphorical model of the mind, which is the idea of a dual agency that is embedded within the concept of the subject who has partial control of his/her actions.

The Freudian notion of repression, which involves an early traumatic experience, does not have a role in dual-process theories, because System 1 supports a “knowledge base and goal structure formed by a routine belief-forming and desire-forming mechanisms, in response to perceptual information” (ibid, p. 7). Its “goals are genetically determined” (ibid) which show that they might be in conflict with System 2, but they are not repressed.

Also, the idea of pleasure-displeasure, mentioned by Freud in “Beyond the Pleasure Principle” (1920g) and discussed in chapter two, does not correlate with dual-process theories, because System 1 is a set of inferential mechanisms of control, which are not based on unconscious principles (ibid). In addition, in psychoanalysis, dreams, unconscious symptoms and symbolic representations are related to repression and to the notion of an unconscious agency (Ahumada et al., 2006), which in dual-process theories have no application because they are based on a control system. Human actions, here, are the product of the “direct outcomes of its goals” (Evans & Frankish, 2009, p. 7).

Nevertheless, dual-process theories have constructed “two distinctive cognitive systems” (ibid, p. 15), which currently account for different processes as a

way to state a structure of the functions of the mind. This also includes two different kinds of variances: *Implicit beliefs*, which are non-linguistic and *explicit beliefs*, which are conscious and they relate to language. These also associate to parallel and serial processes, which are two “kinds of processing –parallel and connectionist in the first case [implicit beliefs = System 1], serial and rule-governed in the second [explicit beliefs = System 2]” (ibid, p. 20-21). The underlining idea of a dual-process system is the construction of virtual machinery, which represents the mind “by work mapping type 1 and 2 processes onto underlying neural systems” (ibid, p. 22).

Stern (2000) also talks about *transfer functions* between parallel [brain] and serial [mind] models of operations as integrated in the brain-mind phenomena (ibid). Therefore, the brain acts as a dual operation, in which cognitive processes give us the support to outline a metaphorical model of the mind based on a phenomenon of *transfer*, while the holonomic theory contributes the idea of a special light that provides a *reflection*, giving as a result a figurative idea of an optical holograph [mind].

An analogical transfer of a reflection from brain to mind provides us with a basis for the concept of the subject. Can this transfer be generated in the brain by microtubules? Can the interaction of an electric dipole field and the presence of a dimmer in the brain be the bases for a transfer of functions onto the mind, and therefore, consciousness? Is reflection generated by the dimmer, which allows a transfer of reflection from brain to mind? Can this be a solution to the hard problem? Can an integration of approaches solve the problem?

The brain-mind binary articulation that incorporates language supports dual narratives by the convergence of the physical and topological recursive quantum of the physical and cognitive brain interaction. The dual two-way responsive charges

stated by Stern (2000) reproduce in the psyche the *dyadic functioning process* by the use of a *transfer* of activities via *reflection*. This is the equivalent to parallel functions of the physical brain and serial activities of the cognitive brain. This is because one envisages that the psyche, which has a *reflective* characteristic of acting as a reflective surface, reproduces functions and images projected onto it.

For this reason, the mind absorbs the functional process of the dual charges and reflects them, in an incorporated way, as a *dyadic functioning process*, which facilitates the twofold articulation of the signifier and the possibility of dual narratives. This is because the mind forms a subsystem incorporated within the brain, mind and language [+senses] structure, in which each subsystem interacts with each component in a recursive way sharing properties, functions and facilitating agency. It is here that, for quantum physics, the observer constructs a reality, which was ambivalent prior to the act of observing. The question here is: where does the ambivalence originate? Is it in the subject? Is it in the brain? Is it in the mind? Is it in language? Or, Is it in the external world? The answer is that the dyadic functioning process utilizes dualities as a way to unify the subsystems, creating an ambivalent subject or, paraphrasing Lacan, a split subject.

It is here, that the subject is produced by the help of the symbolic universe, maintained by the *dyadic functioning process*. A subject based on an ambivalent manufacture of a reflected quantum between brain-mind is inaugurated into language and narratives by the internal *transfer of functions via reflection* of dual charges, creating a topological space [mind], which is implemented by the external *reflection* from the outer circle, carrying dual narratives from the Other. This is represented and allocated via the other. It is in this way that one can include the *problem and the solution formed scenarios* as two moments within the conscious and unconscious

states of mind. This is because the mind is a dual system, which contains paired symbolic representations [signifiers] that are articulated by the presence of the symbolic activity [agency] of the subject. Agency, here, is presented as the action that a linked signifier [gap] imposes over coupled signifiers, allowing articulation of the linguistic chain.

These thoughts correlate with the following passage: “In 1931 Henri Wallon gave the name *épreuve du miroir* (mirror test) to an experiment in which a child, put in front of a mirror, gradually comes to distinguish his own body from its *reflected* image. According to Wallon, this dialectical operation takes place because of the subject’s symbolic comprehension of the imaginary space in which *his unit is created*. In Wallon’s view, the mirror test demonstrates a transition from the specular to the imaginary to the symbolic” (Rabaté, 2003, p. 29, *italics are mine*). The idea of the mirror test, which was the basis for Lacan’s mirror stage, shows Wallon’s thoughts on a “unit” as it represents the mind of the subject, which evokes the starting point of the concept of a reflection of images from the external world onto the psyche of the child. For Lacan it is the interchange of identifications, not a real mirror that allows the existence of a subject (ibid).

However, I would like to rescue Wallon’s concept of the distinction between the *reflection* and the *construction* of the child’s own body as a primary moment, in which the *function of reflection* allows the constitution of the subject. Here, the psyche is established between the internal reflection of a functional brain that transfers its properties [duality = dual charges] onto a unit [mind], and the external reflection of the subject onto it, guided by the other who introduces the child into the symbolic universe.

All of this brings me to mention Pribram’s holism (1971, 1985, 1986, 1991,

1993), which postulated “an abandonment of the mental-material dichotomy” (Pribram, 2005, p. 104) in relation to brain and mind. He stated that there is a dualism beyond the mental-material one, which is “concerned with the everyday domain of appearance –of ordinary experiences” (ibid, p.108), establishing two modes: “One mode operates downwards in a hierarchy system, analyzing experience into components and establishing hierarchical and cause-effect relationships between these components. The other operates upwards towards other organism to attain consensual validation of experiences by comparing and sharing them” (ibid). This is an important viewpoint because language is also built by experience and expressed within the clinical setting in dual modes or narratives.

These ideas coincide perfectly with my thoughts on the mind as a reflection, in which the wave-function operates from an internal [downwards hierarchy system] transfer of reflection onto a surface [mind], and the external experience [upwards toward other] which takes effect from the contact with the outside world and with the other [Other] that predetermines the place of the subject via dual narratives. It is interesting to mention that Pribram called these two modes, “two mirror images –two optical isomers, as it were –are constructed from experience. One we call material and the other mental” (ibid).

It is for this reason that for Pribram, dualism accounts for experience, which is the embodiment of “information structure” (ibid, p.109) based on the binary processes of a downward hierarchy system and an upward consensual validation towards other organisms, forming underlying structures (ibid). This correlates with a structure of the mind, which is complemented by layers of information based on experience. In my opinion this is similar to a dual reflection facing the internal organ [brain] and the outer circle, which includes the possibility of incorporating language, enabling paired

representations [signifiers] to be allocated within the surface of the mind of the subject via cultural influences and the transmission of symbolism. Here, information becomes incorporated as part of the metaphorical structure of the mind, which coincides with the “claim that information comes into existence only in the process of ontogeny” (Oyama, 2002, p. xiv).

In my perspective, it is the *function of reflection* [internal and external], which theoretical approaches have to be focused on, instead of prioritizing the duality mind-brain. *Reflection* brings us to the idea of the *transfer* of dual energies [functions] over a *surface* or analogical space, in which the mind via the *support* of language [+senses] develops. It is the subject who is inscribed by the *function of reflection* over a *symbolic domain* and with it the idea of *mind-language* [+senses] becomes a precedent in the account of a subjective agency. Here, experience develops as a reconstruction of a continual presentation of information from the external world and the internal plasticity of the brain. Language helps to symbolically represent the input, making sense of a subjective reality, in which absence and presence interact as a possibility of exchange and substitution.

Dual narratives are supported by the externally predetermined construction of the subject underpinned by the internal stimuli reflected from the “cybernetics of the neuronal network” (Jibu & Yasue, 1995, p. 116), which facilitate a “macroscopic wave function of quantum field theory” (ibid, p. 124). A holonomic domain, which represents the mind, postulates that the gaze and the senses are a place of construction for the subjective reality.

Therefore, one can infer that communication is not only based on language but on the interrelationship of a perceptual and sensorial building. Here, it is where one can say that “the idea of ontogenesis applies not only to bodies and minds, but to

information” (Oyama, 2002, p. 3). It is in this way that the subject is constructed via experience as a re-enactment of that input that originated as a symbolic matrix or a symbolic domain via internal and external reflections based on an “organ transfer”. It is important to recognize that information develops as a result of “interactions among entities” (ibid, p. 4) and from “interactions within an entity” (ibid).

This brings us back to the Lacanian mirror stage, in which “the subject anticipates the maturation of his power in a mirage [optical illusion]” (Lacan, 2006 [1966], p. 76). Therefore, the other provides the subject with an external form that becomes a subjective identification of the mere presence and absence, which is a binary construction of the imaginary other. This, in fact, triggers an internal construction, via reflection onto the mind, in which the substitution of an incorporated absence reorganizes the internal search for a presence in the external world, which is well illustrated in the Freudian Fort-Da. The absence, here, is the gap or vacuum within the structure of the signifier’s chain [language]. Now, I will return to the idea of a gap [vacuum] in psychoanalysis and I will compare it with other conceptual constructions.

e) The Idea of a Gap

I have stated that transfer of functions via reflection from the internal brain and introjection of symbols and images from the external reality are articulated by a *dyadic functioning process*, which represents the mind as a twofold reflected structure that allows symbolic activity. This is associated with the previously presented ideas that mind and language share the same kind of functions, which also involve the concept of duality. Once again, the action is facilitated by a vacuum [absence], which is a *structural component* and authorizes an articulation of elements via substitution. This is observed in the Lacanian ideas about language. This is because a gap allows

circulation of units [signifiers] by facilitating interaction of elements and by the use of that empty space, which is seen as a hole [vacuum] that allows exchange of elements.

I have mentioned in chapter two, the idea of a gap between the *problem and the solution formed scenarios*. The gap was demonstrated, for example, by the presentation and articulation of a linked signifier between two narratives. It is an orifice that re-enacts the binary activity of the signifier [absence-presence]. This was also analyzed in chapter three in which the presence of a linked signifier (which produced the interaction of both scenarios and the movement of negative or conflicting features over the positive scenario) showed how the function of a gap [absence or vacuum] accounts for the phenomena of recursivity between *the problem and the solution formed scenarios*, which are part of the subjective reality of the patient.

For Freud (1920g) the idea of an absence triggered a feeling of emptiness and the search for a solution within the child because of the non-presence of the mother, which was the experiential aspect of the child that launched him into the Fort-Da. The child replaced the absence by the use of a representation in the form of a game. Therefore, the child found an object [reel and string], a semblance, which substituted the mother. The absence becomes a presence via metaphorical articulations. The action [agency] of the child during the game was intended to control the illusion that the mother was coming back.

My hypothesis here is that there is an equivalent internal system in the brain, which is reflected onto the mind, matching the external situation that is described by Freud in relation to an absence and its metaphorical substitution (Fort-Da). Quantum physics attempts to find a correlation with neuroscience in relation to consciousness and how a brain might produce a mind. Here, I rescue the suggested Penrose-

Hameroff's idea of the microtubules in which the electron triggers a dimmer action, switching between the transitions of two conformations within the microtubules, which might offer an insight into consciousness. The central space occupied by the electron could be the equivalent of an engine within the structure, which facilitates action within the microtubules and therefore consciousness. The unknown is the activity of the vacuum, which is the low-energy states of water molecules in the neurons [special condition], between the quantum states in which events are probabilities and *uncertainties* [ambivalence] before the collapse of the wave-function in the brain.

I propose here a structural equivalent system within the subsystem of the brain, mind and language [+senses]. There is a structural analogy between the quantum physics approach and my ideas about dual narratives and this could also be portrayed as an equivalent system in the brain that is reflected [transfer] onto the mind.

The vacuums in the microtubules [low energy levels of water molecules in the neurons] of the brain could be structurally represented as the gaps [vacuums] observed in language. This is because both concepts of vacuums allow [subjective] activity. In relation to language, patients present in the clinical setting with a dual narrative system supported by a *dyadic functioning process*. The absence, here, or the gap [linked signifier] within the structure is between two narratives that present a *problem and a solution formed scenarios*, which are conjugated within the subjective presentation of the patient. As a consequence, we construct our realities based on a lack that becomes a presence via substitutions through a *dyadic functioning process*, which in quantum physics is related to low-energy states of water molecules in microtubules, supported by a dual protein unit [tubulin]. Duality here is the dual

protein unit operated by the electron [dipole field]. Therefore, the equivalent systems will share as a characteristic a gap or a vacuum, which is interpreted in different modalities depending on the approach and the subsystem in question.

Freud mentioned the idea of a psychical apparatus (Freud, 1900a), in which the mind was like a machine made up of components, forming a *functional dynamic unit*. Lacan reviewed Freud's works transforming the mechanical ideas of a functional system of the mind into a *structural approach*, in which language maintained a symbolic function within the human order (Lacan, 1991 [1954-1955]). Lacan's earliest works supported a structural system, in which there was a "universe constituted by the symbolic function" (ibid, p. 29).

Here, if one observes the Freudian and Lacanian approaches together, the idea of *function and structure* are brought together in a psychoanalytical construction of the psyche. This is a way to say that the mind is a functional structure. Later on, in the late 60's, Lacan introduced into his theory a lack of an element or signifier in the structure or chain of signifiers, which changes the idea of a whole structure (Fink, 1995) onto a focalized absence via substitutions of elements. The idea of object *a* in Lacan's works (2004 [1973]) brings us to mention that there is a part [rest] that is left over after the subject's alienation from the symbolic order, which includes the operation of a substitution [metaphor] that allows for new successors of the lost object [absence]. This is the main idea in order to start thinking the structure of the brain, mind and language [+senses], and the incompleteness of the structure. Here, the absence, in my opinion, is introduced into the structure by being an engine that belongs to a functional system.

One can say that the mind becomes a structure, which includes a gap or an absence. As a consequence, it is within the system of the psyche that the twofold

value of the signifier is at stake. This is because the “aphanistic effect of the binary signifier” (Lacan, 2004 [1973], p. 219) illustrates the subject’s fundamental emptiness due to the function of representing that involves a fading effect. Here, there is a substitution of one representation for another one because there is a lack of an element in the linguistic chain that facilitates this exchange. The main element remains lost or absent, but after the metaphorical operation, it has left a part [rest] that resembles a fading effect or an absence. There is something ‘similar’ between representations that repeats within the operation and remains as a fading effect. This means that the subject’s unary signifier [absence] appears also in the Other, which represents the subject for another signifier. Therefore, the subject emerges as the division between these two signifiers. The fading effect relates to the alienation between the unary signifier and the subject (ibid).

Lacan stated that it is a matter of freedom or death (ibid), in which there is not a real choice. The fading effect is the disappearance of the object *a*, or anything that represents this loss. Here, the subject is articulated around the *effect of the binary signifier*. This is the equivalent to a renunciation, which is employed by the subject in order to obtain an imaginary freedom. This is because language presents a binary effect with the signifier, which shows the prevalence of a dualism [binary signifier] and a vacuum [absence]. As it was previously stated, it is here, where quantum theory and the psychoanalytical perspective of language appear to have the same functional and structural [topological] approach and common denominators.

It is for this reason that taking into consideration quantum physics’s ideas is a way to find homologous *structural systems* between the symbolic order and the internal function of the brain, which is negotiated by the mind. Quantum physics which have had theoretical implications for the study of consciousness, as previously

mentioned, is a perspective that presents theoretical notions that are equivalent in form to my current presentation of dual narratives. Despite that, quantum physics deals with indivisible units of energy called quanta; things maintain a *similar function and structure* with the symbolic world.

Quantum biological dynamics and language [symbolic world] are formulated by different components and interactions. For example, on the one hand, language offers dual narratives in a symbolic world that is composed by pairs of signifiers, such as, the words 'black' and 'white'. These are components separated by a vacuum or gap, allowing movement of signifiers, within a signifier's chain. And, on the other hand, quantum physics, which includes quantum biological dynamics, put forward low-energy states of water molecules in microtubules of the neurons [vacuums state] that are supported by dualities [dipole field] within the quantum field theory.

Yet, this similar functional system brings me to compare these structures in order to find similarities within the functioning process of the brain, mind and language [+senses]. This is because the brain, as an organ, maintains the function and structure of the subject while language and mind share the same characteristics. The *dyadic functioning process* is a phenomenon, in which the patient, by the use of dual narratives, describes an account, which is split into two sections, or he/she presents different chronicles that could be considered as a problem and solution form. This is the same as saying that the mind is split, forming two groups of thoughts interconnected by an absence. One can infer, from here, that language and mind are functionally and structurally equivalent.

In order to encounter, in the brain, the same kinds of properties allocated by the use of the *dyadic functioning process*, in the language and the mind of the subject, it is important to develop other thoughts presented by quantum theory. Things become

complicated with the idea of a vacuum state [low-energy states of water molecules in microtubules of the neurons] in quantum physics. I will attempt to be very concise in relation to the presentation of these concepts by briefly introducing these ideas in order to inform how vacuums are conceptualized within this theoretical area. But, first of all, I will mention certain concepts from quantum theory in relation to the notion of the brain.

The brain for Globus (2003) is described by quantum thermo-field theory (Umezawa, 1993) as an organ that controls vacuum states [low energy levels or zero-point energy of water molecules in microtubules of the neurons] and quantum biological temperatures and energies. A characteristic feature of quantum field theory of the brain is vacuum cybernetics [automatic control systems]. The brain has a fine control of quantum field interactions. A brain is quantum cybernetics that holds sources of control, which are, for example, the sensory interaction of an “input re‘presented’ by a quantum field representation” (Globus, 2003, p. 28).

Despite having controls, the brain has a certain degree of freedom; it is for that reason that the brain can do things that a computerized system cannot operate (Globus, 2003). Based on that observation, Umezawa in the 1960’s introduced as a proposal the notion of a *tilde* (\sim) *universe*, which is *a representation that the brain holds about the outer reality*, and the *non-tilde* (\sim) *universe*, which is *the physical world*. The tilde world is what represents subjective experiences. The conjugated external non-tilde universe and inner tilde universe is observed to be the product of experiences of consciousness or subjectivity (Globus et al., 2004). There is an interchange between the tilde universe and the conventional universe or non-tilde, which happens in the vacuum state (ibid). Therefore, this zero-point energy of water molecules in microtubules of the neurons [vacuum state] allows the interaction of the

tilde and non-tilde universes, producing consciousness (Globus, 2003).

The concept of unconscious is also mentioned by Globus when he approaches Freud's works in relation to the use of 'irreducibly indirect evidence', which "does not prevent the possibility of rigorous and even scientific investigation" (Globus et al., 2004, p. 34). Here, Globus compares the construction of knowledge in psychoanalysis and quantum physics "as [an] impossibility of knowing or even conceiving of the ultimate dynamics behind the evidence" (ibid). He argues about the production of consciousness and of thoughts in relation to elements of the thinking that are impossible to be known, which he prefers to leave them open to exploration. Globus referred to the idea of inhibition between conscious and unconscious as a whole system of interactions (Globus et al, 2004), in which there is a kind of traffic between domains [conscious-unconscious], playing important roles. Therefore, "the unconscious ... involves the reciprocal and mutual inhibition interactions with consciousness upon which it produces certain effects" (ibid).

The importance of the interrelationship between conscious and unconscious and the conjugation of a dual domain and functions of tilde and non-tilde universes emphasize that quantum physics seems to prioritize functions and processes between the brain and the mind. This is an operation in which the accumulation of knowledge implies continual exploration. The same situation happens in psychoanalysis, in which theoretical elements need to be re-elaborated in order to move forward. Therefore, there is a prime concern in the idea of interrelationships between domains and functions, in which for example, consciousness is associated with the dual domain and functions of tilde and non-tilde universe. My opinion is that a similar task is produced by a gap or linked signifier in dual narratives [language] in comparison with the zero-point energy of both universes in quantum physics. In twofold

narratives, the linked signifier allowed symbolic activity [agency] in relation to binary scenarios.

Consequently, quantum brain dynamics (Umezawa 1993) that are “applicable to biological systems” (Globus, 2005, p. 257), inform us that parts [rests] of memories are recorded by a vacuum state in the brain, which is “able to store traces of order by symmetry-breaking” (Globus, 2003, p. 34). The vacuum state represents a stable physical entity in quantum field theory. In an electromagnetic field a vacuum contains a very low energy eigenvalue in the water molecules of the microtubules of the neurons, which lacks photons and, it is for this reason that memory is stored. There is a multiplicity of vacuums, which reproduced the quantities and qualities of memories (ibid). The common denominator is that in language the absence of a signifier facilitates a presence of a semblance of something absence, via substitution. In quantum field theory, it is the absence of energy or the lack of it that allows a memory to be inscribed onto a vacuum. This presents as the bedrock of the function of the brain-mind and language [+senses] system. The self, here, is what makes the tilde world correlates harmoniously with the quantum world [(tilde) ~ conjugation in the vacuum space], which includes a good number of oscillating alternatives (Globus, 2003).

It is important to correlate the vacuum state with a topological place, in which memory traces are stored. In my opinion an absence [linked signifier] also stocks up memories or representations associated with that particular linked signifier. One example, is the pair of signifiers cited in chapter two in the case of the man of the tiger’s claws, in which: lorry = *camión* and van = *camioneta* were associated with two different subjective positions. Each one of them was covered by a linked signifier, involving subjective, cultural representations and associations within themselves,

emphasizing that a profound dualism splits language, which ‘is not rooted in the dualism of sound and idea’ (Saussure, 2006 [2002], p. 6) but based on “the duality of the (objective) physical reality and the (subjective) physical-mental reality”(ibid). This is well supported by the Lacanian phrase: “a signifier as being what represents a subject for another signifier” (Lacan, 1968-1969, [I], p. 22), which in my opinion also underpins the presence of a functional gap [vacuum] or agency in the structural system.

I would like to add, here, a general overview of Vitiello’s ideas in relation to the brain as an “open system” (Vitiello, 2001, p. 61) [coupled with the environment] and the idea of consciousness. This will be done in order to discuss these ideas in relation to my model. For Vitiello (2001), scientific knowledge is a condition of the interaction between the naturalistic [components] and the dynamic levels [forces]. It is here where “Science provides its dynamic description of Nature” (ibid, p. 4). As a result of this, there is an idea of structure and its functions, which is presented as “interplay among the elementary constituents of their interaction” (ibid, p. 11).

Here, systems contained some type of ordered patterns, which is dynamically described by Quantum Field Theory (QFT) in “the study of the forces and of the changes, or the evolution, in space and time (ibid, p. 3). This adds the characteristic of nonlinearity, which means, “that fields are “self-interacting” fields” (ibid, p. 38).

The QFT also includes another special attribute, which is that systems have infinite “degrees of freedom (or infinite volume)” (ibid, p. 29). A degree of freedom informs us of any thermodynamic variable, such as temperature, pressure and composition of a particular system. This also includes the ways in which a physical system stores energy. An example of this is the idea that a molecule, which is formed by two atoms, is also characterized by three degrees of freedom. One of them includes

the movement of the molecule in space or “linear motion”, the next one adds the capacity of the molecule to rotate around its center of gravity that is named “angular motion” and the third one relates to its “internal vibrational system” that creates a chemical bond between the atoms (Science Dictionary, 2005).

The importance of the molecules and their characteristics affect not only the microscopic level but also the macroscopic one within the QFT. Here, the division between the microscopic and macroscopic world emphasizes the importance of the QFT due to the fact that the microscopic quantum dynamics governs the interactions of the elementary atoms while the emergent macroscopic variables are more than individual constituents. This includes sets of characteristics, which generate macroscopic laws, supporting the articulation of the dynamic fields.

These characteristics are properties, which include electrical conductivity, malleability, density, etc. In addition, QFT presents as a “two level theory” due to the fact that there is one level that is represented by the *interactions or the dynamics* of the system and another that facilitates the observation of the limiting behaviour of a particular phenomenon by the use of *mathematical analyses*, which is named the phenomenological level (Vitiello, 2001).

It is within this viewpoint that living matter “presents several levels of organization (I would say of “languages”)(ibid, p. 60), which are more than structural features interrelated in dynamical ways within the structure and its functions. Here, “the system [presents] “coherence response” to a multiplicity of external stimuli or perturbations” (ibid, p. 60). *Coherence in the living system is due to the fact that there are collective modes within the system, which maintain an order.* Therefore, the suggestion is that “quantum dynamical ordering of the atoms, functional features of the brain, systemic features of living matter, such as ordered

patterns, sequentially interlocked chemical reactions, etc., may result as the output of dynamical laws orderlying the rich phenomenology of molecular biology” (ibid, p. 19).

This framework takes into consideration that living matter is an “open system”, which integrates “recurrent cycles of system-environment-system interactions consisting in highly nonlinear back-reaction effects” (ibid, p. 61). Plasticity is a special characteristic of living systems in which a plurality of external stimuli is discarded by coherent responses, giving to the system a functional stability. Adaptability is another important feature, which allows different organizational levels and an evolutionary cycle.

The starting point of the quantum model of the brain, presented by Ricciardi and Umezawa (1967), stated that in biological membranes there was a presence of a high electric field, which seemed to be accompanied by electric dipoles that maintained certain oscillation in the electric wave region. It is here that [space] ordering is observed, as proposed by QFT, which “manifests itself as a global, macroscopic property, which is dynamically generated at the microscopic quantum level” (Vitiello, 2013, p. 1). The space ordering is also accompanied by “time ordering, as sequentially interlocked chemical reactions” (Vitiello, 2001, p. 43), “high efficiency and stable functional activity” (ibid) and “sensitivity . . . to external stimuli of very low intensity” (ibid).

As an “open system”, the brain [living matter] exchanges matter and energy with the environment. The quantum model of the brain is based on this interaction in which information printing is achieved under the action of the external stimuli. In the QFT, this produces a spontaneous breakdown of the symmetry associated with the electric dipole vibrational field (Vitiello, 2001).

In order to understand this, it is important to comprehend that from the microscopic to the macroscopic level, there are intermolecular forces, which facilitate a state of aggregation of matter. A dipole is composed by partial charges separated by some distance. For example, water (H₂O) is a dipole between two molecules of Hydrogen [H] and one of Oxygen [O], which are separated by a certain space. This union generates an electric field between molecules, which is maintained due to the symmetry of the “dipole moment” (Elliot, 2011, *audiovisual material*). This relates to the internal vibrational system, I have previously mentioned when I have stated the concept of the degrees of freedom of the system.

The spontaneous breakdown of symmetry is produced by an ordering in the system [changing the dipole moment] in which there is a “dynamical rearrangement of symmetry: different ordering patterns appear to be different manifestations of the same basic dynamical invariance. This is the phenomenon of the dynamical generation of order” (Vitiello, 2001, p. 31).

It is here that “order arises from the breakdown of symmetry: order means the possibility of making a distinction between things. Symmetry means that things are alike, exchangeable, indistinguishable among themselves” (ibid, p. 30). It is here that information is associated with order and with the breakdown of symmetry that is characterized by the communication between atoms, which is represented by the description of the particle as a wave or vice-versa [complementary principle]. Vitiello gave us the example of a compass in which the magnetic needle points out North [always the same point = symmetry]. This states a comparison with a non-magnetic needle, which points out any indistinguishable [breakdown of symmetry = order] direction, *attributing different information to the breakdown of symmetry*.

These are observable orders of a system, which are dynamically re-arranged.

In a system, symmetry appears to be “spontaneously broken when the symmetry of the ground state [vacuum = zero energy state] is not the symmetry of the dynamical equation” (ibid, p. 31). This means that there is a difference between the ground state and the rest of the dynamical forces. Vitiello describes this arrangement saying that “the system ground state does not have the (continuous) symmetry of the dynamics, then the same dynamics generates a massless [zero energy state] boson particle [same state with the same quantum number]” (ibid, p. 31). These ideas are a part of the content of the Goldstone theorem in the QFT, which implies that “the Goldstone mode [elementary field] appears to be the dynamical response to the breakdown of symmetry” (ibid).

The Goldstone modes are bosons [particles], which may condense due to the fact that they occupy the same state with the same quantum number. The breakdown of symmetry due to the Goldstone mode allows the atoms to communicate the ordering information by the use of a spin wave mode, creating an electric dipole vibrational field. If the dipole is affected by external stimuli, a breakdown of the symmetry associated with the electric dipole vibrational field is produced and with it a change in the intermolecular forces (Vitiello, 2001).

Temperature, here, plays a very important role. This is because condensation of the bosons in the zero energy state [ground state] depends on temperature. It is here that at high temperature, the bosons might evaporate restoring symmetry. It is for this reason that the Goldstone fields are massless and they do not add energy to the state, maintaining stability of the ordering pattern and avoiding the increase of temperature.

As a consequence, the modes correlate to each other without energy because they are massless. They act as a “long range correlation quanta” (ibid, p. 33), which forms the macroscopic properties of the system, forming collective modes. Here,

breakdown of symmetry produces a change from microscopic [components] to macroscopic [state of aggregation of matter] levels, creating a coherent quantum system that is facilitated by the ground state.

The breakdown of homogeneity of the bosons condensation brings as a consequence the appearance of “solitary waves or solitons [that are] ... solutions of classical non-linear [non-perturbative] dynamical equation” (ibid, p. 38), which transport energy without dissipation (ibid).

The main characteristic of solitons is their topological charge, which means that they have topological properties. This is because they can be represented as having, for example $-x$ and $+x$ values [within a hyperbolic tangent at infinite]. It is in this way that its “macroscopic envelope [zero energy state] of localized quantum condensation” (ibid, p. 39) is transferred to long distances within the self-interacting fields, maintaining a “wall domain” between the topological charges and the ground state. This avoids the decay of the topological charges onto the ground state. In this way, solitons transport energy conserving the topological charge at infinite space [in a non-dissipative way].

Therefore, the brain is a living system that is able to dissipate outwards most of the incoming energy. This is an “open system” that is coupled with the environment. Here, only a small portion of energy is converted into heat, the rest is transformed “into chemical energy through chemical reactions occurring at definite times and at definite sites of the biological macromolecules. This energy can be stored [and distributed] efficiently (i.e., *without dissipation* [via solitons] which would possibly increase the system temperature) transported over the biomolecular chains, to be finally released in a non-thermalizing *dissipative way*” (ibid, p. 48, *italics are mine*).

In addition, the hydrolysis of ATP [synthesis of adenosine triphosphate] that is a “release of energy in the presence of water and enzymatic molecules” (ibid, p. 48) as an inverse reaction of the oxidation of phosphorylation, helps us to understand the transport of non-dissipated energy to long distances within the system.

It is here that “nonlinear dynamics in the protein chain may support a soliton wave propagating over the [protein molecular] chain, generated by the ATP hydrolysis energy release, and the soliton wave is responsible for the non-dissipative energy transport” (ibid, p. 49). Proteins change the “chemical energy into mechanical energy” (ibid). It is here that a soliton is a “collective mode of the protein chain” (ibid). The transported energy is due to ATP that is a metabolic reaction that travels infinite length chains. This is due to the fact that an external or environmental stimulus feeds into the system, inducing ATP that travels as a soliton [wave].

Therefore, in the QFT the nonlinear dipole waves or solitons help to propagate energy in a ‘non-dissipated manner’ [non-loss of energy] over the protein molecular chain. I want to clarify, here, that dissipation is the result of an irreversible process within a thermodynamic system (Schneider, 1994). It is here that energy is transformed from an initial to a final form. For example, transfer of energy as heat is dissipative, which is due to the fact that there is a transfer of internal energy from a hotter body to a colder one. In a dissipated system, the second law of thermodynamics is reinforced which implies the impossibility of heat to flow from a colder location to a hotter one (ibid).

In addition, thermodynamic *dissipative processes* are produced in *inhomogeneous* [non-uniformed composition/character, composed by more than one phase, such as solid and liquid, and consisting of multiple states of matter] systems (Wang, 2012). They *produce entropy [deterioration]* at a finite rate. Here, waves are

characterized by the loss of energy over time. As a consequence of this, we know about the direction of time by deducing that over time entropy increases. This could be due to different factors, such as friction, etc. The loss of energy [in most of the cases] relates to the increase of temperature within the system (ibid). As a consequence, for example, a wave that loses certain characteristic is said to dissipate.

In contrast, *non-dissipation*, then, helps to avoid thermal effects, implies *reversibility*, contradicting the second law of thermodynamics (ibid). It is here that this word “reversible” has some special attribute within Vitiello’s point of view in relation to brain and memory. I will come back to this later on. Vitiello, here, talks about solitons, which propagate energy in a non-dissipated way [ATP reaction]. Yet, Vitiello stated that the “open system” (Vitiello, 2001, p. 62) of the brain is a “dissipated system” (ibid) [as well] characterized by solitons.

It is known that *a non-dissipated system is a homogeneous* [uniform elements, consisting of similar parts in which the reactants are in the same phase] system (Wang, 2012). If the brain is populated by solitons as non-dissipated elements and the brain is also a dissipated system couple with the environment, one can state that the brain is couple with the environment in a dissipated way while ‘information’ is spread, internally, in a non-dissipative manner. The question here is: what happens with entropy?

In order to answer this question, one needs to explain what happens with thermal effects. It has been stated that if temperature rises, it might produce the reinstatement of symmetry. This would spoil the breakdown of symmetry that allows the ordering communication between the atoms via solitons [ATP reaction], which affects the creation of an electric dipole vibrational field.

Protection against thermalization seems to be related to: a) the fact that the

molecules of the quanta of the dipole vibrational field or dipole wave quanta (dwq), which manifest a “long range correlation among molecules dipoles in water and are thus the carriers of the ordering information in water” (Vitiello, 2001, p 55), propagate they coherence with a very short time scale. And, b) that the non-perturbative dynamics maintain the nature of coherence of the QFT due to the coupling of forces. This means that “small coupling may produce more robust coherence” (ibid, p. 61) which contradicts the perturbative approach in which “strong coupling (forces) generate more robust effects” (ibid) due to the fact that “coupling (i.e. forces) are classified as dominant ones, less dominant, and so on according to their decreasing strength” (ibid).

As a consequence, Vitiello stated that coherence then might be maintained by particles reaching thermal equilibrium through mutual interaction due to the fact that “coherence (ordering) is therefore shielded them from thermalization” (ibid, p. 61). It is here that the “dipole frequency thus set the ‘scale’ to be used in energy considerations” (ibid), which appears to be the “real mechanism behind the thermalization coherence question” (ibid).

There is something that is purely internal to the QFT and this is the “possibility of generating ordering and coherence” (ibid, p. 62) in a dynamic way, which is triggered by the ATP metabolic reaction that has been induced by an external [environmental] input. “Once energy has been used to that aim, it must be released to the outside: the system is a dissipated system” (ibid). Here, Vitiello marks a parallel with the word metabolism or exchange.

Vitiello stated: “Now living matter could appear to evade the general law by which physical systems decay to the thermodynamical equilibrium, i.e. to the state of maximum entropy (maximum disorder): in its “life” the biological system keeps

avoiding its decay by its continuous effort of maintaining its order, or, in technical words, of lowering its entropy [decreasing entropy]" (ibid, p. 62).

Therefore, the exchange of energy of the system with the environment creates and maintains an order, which is expressed "by saying that [,] the system exchanges with the environment 'negative entropy' " (ibid, p. 62). It is here that the emission of heat is necessary, which is an "essential requirement of dissipativity in the QFT approach" (ibid, p. 63). Therefore, low entropy is maintained in the vacuum or ground state by the presence of states that are ordered states with minimum energy. The dynamical selection of ordering has been triggered by the breakdown of symmetry.

I have mentioned that it is the external input coming from the environment that triggers the breakdown of symmetry and the ATP reaction. This phenomenon occurs in the brain, which is composed by neurons forming a system that allows for the storing and retrieving of information. Memory seems to be characterized by being diffused [non-local character] in the brain system. This suggests the existent of [distributed] collective modes in the brain system, as long range of aggregated neurons that are assembled in a collective dynamic way.

It is here that the external stimulus triggers the breakdown of symmetry, changing the brain state and printing the information, which will be recoded by new presentations of the same or similar stimulus, later on. Vitiello informed us that "the external input is not needed to directly generate and/or sustain ordering. It is only required to trigger the dynamical selection of the ordered state" (ibid, p. 75). Ordering is internally generated, which is the internal characteristic of the QFT that decreases entropy due to the "existence of states which are ordered (low entropy) states and "at the same time" they are states of minimum energy" (ibid, p. 75).

As a consequence, the dynamically generated and sustained ordering produces

a memory printing process. This is done due to the fact that “collective modes are massless bosons, their condensation in the vacuum does not add energy to it: the stability of the ordering, and therefore of the registered information, is thus insured. Long-term memory is modeled in this way” (ibid, p. 76). Therefore, memory is the product of an input [in a dissipated way = brain couple with the environment] that affects the system, triggering the breakdown of symmetry and storing the new ordering. This includes the information transported by the input, which is communicated in a non-dissipated way via solitons within the brain.

Here, the decay of an excited state might happen several times [via inputs] with the sequential effect of transferring excitation to another state of lower energy, producing a group of transitions which are equivalent to “association of ideas or memories” (ibid, p. 78).

Yet, memory is an important feature of the brain and it is due to the fact that memory remains stable and well protected that the model of the mind has to include two separated mechanisms. It is here that the electrochemical processes of the neuro-synaptic have to be in correlation with the model of memory. From now on, the brain is a “ ’mixed’ system” (ibid, p. 80). “The memory level is a quantum dynamic level, the electrochemical activity is at classical [Newtonian] level. The interaction between the two dynamical levels is possible because of the specificity of the quantum dynamics: the memory state is a macroscopic quantum state due to the coherence of the correlation modes” (ibid, p. 81). The electrodynamic excitation of the brain that is connected with Newtonian relativity relates with causation and with the presence of stimuli. Quantum dynamics facilitate the correlation of the modes of the system in order to achieve memory. It is here that the previously mentioned idea of the microtubules within the cytoskeleton is at stake.

In order to give an account of this, Vitiello has informed us how homogeneous bosons condensation operates within the brain. Yet, he also added that there are other group of particles, which form massless long interacting fields named gauge fields, as an example he mentioned the electromagnetic (em) field.

These gauge fields are able to extend to infinite distances, “confining ... [their] propagation to filamentary regions” (ibid, p. 34). It is in this way that “in the region surrounding the filaments the gauge field is zero and coherence is there preserved. Inside the filament, correlation is destroyed” (ibid, p. 36). As a consequence, “the gauge field is ‘squeezed’ by the coherent correlation into filamentary tubes” (ibid, p. 37). This provides a “possible mechanism for the cytoskeleton formation” (ibid, p. 96).

It is in this way that the electromagnetic (em) field is maintained within the microtubules, spreading coherently [self focused propagation] within long distances. It has been observed that in water molecules [system of electric dipole] the coherence of the em field presents as collective modes acting as a laser light. Here, “one could consider microtubules to be acting as waveguides for photons and holographic information processors” (ibid, p. 97), which might shed light on the introduction of the holographic phenomenon within the microtubules.

It is here that the plasticity of the brain appears to be a very important characteristic within cell-to-cell interaction in relation to filamentary propagation. Pseudopodium that is a temporary protrusion of the surface of an ameboid cell, triggered by an external light source could show that in the ameboid cells there is a “similar coating of the em field propagating from the cell to the light source in filamentary self-focusing fashion through the ordered water” (ibid, p. 101). Here, the water helps the ameboid cell to respond to the external light source.

This demonstrates that different tissues might react in different ways to external stimuli. The softness of the tissue of the brain and its previously mentioned plasticity might be associated with the quality of responses to the external stimuli, which could be measured by “the rapidity and flexibility in the dynamics of the microtubules network with consequent feedback to the water coherent dynamism” (ibid, p. 102), taking into account that the brain is an open system coupled with the environment.

The external [environmental] input is not only considered as interacting with the macroscopic dynamics but also with the microscopic ones. It is here that the concept of time seems to differ in which evolution is more than the past of time within a structural framework; it also includes the dynamics of the process.

Vitiello mentioned that “ it is not fully understood (apart suggestions coming from Statistical Mechanics) how [it happens that] ... time flows only in one definitive direction for macroscopic systems ... although physical laws show no preferred direction for the time flow at a microscopic level; in other words, [it might happen] ... that from the microscopic physical laws, which appear to be preserved in their form under reversal of the time evolution direction (time reversal symmetry), ... the breakdown of such time reversal symmetry [could have been produced at a macroscopic level]” (ibid, p. 105).

In order to understand the previous paragraph and the concept of *time reversal* symmetry it is important to talk about Vitiello’s ideas in relation to printing of information within the brain as an open system. Memory information is printed in the vacuum and theoretically represented in a mathematical form. It is here that the order parameters, which act as a macroscopic variable of the system, are organized by the considered symmetry that has been put into play in relation to a particular [external]

stimulus. In the quantum model of the brain only one type of symmetry is recognized that is the dipole rotational symmetry.

Vitiello organized the formalization for dissipated systems due to the fact that overprinting of information was generating troubles with memory capacity as presented by Ricciardi and Umezawa's brain model. In here, successive new inputs were overriding the previously recoded memory. A breakdown of symmetry was a type of a one-way model, which did not allow for new memories to be imprinted without altering [erasing] the previous memories.

In addition, a solution was presented (Stuart et al., 1978, 1979 cited by Vitiello, 2013) in which the problem of memory capacity was viewed as multiple symmetries, which did not solve the problem of memory capacity. Despite that "one could then have different memory recordings associated with the processes of the breakdown of the different symmetries [in the vacuum]. However, one still would not have solved the overprinting problem for inputs in the same class" (Vitiello, 2013, p. 1).

It is the dissipative character of the brain coupled with the environment that allows Vitiello to talk about time reversal and to give a solution to the memory capacity problem. In order to achieve a big memory capacity the model needs different vacuums, it does not matter how many symmetries the brain sustains. He stated: "Even by showing only one kind of symmetry, infinitely many vacua are accessible to memory printing in such a way that in a sequential information recording the successive printing of information does not destroy the previously recorded ones" (Vitiello, 2001, p. 107).

The dissipative character of the brain in which there is an exchange of energy with the environment sustains that memory capacity is achieved by the spontaneous

breakdown of the dipole rotational symmetry that is triggered by the coupling of the brain with the environment. “Once the dipole symmetry has been broken (and information has thus been recorded) then, as a consequence, time reversal symmetry is also broken” (ibid, p. 107).

The fact that time reversal symmetry has been broken organized the idea of time in two stages: before and after the phenomenon of the breakdown of symmetry. This coincides with also two moments in the evolution of knowledge and the presence of memories. The subject is created due to the breakdown of the symmetry within the brain-environment interaction. It is the information recording process, which circumscribes a previous time in which there was infinitely inequivalent vacua in the brain that is reorganized by the breakdown of symmetry. The after match of the operation gives as a result the recorded information and a change in the configuration of the brain that is irreversible.

Therefore, the knowledge of the subject that is built within the brain-environmental interaction connects with two momentous of the system: an evolutionary process that includes a time that moves forward and associates with entropy [deterioration], interacting with thermodynamic dissipative processes that are irreversible. And a fundamental stage that relates to a time where there was not subject [or knowledge]. The subject's return [reversibility] to this fundamental stage is impossible because this is the archaic time [infinite inequivalent vacua] that pre-existed the subject.

Yet, this idea of irreversibility is related to the fact that... Now you know it! ..., which tells you that since now you know, you are another man, not the same one as before ... Once you have known, you cannot go back in time” (Paci, 1965 stated by Vitiello, 2001, p. 107).

Yet, it is only here that information processing allows the introduction of the idea that “ ‘only the past can be recalled’; memory printing breaks the time-reversal symmetry of the brain dynamics” (ibid, p 107). This is because there is a mark left in the given vacuum at a given time and under certain circumstances within the multiplicity of vacua. This describes the “system evolution ‘through the vacua’, [in which] each vacuum corresponds to the system ground state at each time of its history” (ibid, p. 109). The change of time implies the change of vacuum in the brain-environment system and with it the acquisition of memories via the external input. Vitiello mentioned that each vacuum is like a photogram [memory of that particular input in time] and that placing together all the photograms [in temporal sequence] one obtains a continuum that works like a movie (ibid).

It is due to the fact that the system of the brain coupled with the environment exchanges and balances energy, as it was previously stated, that one can say that the environment for Vitiello is represented as the time-reversed copy of the system. This is because “time must be reversed since the energy ‘dissipated’ is gained by [the] environment”. Here, one can observe that Vitiello’s theory becomes a dual approach mediated via the exchange of energy. This is because the system has doubled in which the “environment is mathematically represented as the time-reversed image of the system, i.e. its double’ ” (ibid, p. 110).

All of this is based on the exchange of energy in which “what the system loses, the environment gains” (ibid, p. 110) and in the fact that “the double” needs to be achieved by all the system’s degrees of freedom. Here, the vacuums structure depends on both systems’ degrees of freedom [brain and environment], which are called the A_K and \tilde{A}_K [the tilde or the double = environment] in which the suffix k represents the “variables of the fields fully specifying the field degree of freedom”

(ibid).

The coupling of the tilde and non-tilde modes controls the time evolution of the system due to their interaction, which sustain that the *time is reversed when one recalls a memory*. At the same time, there is a *mathematically representation* within the model of the environment, which is the “time reversed copy of the system” (ibid, p. 110).

Within this model, there is a back-reaction between the A and the \tilde{A} systems, which is described technically due to the fact that the A system is non-linear or its fields are self-interacting fields. In my opinion this means that within the QFT there is a back time reaction, which allows us to recall memories. As a consequence of this, the systems become involved in a self-coupling or self-recognition processes. This is because the system duplicates, forming representations of the environment in which the self recognizes him/herself. Vitiello adds here that the use of the word ‘self’ is only related to the mathematical and non-linear approach. He also stated that: “The \tilde{A} system is the mirror in time image, or the time-reversed copy of the A system. It actually duplicates the A system, it is the A system's Double and since it can never be eliminated, the A system can never be separated from its Double” (Vitiello, 2013, p. 1).

This means that the coupling of the tilde and non-tilde systems is what allows the construction of a subjectivity reality, which is recaptured by the subject as time reversed copy. It is the printing memory of the different vacuums states that is organized, reversely, within the recalling process. It is for this reason that for Vitiello “the role of the \tilde{A} modes in the self-interaction processes leads me to conjecture that the tilde-system is actually involved in consciousness mechanisms” (Vitiello, 2013, p. 1).

It is the mathematical structure of the model and the dissipative characteristic of the brain coupled with the environment in which there is an exchange of energy that for Vitiello consciousness is considered as “time mirror” (Vitiello, 2001, p. 141), “as a reflection in time which manifests as a non-linear coupling or dialogue ... with the own Double” (ibid). Here, there is an “internalization” of the double. As a result of this, “consciousness seems thus to emerge as a manifestation of the dissipative dynamics of the brain” (ibid).

The coupling of the brain and the environment is in a permanent interaction in which consciousness is facilitated by the openness of the system. For Vitiello “the crucial role of dissipation is that self-mirroring is not anymore a self-trap (as for Narcissus), the conscious subject cannot be a monad” (Vitiello, 2013, p. 1). In my opinion it is the *reflection* that connects the brain with the environment, forming consciousness or a mind as it was stated by the use of the myth, in the image of Narcissus on the waterhole. This is because the reflection of light allows for the contact between the subject and the environment, supporting the perception of the materiality of the sign that is experienced as dual and assimilated as representations. Yet, this is a reflection that we do not see, which could be represented as the super hologram [or wave] from Bohm and Pribram’s theories.

Nevertheless, Globus (2003) commented on Vitiello’s ideas stating that the non-tilde universe recorded input or chunks of information from the outer circle and then duplicated them onto the tilde universe. Vitiello named this as the *double* because, here, consciousness is the product of the tilde and non-tilde universe that is included in the vacuum state [low energy level of water molecules in the microtubules of the neurons]. The subject is the product of this interaction, which is doubled by the tilde and non-tilde phase (Vitiello, 2001). I see this binary interactive process as a

copy of the information and its duplication via subjectivity within the vacuum state. As I previously mentioned, this is because there are similarities between this approach and my idea of a *dyadic functioning process*.

The unconscious, here, is again the lack of knowledge of the subject's internal processes, indicating that he/she has not got complete control of his/her symbolic activity. This relates to the fact that agency in psychoanalysis is seen as minimal, dual and split for the subject. Yet, the unconscious is also associated with a store of multiple pairs of signifiers that are incorporated into the mind, via copy and duplication of input, which links up with the subjective meaning involved in their associations, constructed by experience. The process is unknown and the connections between the chains of signifiers are randomly allocated in the mind. Yet, they entail certain subjective connotations inherited from the contact with the other via dual narratives.

I also maintain that Vitiello's (2001) ideas, based on coupling systems, in which an effective interaction between a system-environment maintains a constant balance of energy within a dual close unit (*ibid*). This is a good attempt to describe structural subjectivity, when one compares this with language. Vitiello mentioned a system that is mathematically represented by a "time-reversed-copy" (*ibid*, p. 109) of the process as its double, in which what the system discards the environment acquires (*ibid*). There is a degree of freedom within the structure that is dynamically created by the reciprocal influence of the system-environment (*ibid*). Language also maintains a degree of freedom, in which signifiers circulate within the chain of signifiers acquiring value and meaning for the subject based on the pre-determination of the Other. Its distortion produces somatic alterations, in which the balance attempts to be restored. This is similar to the previously presented Freudian idea of homeostasis, in

which the psychical apparatus tried “to keep its energy excitations at a more or less constant level” (Colby, 1955, p. 21).

Also, what Vitiello attempts to approach is the idea of a mathematical representation of a double mirror, in which something that is internal to the subject [system] is also reflected from the environment giving as a result a subjective construction. He stated that “different subjects [systems] ... will have different ‘representations’ of the environment, each of them being indeed a ‘copy’ of the corresponding subject ...[the] environment is ‘subjectively represented’ by each subject” (Vitiello, 2001, p. 110). In language, these ideas support the subjective construction of dual narratives, in which a subject will be predetermined by a binary linguistic construction that has been transferred to the subject by the imaginary other, so by reproducing the previous existence of the Other as a place of language. This is because language becomes an internal/external system of the subject, in which subjective reality is a unique construction for that particular subject. Here, the subject also copies [assimilates] the environment based on reflection and transfer of information.

In addition, Vitiello suggested that “the tilde universe [duplication] is the time-reversed mirror image of the nontilde universe [recording system], an unreachable tilde-image in a mirror [duplication] that gives off no reflection” (Yasue et al, 2002, p. 138) “The ‘mirror image’ is completely un-present” (ibid). “Since the nontilde universe is no more present than the tilde universe, there is no ‘image’ either” (ibid). “The deeper sense of ‘un-present’... is a forever unreachable, never unfoldable reality that is the time-reversed mirror image [like a movie run backwards] of the nontilde universe [recording system]” (ibid) “This reality is reached only indirectly through controlled exchanges in the vacuum state upheld by living neural

tissue” (ibid) “Order is neither tilde per se nor tilde per se but lies on the coherent structure of the vacuum which involves both tilde and nontilde. Tilde and nontilde share a thermodynamic degree of freedom” (ibid).

It is important to explain, from my viewpoint, this idea of consciousness presented above from a quantum biological dynamics perspective, which is constructed by certain degrees of freedom based on an ‘unpresent’ and ‘unfoldable’ reality. For quantum biological dynamics, it is the presence of energy within a “structural vacuum” [low energy level of water molecules in the microtubules of neurons] that allows the interaction of subject-environment through a dual system of duplication, in which a “dual mirror” copies images that are ‘unpresent’ [out there] for a non-subjective observer. Reality does not exist but quantum. This mirror is also characterized as a metaphor that gives off no reflection. This is because a subject constructs in his/her mind the external world based on this dyadic system of duplication [tilde and non-tilde]. Here, we observed a reality that is like a film running backwards within a recording system [when one recaptures memories]. This functions differently for each subject [subjectivity]. Yet, in my opinion human beings experience these images within a space-time sequence [a film run forward]. And it is the same experience that helps to construct the mind, unfolding the subjective impressions of the constructed reality based on language, which acts as an element of *support*. Reflection here is also presented as a gap [empty space], allowing an absence that facilitates the exchange of images and reflection as well.

The subject is constructed based on these ideas of quantum theories reflected onto a dual mirror founded on duplications of a recording system. This brings up the idea of a “world in common” (Globus, 2005, p. 33), in which consciousness is a property of the foundational grade of the universe. In Lacanian terms the “world in

common” could be understood as the place of the Other [place of language]. Yet, I want to go beyond these dual ideas of the tilde and non-tilde universe to introduce a certain continuity of thoughts within quantum theory. One of the latest expositors of quantum brain dynamics previously mentioned is Globus (2005) who avoided the conscious-brain and the qualia-brain controversy and added that the Cartesian cogito of mind-versus-matter duality has to be observed in a different manner. In terms of brain function, quantum brain dynamics presents a solution to these dilemmas.

For Globus, our experience of being is present, here, as “dual quantum modes: 1) the [tilde] ~ mode retains traces of past successful recognitions, and 2) a non [tilde] ~ mode ... expresses the current sensory input. The dual quantum modes share the vacuum state, which is their [in] between. Ontological primacy goes not to the dual quantum modes but to their vacuum state between. Being is disclosed in the unique state of this entre-deux, the between-two in which the dual modes of QBD [quantum brain dynamics] belong-together in a [tilde] ~conjugate match” (Globus, 2005, p. 256). The being is created by the dual function of quantum in that “in between place” that allows a subjective existence within the *conjugated dual modes*. He stated: “We are monads in parallel, each disclosing our own world in the between of our brain’s dual modes, in the case that reality and our brain attunement make a [tilde] ~conjugate match. Our attuned subjectivity is [tilde] ~subjectivity, our q-reality [quantum reality] is non [tilde] ~, and the state of their controllable match is our q-brains [quantum brains] is our thrownness amidst Being” (ibid, p. 262).

As a consequence, the idea of dual modes and the structural vacuum state [empty space or low energy level of water molecules in the microtubules of the neurons] brings me to mention that it is the order of a *structural property*, which is based on dual components of energy or conjugated dual modes of quantum in a

vacuum state. This follows quantum biological dynamics that is equivalent to the *dyadic functioning process* of dual narratives in the language and mind of the subject.

For Globus it is the vacuum state, the ontological primary element, which inaugurated the subject within the dual modes. From my perspective, subjectivity relates to the *dyadic functioning process* that is embedded within the brain, mind and language [+senses] system. This approach presents an equivalent internal system in the brain that matches the external situation described by the Freud's Fort-Da in relation to an absence [vacuum] that is substituted, via a presence, by the establishment of the game that in this case follows the characteristic of dual narratives. The functioning of dual modes repeats its attributes in language and in the vacuum state and it is equivalent to the linked signifier that I have presented in chapter one. One can infer that the functional system, extracted from quantum brain dynamics, homologates to my ideas of the *dyadic functioning process*, in which the gap or linked signifier supports activity [agency] for the subject.

In quantum brain dynamics the vacuum state is where the being is established, while in dual narratives the gap or linked signifier is what attributes agency to the subject. Following these ideas, language includes the perspective of dual narratives theory, in which the *dyadic functioning process* allows the split of the mind and language, which is based on a property called *reflection*. Language and mind interact in a dual functional game creating the bad and the good object that Klein (1997, 1998) mentioned in her theoretical construction. The dual theoretical positions of Klein's works, paranoid-schizoid and depressive positions, are facilitated by the *dyadic functioning process* of the mind that is also present in language and in the inter-game of signifiers.

Yet, transposing the quantum biological dynamics ideas onto a theory of

structuration (Giddens, 1984) of dual narratives, supporting a vacuum or gap, which is an absence or a linked signifier [a signifier, which includes a strong symbolic value because it incorporates representations that mark distinctions between positive and negative groups of linguistic elements], is a way to state that the agency of the subject finds its function in the field of language [symbolic world]. This is because agency is the acting element between dual narratives.

This appears to have a parallel function in the quantum biological dynamic domain, in which the brain represents external inputs by the use of quantum representation. Here, representations are based on quantum theory that is mediated by a vacuum, while in language representations are based on signifiers negotiated by an absence. Between language and quantum theory, the *functional system is equivalent*. Additionally, Lacan mentioned “the drive as the treasure trove of signifier” (Lacan, 2006 [1966], p. 692) as the drive or energy of the chain of signifiers that resembles the Freudian hypothesis of the energy or drive (Freud, 1984a). What Lacan attempted to describe also relates to a vacuum in the subject and in the Other, which in quantum theory is a zero-point energy, while in language it is a linked signifier that has a considerable representational value.

Consequently, the idea of a presence has a very important connotation, here, because it relates also to a ‘lack’, an unknown, specially if one compares it to the Lacanian idea of the real [absence]. It is for that reason that “darkness is a kind of presence. I mean ‘something’ beyond darkness, unknowable, even beyond nothing, in the very annihilation of no‘thing’” (Globus, 2003, p. 33). This phrase that comes from quantum physics resembles the Lacanian ‘real’. Yet, in quantum physics it is the *energetic idea of light and the absence of light [darkness]*, which are similar to the interaction of absence and presence of the action of the child in the Freudian Fort-Da.

Certainly, that unknown darkness is the Lacanian real, lack of knowledge. In relation to the linked signifier, darkness includes a presence because the very same signifier represents for the subject another signifier, linking and giving sense to the discourse of the Other. The example of the case of the man of the tiger's claws presents this very well. It is the signifier lorry = *camión* in opposition to the signifier van = *camioneta*, which gives a sexual identity and a subjective place for the patient.

All these ideas bring me back to my interpretation of the myth of Narcissus, in which the reflection of the image of the character in the waterhole allowed him to become lost in the imaginary spectral by drowning himself. This is because he saw the very presence of the enigmatic absence [darkness], which triggered in him a bewildered state that made him drown. This correlates with certain ideas stated by Lacan (2004 [1973]), who in his *Seminar XI*, mentioned the expression *tychic* used by him as “the adjective formed from *tuché* just as *psychique* (psychical) is the adjective corresponding to *psuché* (psyche)” (ibid, p. 80). He opens the chapter on anamorphosis stating this word and saying that he associates it with “the experience of repetition” (ibid), “in relation to the eye, in relation to *eutuchia* and *dustuchia*, the happy encounter and the unhappy encounter” (ibid). The concepts of *eutuchia* [prosperity] and *dustuchia* [adversity] are found in Aristotle who used “a model – deeply embedded in Greek tragedy's own language of human experience– of movement or ‘transformation’ (*metabasis*) between extreme roles of fortune: ‘prosperity (*eutuchia*) and ‘adversity’ (*atuchia*, *dustuchia*)” (Russell & Roberts, 2005, p. 13-14).

Lacan introduced these ideas of the *tychic*, which were associated with Maurice Merleau-Ponty's work *Le Visible et l'invisible*, and which coincided with the ambivalent positions presented by me in the myth of “Cupid and Psyche”. These are

two predicaments that also repeat in the idea of “to be or not to be” from Shakespeare’s works, in the Cartesian cogito seen by Lacan as “I am thinking where I am not, therefore, I am where I am not thinking” (Lacan, 2006 [1966], p. 430) and in the prosperity-adversity idea from Aristotle. Here, one can mention that the subject apprehends him/herself from a binary location in relation to something that resists or repeats that is a fundamental part [rest] that is left over, facilitating an existence, a being (Globus, 2005). This dual place is equivalent to the pair of signifiers separated by a vacuum.

It is for this reason that Lacan presented to us a phrase from Paul Valery’s *La Jeune Parque*, “*I saw myself seeing myself*”, which relates to the conscious experience of apprehending one self. Yet, in fact, this subjective capture of oneself is embedded in a methodological doubt, which is the same one presented by the Cartesian cogito. Lacan also included the perception that the subject is from a “bipolar reflexive relation” (2004 [1973], p. 81), in which the subject also sees himself/herself from outside, as if he/she was an object to be apprehended. This describes my previous presentation of the myth of Narcissus, in which the character attempted to recognize himself. What repeats itself is this ambivalent enigmatic arrangement related to the unknown knowledge associated with the *dyadic functioning process* of human subjectivity, or the twofold place, such as, the visible or the invisible. Here, the position of the subject is also ambiguous, in which internality-externality processes are at stake. Lacan stated a process of subjective “meditation of this reflecting reflection”(ibid, p. 81), in which the certainty of being is annihilated (ibid).

This ambivalent process also supports my ideas of the linked signifier or a gap, which is allocated between dual narratives: *the problem and the solution formed scenarios*. If there is an absence separating two narratives, a signifier could be placed

there, and as a result the binary scenes interact with each other in a particular way. In quantum physics, the existence of a vacuum in the electromagnetic field allows memory traces to be stored with the concomitant associated information. This is comparable with, for example, the memories presented by the patient in the case of the man of the tiger's claws, in which the signifiers lorry = *camión* and van = *camioneta*, included all the representations of those elements already established within the symbolic system of the subject. This, in dual narratives, means that elements will be stored depending on positive or negative values within a subjective principle [moral]. Again, it is here, where the idea of a "moral space" (Taylor, 2004 [1989], p. 28) can be considered. Signifiers will entail a value for the subject, in which "universal valid commitments" (ibid, p. 29) and identifications are at stake.

Language resonates in the mind of the subject and a memory emerges within a pair of signifiers, which are grouped in those knots (Stern, 2000) [vacuum] or information loop of the macroscopic wave-function (Jibu & Yosue, 1995, p. 125) that is *transferred and reflected* onto the mind, containing the thoughts of the subject. This brings me to the ambivalent idea that Bowlby (1997 [1969]) presented about a young child's longing for his mother. This is a feeling, which could cause, either, a strong bond between the child and his/her mother or it could cause a rejection for her. In my opinion the traces of memory are integrated as paired components, which are introjected from the external world within the language of the subject. The subject might accept this or not. If he/she does not accept this, he/she positions him/herself as excluded or rejected from the Other. It is for this reason that Butler (1990) presents the continuing theoretical rejection of the binary pair, so by creating the categorical group of "the lesbian". This is a response to the Other, in which language becomes organized. One can infer that, as a consequence, language orders the mind into sets of

opposite differentiated elements [signifiers] via narratives imposed by the Other and transferred by the other.

In order to continue with my thoughts on a new model of the mind, I will now introduce the scaffolding model, which adds to my contributions to psychoanalytical theory. In the next section, I will outline this prototype of the mind and establish a description of its properties and functions.

6) The Scaffolding Model

The scaffolding model is a way to outline a new model of the mind, which integrates psychoanalytical concepts and other theoretical ideas, as a construction of a metaphorical model of the psyche. The word scaffolding comes from neurosciences. Neuroscientists have stated that “thin projections from neurons that form connections with each other [axon and dendrites] can be thought as the biological “wiring of the brain” (Chklovskii, 2005, p. 1). This researcher also mentioned that there are patterns of connectivity or *scaffolds* within the wiring diagram of the human brain. These specific connections form patterns, which are likely to correspond to modules and functions, underlying the information process capacity of the brain. This author proposes a “network ‘scaffold’ that is likely to generate reproducible patterns of activity and play an important role in brain functions” (ibid, p. 2).

It is because of the idea of *scaffolds as producers of patterns of activity* that I have called the current analogical construction of the mind: the scaffolding model. As a consequence, the name of this theoretical building is inherited from neuronal activity as a way to give an account of the importance of the functional brain in the construction of the mind. The scaffolding model is based on a structural edifice, which includes a functional standpoint of the brain. Pinel (1997) stated that “the function of the nervous system, like the function of any circuit, depends on how

signals are transmitted through it. Accordingly, an understanding of the basic principles of neuronal conduction and synaptic transmission is a pre-requisite of the study of the neuronal bases of behaviour” (ibid, p. 103). Therefore, the presented construction includes the functional brain as a standpoint of this approach, in which an analogical construction of the inner self will be supported by the idea that the brain is beyond every human being, as an example of the production of mind and subjectivity.

The outline of this framework attempts to be a perspective based on certain properties of the “symbolic matrix” (Lacan 2006 [1966], p. 76) [which is a representation of the mind], such as, duality, in which the scaffolds [patterns of connectivity] (Chklovskii, 2005) are supported and protected components, which are *projected and reflected*, following the idea of “organ transfer” (Sharp, 2006, p. 250), from the brain onto a metaphysical space [psyche] or a surface-differentiation (Freud, 1932b). This also includes the previously introduced information about quantum physics and in particular quantum biological dynamics, which attempted to give an account of the existence of consciousness or thoughts (Stern, 2000).

Here, there are two concepts, which have been combined. One of them is presented by Hameroff-Penrose’s approach, which offered the possibility of the existence of consciousness based on the interrelationship of quantum theory and neuroscience. It is in the brain that quantum activity occurs by the collapse of the wave-function into a specific event (Smith, 2009). This sustains the basis of the neuronal process, which might solve the dilemma of the hard problem. Consciousness could be seen as the result of certain special conditions within the microtubules of the neurons. The other thought that allows a continuation of functions within the subsystem of the brain is associated with the idea of “dual electric charges” (Stern,

2000, p. 88), forming a topological wave that carried the charges (Stern, 2000), or a continuation of a “macroscopic wave function” (Jibu & Yosue, 1995, p. 125) of dual energy onto a topological space or psyche that can also be thought of as a holonomic domain [mind] (Pribram, 1971, 1985, 1986, 1991, 1993).

I have already stated that transfer of functions via reflection from the internal brain and introjection of symbols and images from the external reality are articulated by a *dyadic functioning process*, which represents the mind as a twofold reflected structure that allows for symbolic activity. The *dyadic functioning process* is evidently observed in the analysis of dual narratives in the therapeutic setting. It is also a function that allows an exchange of signifiers, which is facilitated by a gap. Here, the idea of absence/presence is at stake because “a signifier is what represents the subject to another signifier” (Lacan, 2006 [1966], p. 694) via metaphorical substitutions, using a vacuum as a place that facilitates exchange of signifiers.

This brings up a recursive interaction between two approaches, which are structuralism and functionalism, forming a structural-functional perspective, in which the mind is seen as a “surface” or as a structure that supports certain functional knots (Stern, 2000) of activity based on “dual electric charges” (ibid, p. 88). Here, representations and signifiers [thoughts] are engraved onto the psyche via reflection and introjection. I have stated certain ideas related to quantum physics and concepts of knots, in which thoughts are the product of a vacuum state [low intensity energy of water molecules in the microtubules of the neurons].

Previously, I thought of the mind as a structure, a metaphysical space characterized by an internal-external dual-reflection. Yet, all these expressions only attempted to give an account of a topological domain, which for example, in Winnicott’s works is represented by the idea of a “transitional space” (Winnicott,

2005). This is a surface, an incorporeal or immaterial shape, in which the subject constructs his/her subjectivity. In Winnicott this is based on the interaction that is facilitated by the mother of the child. Certain authors consider this transitional space as the equivalent to the “object *a*” (Kirshner, 2011) in Lacan’s theory. Fink stated “object *a*” as a last remainder or remainder of the hypothetical mother-child unit” (1997, p. 83). Moncayo added that: “On the one hand, the object *a* is a presence, on the other hand, as a presence, it is only the index of a void” (2008, p. 10). Therefore, as a consequence, the object *a* is “cause of desire” (ibid). In my opinion the “object *a*” is the absence [the gap] that allows substitutions [presence]. “Object *a*” is what facilitates agency [symbolic activity] within the mind [transitional space] of the subject. This is because “object *a*” is where the “drive as the treasure trove of signifier” (Lacan, 2006 [1966], p. 692) is allocated, facilitating the energy that authorizes movement in the chain of signifiers.

However, the scaffolding model is characterized by the developing factor of activity or symbolic action [agency] that is circumscribed by the absence, where I positioned the linked signifiers, which separated dual narratives. The idea of reflection is the main attribute. Reflection could be considered as a function that starts in the microtubules of the neurons and is transmitted as a continuation of functions within the subsystem of the brain. This relates to a mechanism in which power is mobilized creating “dual electric charges” (Stern, 2000, p. 88) and forming a topological wave, which carries the charges (Stern, 2000), or a continuation of a “macroscopic wave function” (Jibu & Yosue, 1995, p. 125) of dual energy onto a topological space or mind.

The scaffolding is a reflection from the scaffolds or “wiring of the brain” (Chklovskii, 2005, p. 1) that surrounds the mind, giving it support and facilitating the

operation of *transfer of functions* from the brain onto the mind [organ transfer]. The developing factor could be associated to genetic and environmental information by the building up of a symbolic matrix, which is surrounded or framed by the reflected scaffolding. However, these statements make us think about the dialectical construction of the subject, which opens up an enigmatic question in relation to the eternal discussion between the nature-nurture complex.

In order to mention the dilemma of the origin of the subject and the dialectical operation between nature-nurture (in which the human being could be seen as the result of genetic and inherited characteristics [nature] or as the consequence of environmental and acquired components of the social and cultural world [nurture]) one has to infer that the subject is a construction based on both factors. This is because the subject is the product of biological and external information. Therefore, this appears to constitute a recursive or dual nature-nurture process within the phenomenology of the subject. Oyama stated that “the tabula rasa of the empiricists is so easily translatable into naïve nativism’s conception of an ‘outside’ completely organized by the ‘inside’ [that] is perhaps not too surprising; perhaps it is not disturbing, either, since the canon of enlightened ‘interactionism’ has long decreed that both extremes are nonsense, that right thinking embraces nature and nurture” (2002, p. 15).

As a result, one can take into an account that the subject is a construction of these interacting factors, which include the body as an extension and part of that construction. In the “Ego and the Id”, Freud (1923b) called this: “bodily ego; it is not merely a surface entity, but is itself the projection of a surface” (ibid, p. 26). In other words, the concept of the mind could be placed as a construction, as well. Yet, the difference, here, is that the body is not a projection of a surface like in Freud’s works,

but a possible *reflection of a functional system onto a topological space*. This surface is the symbolic matrix. The most important characteristic is that the surface will hold and represent the symbolic body, which feeds back information onto the physiological body and vice versa. Here, material-immaterial duality is replaced by a functional system reflected onto a surface, facing internal matter and external others.

In addition, information could be genetic or environmental but it seems that it is the developmental system of the matrix that re-organizes the unique significant input for that particular subject into his/her unique complex symbolic world. The idea that the human brain –and in particular the frontal lobe- develops in contact with the environment, due to social and cultural influences (Azcoaga, 1995) has been previously stated. This seems to be the basic though, in which the development of biological and genetic foundations, in interaction with the environment, may be mimicked or repeated by the formation of the symbolic matrix. This is also supported by the previously mentioned work on mirror neurons (Ramachandran, 2010), in which the cultural subject has evolved by imitation of actions. Therefore, the brain develops its biological scaffolds, which support symbolic activity due to repetition, duplication and reflection of its wiring system or patterns of activity onto a symbolic foundation. These patterns of activity, at the same time, create vacuums [zero-point energy of water molecules in the microtubules of the neurons] that allow the paired signifiers or thoughts that are manifested as knots, following Stern's (2000) theory, to be inscribed within the system.

In order to understand how the topological space or mind repeats the same properties observed in the clinical setting, when patients present with dual narratives, it is important to clarify that the mind is a mediator between the brain and the external world. Here, there is a theoretical construct that explains the idea of mediator. The

concept of *diathesis*, which is observed, either, as a biological trait that is linked to a genetic disposition to illness (Campbell, 1989) or as a cognitive or social predisposition that produces an impact on the vulnerability of the individual (Monroe & Simon, 1991) and appears to be placed in a similar position to the mind, mediating between biological factors and social or environmental ones.

The idea of *diathesis* is used in psychiatry, due to the fact that patients with psychosis are more vulnerable to stress than others, who are not affected by this malady (Zuckerman, 1999). It is the interaction of social or personal stressors and biological predisposition that alters the mental state of a patient with psychosis. When social or personal circumstances are too much for the patient, following The Stress-Vulnerability Model (Zuckerman, 1999), in which diathesis is at stake, the patient becomes affected by stress and his/her mental state deteriorates. This produces a relapse of his/her symptoms with the concomitant consequence of the need for either, a hospital admission, or an intervention made by an alternative service, in order to avoid hospitalization, for example, by treating the patient in the community by the use of home treatment teams.

This concept shows that the metaphorical construction of *diathesis* is used as a *mediator* between the internal [functional brain] and the external world [outer circle]. The same happens when the scaffolding model that supports the construction of the mind, as the *dyadic functioning process* repeats the internal dual processing of the brain and the external dual narratives imposed by the Other via the imaginary other (Lacan, 2006 [1966]). It is for this reason that there are certain properties of the psyche that are homologous to the brain and language [+senses]. I have already explored my ideas about the formation of the scaffolding model by explaining some of its properties. Yet, in order to outline the characteristics of this framework, I will

mention another characteristic of it and summarize the previously mentioned ones, in order to present a brief statement of the main points of this model.

7) Properties of The Scaffolding Model

Following the previously stated ideas of Azcoaga (1995), in which developmental changes modify brain structure, one can visualize that the organ [brain] is continually reflecting itself onto the symbolic matrix as a duplicated functional system, via the transfer of functions. One can infer from this that the mind, which is surrounded by the scaffolding of the brain, absorbs and projects this functional system from the brain onto the outer circle (language). This triggers a chain of random reflections from the outside world by the use of symbols onto the mind to the brain and vice versa. The mind absorbs all these exchanged symbols and images, throwing back these elements and incorporating them onto its surface. It is for this reason that the brain, mind and language [+senses] share the same continuity of patterns, which in my opinion are based on *self-organization systems* (Turing, 1951).

a) Self-Organization System

My idea is that the brain, mind and language [+senses] are grouped and shaped into a structure, creating subjectivities by the use of reflection and the transfer of functions via the scaffolding model. As a consequence, these three components of the structure or system are in a continual recursive interaction as a result of a structuration process (Giddens, 1984).

Self-organization systems were first introduced by Alan Turing (1951), who in “The Chemical Basis of Morphogenesis” stated that a structure, which presents homogeneously [uniform], might be able to develop, at a later stage, patterns, which are anticipated by the rupture of a homogeneous balance that has been triggered by

random events. Therefore, self-organization systems are defined as “a process whereby pattern at the global level of a system emerges solely from interactions among the lower-level components” (Camazine, 2011, p. 1). Physical and biological organizations offer examples of self-organization systems, such as “sand grains assembling into rippled dunes” (ibid), or “chemical reactants forming swirling spiral patterns” (ibid). As a consequence pattern formation refers to “structure and organization in time” (ibid).

Turing discovered the existence of patterns, aspects that were hidden from the naked eye of the layperson. He used mathematical and chemical equations to make sense of the existence of the arrangements of the world. Allan Turing, questioned himself about the existence of the mind (Hodges, 1992) and this directed him to the idea that mathematical equations could be used as the basis of biology and human intelligence. This is what drove Turing to write “The Chemical Basis of Morphogenesis”, in which, at the beginning, cells in an embryo share the same form and then, in a later stage, they start changing, grouping together and becoming different parts or elements of the whole biological organism (Turing, 1951).

This was called cell organization, in which very simple processes, by assembling together, become complex structures. For example, grains of sand self-organize into dunes. Identical particles of those components do not contain the knowledge or information about the configuration they will take on. Turing assumed that, in similar ways, the chemical elements of an embryo naturally self-organize into patterns (ibid). The idea of using mathematical processes was revolutionary despite the fact that there were more complex genetic systems implied by morphogenesis. Turing also observed that there was a process of activation-inhibition involved in morphogenesis, in which systems create patterns due to this dual function (ibid).

Turing specified that: “Certain proteins activate changes in the cells, other proteins inhibit the changes, and the interaction between the two are called activator-inhibitor systems” (Rucker, 2005, p. 160).

Similarities were previously mentioned by Globus (2005) when he stated that the conscious and unconscious system was based on inhibition interactions. Freud also mentioned the same kinds of ideas in relation to inhibition and functions. In “Inhibitions, Symptoms and Anxiety”, Freud stated that an “inhibition is the expression of a *restriction of an ego-function*” (1926d, p. 89), which was undertaken to avoid repression or “*a conflict with the id ... [or] to avoid coming into conflict with the super-ego*” (ibid, p. 90). This relates to the idea of a system that self-organizes by using internal mechanisms and functions.

The process of self-organization into patterns was also observed by another scientist in Russia, but this time in chemistry. In the early 1950’s, Belousov was mixing certain chemicals in a laboratory, which produced determined variations in colour that change from clear to colour and vice versa (Turvey & Moreno, 2006). His works showed that the mixture of chemicals produced a pattern within a self-organization system, changing from colour to clear and back again. His work was submitted to a scientific journal and rejected by the scientific editor, in the Soviet Union, because “It did not fit the fundamental assumptions of matter as inert –that matter cannot self-cause, cannot self-complex” (ibid, p. 9). Also, because they thought diffusion, that is the random movement of particles in a combined continued reaction, does not relate to other phenomena besides homogeneity (Shinbrot & Muzzio, 2001). This, at a later stage, were to be proved wrong.

In addition, in 1961, Anatol Zhabotinsky undertook another similar experiment, in which the diffusion of particles in a self-organized system, formed

diverse waves or patterns, and was observed by mixing certain chemicals in a Petri dish leaving them to rest for a while. This was named as the Belousov-Zhabotinsky (BZ) reaction (Dupuis & Berland, 2004). It was concluded that: “Rotating waves of activity are seen in various biological phenomena and in chemical mixtures. In thin layers of these media, the waves often appear as spirals spinning around a pivot point, but actually they are scroll –shaped waves rotating around curved filament in three-space” (Keener et al., 1988, p. 1284).

This phenomenon appears spontaneously, which was produced without any outside influence. This experiment reproduced perfectly Turing’s equation, which is also non-linear because it shows a disproportion between cause and effect, by creating the inexplicable apparition of a wave activity within a system without any external intervention. Wedel (2011) gives a very good explanation of a non-linear system: “Non-linear systems are those in which the properties of the system as a whole cannot be understood in terms of the properties of individual system elements, in other words, those in which new properties emerge through interaction” (ibid, p. 131). At this stage, the previous ideas of Turing (1951) started to make sense; matter in a self-organization system might change, and homogeneity is not always maintained.

The diffusion of particles from the BZ reaction represents an analogy to my thoughts on the *reflection of a wave-function*, via the scaffolds of the brain, onto the mind, and the *reflection of the external world*, via language [+senses], which is then activated by the environment onto the mind and subsequently, the brain. This gives us as a self-organization system composed of the brain, mind and language [+senses], in which the patterns of the structure are acquired by the interaction of each of its components [non-linear system], as it occurs in the self-organization system of the Belousov-Zhabotinsky (BZ) reaction, forming patterns within the system without any

external influence.

The scaffolding model includes language [+senses] as an element of the system. Therefore, language [+senses], via subjective experience, is not categorized as an external element but as a subsystem within the structure. As a consequence, the model describes the production of patterns, which is repeated in each layer of the system, and is presented by the example of the *dyadic functioning process*, which has been previously discussed.

However, self-organization was taken scientifically seriously by the presentation of the phenomenon illustrated as chaos. This means that “very simple rules or equations with nothing random in them and completely determined, can have outcomes that are entirely unpredictable” (Mays, 2011, p. 1). Lorenz (1995), in his book “The Essence of Chaos”, started his first chapter with a statement about words [language], being as chaos. This is because words are like the previously mentioned grains of sand making a dune. “Words are not living creatures. ... A word may be born into a language with just one meaning, but, as it grows up, it may acquire new meanings that are related but nevertheless distinct. ... meanings are rather natural extensions of older ones” (ibid, p. 3).

It is interesting how Lorenz talks about words as an evolving system, in which at the beginning was chaos, an *absence* of order, “an ancient word originally denoting a complete lack of form or systematic arrangement, but now often to imply the absence of some kind of order that ought to be present” (ibid). Therefore, one can interpret, here, that absence, from chaos theory, is a kind of primal or chaotic state, in which there was no organization. The important issue, here, is that for chaos theory the absence remains within a self-organization system, in which patterns of words also remain “by acquiring several related but distinct *technical* meanings” (ibid).

Absence is also a component of a self-organization system.

Yet, the existence of words would not be possible without the mind. It is for that reason that: “Humans are the only species to have developed verbal language and also to have experienced mind” (Logan, 2010, p. 1). Language informs the therapist about the structure of the system composed by these three elements: brain, mind and language [+senses]. This is because when the patient narrates his/her scenarios, the therapist can visualize how, by the use of language, the mind has been constructed with the help of a functional brain. For example, during my clinical experience I have experienced that brain dysfunction is observed in schizophrenia, when the patient presents with thought disorder and is also confused. Language, here, is observed as totally disorganized. After medical [chemical] treatment, the functions of the brain gradually recover while the patient starts making sense, once more, and becomes, then, less confused than before, when he/she was without medication. Thought disorder is also affected by social behavioural deficits (Smith et al., 1999), which is another variable to take into consideration in the recovery of these patients.

Language and the descriptions of perceptions via the patients’ senses through the use of dual narratives inform us that duality is a property involved in the construction of the brain, mind and language [+senses]. It is the whole system, as a gestalt, that allows a structuration process (Giddens, 1984), which is supported by the scaffolds of the brain (Chklovskii, 2005). Feedback, within the structures or layers of the system, appears to be a crucial part of self-organization, for example, in language (Wedel, 2011).

The formation of a structure in self-organization systems is the product of positive and negative feedback loops, which in turns is the result of the interaction of elements within the system or with the environment (ibid). The difference between

positive and negative feedback loops is observed in relation to the absence or presence of future changes (Wedel, 2006). Positive feedback loops are related to changes and the repetition of the event in the future, while negative feedback loops are associated with the unlikely presentation of the same event later on (ibid). This also underpins the value of dual narratives, in which negative elements are presented in a *problem formed scenario*, while positive ones are embedded in a *solution formed scenario*. Positive values are related to solving the problem, improving and changing the situation of the patient. Negative values are blockages, interrupting the integration of both scenarios.

All of this brings me to state that a self-organization system is in constant interaction between its elements, in which the three sub-layers of the system: brain, mind and languages [+senses] are not only articulated but they also present their individual characteristics supported by their functions and processes, which exhibit an *emergence* that is “the generation of a higher order structure that interacts meaningfully with other structures of the system at this level of description” (Wedel, 2011, p. 132). Such an *emergence* in the mentioned system could be defined as the presentation of a *dyadic functioning process*, which has its equivalent in each sub-layer of the system as was previously stated.

This has also allowed me to state that the scaffolding model introduced the idea of the psyche as a part of a self-organizing system. “Leibniz speculated about the possibility of giving an equation of mind. It seems to me that, with complex systems science, we have finally reached the point where we can take Leibniz seriously” (Goertzel, 1994, p. 9-10). This is because a functional process is repeated in each part of the subsystem, acting in a different way but producing the same effect, via the interaction of components. For example, duality has been observed to be present in

the brain as “dual electric chargers” (Stern, 2000, p. 88) or in the form of a *conjugated [tilde] ~ and non [tilde]~ domains* (Globus, 2003, 2004, 2005).

As well as, duality in language is seen as *dual narratives*, which is observed in the clinic during the *problem and solution formed scenarios* of the discourse of the patient and also in the twofold presentation of the signifier. And duality in the mind is related to the splitting of consciousness as presented by Freud (1894a) or in other words, duality is seen as two very different properties of a state of mind, which causes actions: one rational and another one irrational (Ahumada et al., 2006). Now, I will give a resume of the presentation of the *dyadic functioning process* in the self-organization system of the brain, mind and language [+senses].

b) Dyadic Functioning Process

The thought of a *dyadic functioning process* was inspired by the observation of dual narratives, which was based on the idea that there is a splitting mechanism, in which will power is also divided or dual. Freud (1892-1893b) named this will and counter-will as a bipolar quality of the mind. This brought me to state, in chapter one, that the idea of agency in psychoanalysis is presented as a lack of control on the part of the subject. The limit of regulation that the subject maintains in relation to his/her agency is minimal, dual and remains split. This was associated with the idea of trauma in Freud’s works, in which the traumatic event reveals a dual consciousness or a split of the mind of the subject (Freud, 1893a). As a consequence, the concept of agency, which is present in the analytical arena, is a possibility or an impossibility of action on the part of the subject. Previously, I inferred that agency is represented by the presence of dual patterns, which form part of the functioning of the mind.

Therefore, the symbolic world sustains general patterns of dual functionality, which is also observed in a dyadic or ambivalent position of the subject in relation to

his/her wish. I stated that the agency of the subject is based on a symbolic activity with the signifier via metaphor and metonymy. In my opinion, this is a *dyadic functioning process* because it is always organized around two functions, such as, metaphor and metonymy, or absence and presence. This is an unconscious phenomenon [the subject does not know about this functional system] and he/she is not aware why this activity has been established. The subject has the illusion that his/her free will [agency] is something that is manageable but, in fact, there are elements of his/her activity that are outside his/her conscious control.

In chapter two, I stated that the *dyadic functioning process*, once again, is a phenomenon, which is observed when a patient uses dual narratives. For example, the subject describes an account, which is split in two sections, or he/she presents different chronicles, which could be considered as a problem and a solution form. Here, agency emphasized two phases. The first one is a presentation, in which the patient experiences and communicates feelings of uneasiness. He/she is narrating a particular situation in the *problem formed scenario*, in which his/her agency is incapacitated. The second one is considered as solving a problem, which has to be mediated by the interventions of the therapist during treatment alongside the *solution formed scenario*.

Between these two scenarios, there is a gap or link that represents two moments of the activity [will and counter-will] of the subject. Through the use of clinical cases, I also stated that there was an idea of an absence that represented a gap or a linked signifier, which intercepts dual narratives or ambivalent accounts of the patient. This was based on Lacan's thoughts about language and the twofold condition of the signifier that brought me to the concept of absence-presence, whereby the signifier provides signification via its articulation with the other signifiers within the

linguistic chain based on metaphor and metonymy that is facilitated by a gap [absence] in the linguistic chain. I presented the ideas that the function of the signifier [language] is a reflection of the function of the mind, negotiated by the activity of the brain. As a consequence the mind uses language as *support*, which is a way for the subject to express him/herself and be heard.

From here on, one can say that mind and language share the *dyadic functioning process* as a structuration process or as a recursive way to interact. This is observed in the clinic by the presence of dual narratives. Also, I presented an analogy between the *dyadic functioning process* in mind and language and its existence in the brain. This was compared with the theoretical constructions of Hameroff-Penrose's approach of his work in microtubules [dipole field] in neurons, and it was continued with dual electric charges (Stern, 2000) that facilitate a geometrical brain and a topological mind, or the [tilde] ~ and non [tilde] ~ universe (Vitiello, 2001). These ideas were presented through quantum physics, which form a conjugated [tilde] ~ and non [tilde] ~ domain in a vacuum space, giving a hypothetical account of the existence of being (Globus, 2003, 2004, 2005). This was because the conjugation of both domains in the vacuum space was seeing by certain authors as a place of allocation of thoughts and consciousness (Stern, 2000; Vitiello, 2001).

As a resume of the *dyadic functioning process*, one can state that there is a homological function within the brain, mind and language [+senses]. The expression [+senses] was defined by me as the incorporation of language by the subject, in conjunction with the dual function of the gaze and the use of the senses [perception]. This forms a subsystem that becomes integrated within a self-organizing system (Turing, 1951) or a structure, giving as a result the production of a model of the mind [sub-structure] called: the scaffolding model. In order to continue with the properties

of this model, I will mention how these analogical ideas of a *dyadic functioning process* underpinned the notion of *quality and duality*.

c) Quality and Duality

For Freud consciousness included a characteristic, which was denominated by him as *quality*. He mentioned that: “Consciousness gives us what are called *qualities* – sensations which are *different* in a great multiplicity of ways and whose *difference* is distinguished according to its relations with the external world” (Freud, 1950a [1895], p. 308). Here, Freud gives a very clear explanation of the mind that is a subjective construction embedded in qualities that are different from those observed in the outer circle. He also added: “the characteristic of being unconscious begins to lose significance for us. It becomes a quality which can have many meanings, a quality which we are unable to make” (1923b, p. 18). Also, the unconscious is embedded in subjective qualities that are unknown to the subject. As a corollary of these two passages, one can infer that quality is dual [conscious and unconscious] and it is a main property of the mind. This brings me to state that quality and duality are integrated, forming a general characteristic of the mind-language that is represented by the previously presented *dyadic functioning process*.

Therefore, if quality is intertwined with duality, one can state that it is the incorporation of dual symbols that makes the quality of the mind a symbolic matrix, in which dyadic elements [signifiers] are inscribed. Lacan gives the example of the “urinary segregation” (2004 [1966], p. 417), in which the twin doors represent a pair of signifiers of ladies and gentlemen (*ibid*), which also attributes sexual differences between the subjects based on subjective experiences. It is here that the opposition of paired elements brings me to mention that there is a continuation between the twofold

inscription of the signifier, which is not only based on absence-presence but also on the differentiation between twin elements, with the presentation of dual narratives in the analytical arena.

However, language and the signifier maintain a dual property, which is also reflected in the ambivalent position of the subject that presents different levels of integration depending on subjective experiences. In chapter three, I mentioned that in order to become a subject, the human being has to go through a *dyadic functioning process* between two components: the limitation of *jouissance* and the incorporation of language [a process of social normalization], which is related to the acquisition of an identity between the binary pair of feminine and masculine (Butler, 1990). I want to add something in relation to this topic.

I always understood *jouissance* (Lacan, 2007 [1969-1970]) as having a double phase, in which the idea of unconscious pleasure crumpled up with the notion of uneasiness. In my opinion, the subject of an act is the subject of the unconscious, who maintains a dual phase, which is manifested by a feeling of *pleasurable disturbance*. Because of this, I named this feeling using the Latin words *voluptas et turbatio* [unconscious pleasure and disturbance]. Therefore, the subject of an act is between these twofold impasses: *voluptas et turbatio*, which also characterize the feelings expressed by a patient when a situation is unknowingly pleasurable and at the same time, triggers certain feelings of uneasiness. This is what the subject of the unconscious puts into place, an act [agency], a *pleasurable disturbance: voluptas et turbatio*. And, this is informed by the analytical situation, for example, in the case of the Cambridge student analyzed in chapter one.

In fact, the double concept of *voluptas et turbatio*, in my viewpoint, holds or includes two values. A *positive emotional affect* named by me by using the Latin

word *factum* [act] and a *negative feeling of non-existence and ruin*, which I have called by using the Latin word *nullus* [negative]. These two entities create a material characteristic of the chain of signifiers due to the prevalence of two separated entities of negative and positive signifiers, which integrate together, forming the already mentioned *dyadic functioning process* within the narrative of the subject. This is because language presents in an analytical setting in two forms, discursively negative or positive.

I want to state that a subjective act is the primary moment of an act, which, in my opinion, it is a positive element because it removes the subject from a static position. It is a way by which a subject negotiates his/her desire. Negative acts are secondary moments of an act, and in my viewpoint, they are associated with *acting-outs*, in which there is an impossibility of articulation of signifiers on the part of the subject. He/she *acts out* instead of communicating by language. Primary ones or subjective acts are associated with a positive emotional affect [*factum* material]. Secondary ones, or *acting-outs*, are related to negative feelings of non-existence and ruin [*nullus* material]. Examples of secondary acts are well described by the cases, previously mentioned in chapter one.

In the analytical situation, I have observed that certain patients present as if there were subjected to this dual position: *voluptas et turbatio*. The feeling of enjoyment, which is observed in a gaze [+senses], supports the unconscious pleasure that the subject is expressing through the narration that is also reflected in the facial expression and represented by his/her Machiavellian grin [+senses]. The narrative is characterized by having a dark side added to it, things are negative, destructive, and at the same time, there are projections of an internal reality that is not only dark [real] but also unknowingly pleasurable. This narration presents as a blockage, articulated

by negative thoughts, which reflects a ‘real’ that continues metonymically, moving on a chain of signifiers that maintains certain coherence as if it was coming from a scene of a badly-produced horror movie.

To continue, the *absence of positive thinking* seems to be the common denominator as it is infused with imaginary connections of signifiers that support the “thing” replacing it for a garble of negative thoughts. The *nullus* material is interpreted as a structural condition of that patient’s reality. In fact, it is like a negative masquerade of a ‘lack’ [absence] that the patient brings to analysis in order to communicate to us something about his/her desire. A destructive desire based on a *nullus* substance that keeps him/her in a static position, in which the desire of the Other is reincarnated as destructive.

In cases of “normality”, the idea of *voluptas et turbatio* is balanced. This means that positive and negative signifiers present within the signifier chain as being articulated and well-adjusted within two narratives that are integrated by a *dyadic functional process*. It has been observed that in the patient group, certain patients present with very negative thoughts or negative thinking. This is due, perhaps, to the fact that the *nullus* material of the thinking [dyadic functioning] process, and therefore, the negative signifiers, are drastically split from their positive counterparts, creating a negative chain of signifiers that repeats along with the narrative of the subject. The positive elements or signifiers seem to be hidden [occulted] beyond this negative narrative that is also presented by the subject in transference. This is observed as a *problem formed scenario* of the narrative.

The *solution formed scenario* introduces the positive signifiers of the chain, which equalizes the patient’s mental state. Reality is perceived in a less dramatic or ambivalent way. Here, negative feelings are also dissipated within this presentation.

In certain extreme cases, the absence of *factum* material needs to be introduced by the analyst guided by interpretations of the *nullus* substance [incorporating the positive counterpart signifiers of the negative chain]. This has to be done in order to avoid deterioration of the mental state of the patient, reducing unconscious *pleasurable disturbances*.

The increment of this *pleasurable disturbance* relates to the increase of the positive emotional affect that increases *voluptas*. In this case, there is a priority to seek [in the external world of the subject] a signifier that limits *turbatio* [disturbance]. The presence of a symbolic boundary, delimits the *nullus* material that is affecting the signifier's chain. This acts as an external prohibition of *voluptas* [unconscious pleasure].

All of this brings me to the restrictions of *voluptus et turbatio* via the application of boundaries during the development of the subject and as a therapeutic tool. I believe that social normalization is based on the delimitation of this *pleasurable disturbance*, in order for the subject to enjoy a normal life [avoiding risks] and a subjective position that finds a balance between dual elements of his/her psychic. The outcome will be a more stable personal situation that maintains a dual narrative integrated within language and the subsystem of the mind. Now, I will move to the last property of the scaffolding model, which is absence, in order to conclude with its characteristics.

d) Absence

It was previously mentioned that the concept of absence was taken from Freud's works, which is presented in the Fort-Da as a double interaction between absence and presence (Freud, 1920g). The absence of the mother facilitated a symbolic activity

through the presentation of a game as a metaphorical construction, which brings the presence of a substitute [reel and string]. Lacan thought of the absence as a silence in the therapeutic situation. Also, the absence is an original moment that relates to the fact that language was born based on a vacuum.

In chapter three, I stated that an absence is what mediates a *dyadic functioning process* within language [and mind]. This is because an absence represents a gap or a linked signifier, which intercepts two narratives, the *problem and solution formed scenarios*. Therefore, I observed the split of the psyche in Freud's works as a property of language [and mind]. The same scission of consciousness that in Freud's works was the result of a trauma is a basic property of language that is equivalent to this substitute between absence and presence. In dual narratives, ambivalent accounts are also separated by a gap [linked signifier].

The most important issue about this situation is that in the twofold narrative, like in the chain of signifiers, the same phenomenon is operating, which is the substitution of one element for another. An absence allows the substitution of one signifier for another in the chain of signifiers, and in dual narratives. An absence [linked signifier] also interacts between the two scenarios of the narrative of the subject. There is a split between negative elements [*problem formed scenario*] and positive components [*solution formed scenario*]. This depends on the levels of integration of narratives, which coincide with subjective experiences, in which favourable experiences might integrate positive elements, while fatalistic ones, traumas, might increase negative thinking and dissociation. I previously linked these thoughts with my ideas about *voluptus et turbatio*. This *pleasurable disturbance* interferes with this unknowing pleasure that the patient experiences, which prevents the subject executing his/her conscious agency.

Absence is a characteristic of language and mind that also is observed in the brain. This was presented by following the ideas of vacuum states in quantum physics. A vacuum [absence] is an empty space or low energy level of water molecules in the microtubules of the neurons that facilitated the activity of “dual energetic charges’ (Stern, 2000) or a conjugated [tilde] ~ and non [tilde] ~ tilde universe (Globus, 2003, 2004, 2005) that gave as a result the development of the ideas of consciousness, thoughts and existence or being.

In addition, the notion of organ transfer (Sharp, 2006) was also mentioned, in which transfer or reflections from the functional brain onto a surface [mind] allowed me to talk of the mind as a dual-reflective system [internal/external]. Here, the functional brain reflects its scaffolds or patterns of connectivity (Chklovskii, 2005) from the interior of the system, while language [+senses] captures the reflection from the outer circle, so by creating the scaffolding model that is a protected support, in which the mind develops.

The psyche, in my opinion, is a topological spectrum that coincides with Pribram’s ideas of a holonomic space, in which the inner self becomes an analogical construction. Absence, in the mind, relates to the result of the splitting of consciousness in Freud’s (1894a) works, producing two different states of mind, which cause actions: one rational and another one irrational (Ahumda et al., 2006). From this viewpoint, absence is agency, power and “an insistent urgent force” (Lacan, 1999 [1972-1973], p. 3, see footnote).

8) Conclusion

In this last chapter, I have amalgamated Freudian and Lacanian ideas in order to outline a model of the mind, which I have designated as the scaffolding model. This

framework is based on a self-organization system, in which the interaction of the brain, mind and language [+senses] is the result of a structuration process. The mind is the mediator between the internal organ [brain] and its functions, and the external world or the outer circle, which restricts the subject by the narratives of the others. This model reinforces the previous presentation of clinical observations and opens up new routes for research into different disciplines.

In order to propose and outline a new model of the mind, I observed “The Mirror Stage” in Lacan’s theory and I focused on the *concept of reflection*. The subject is constituted in the imaginary reflection of the other, which introduces narratives by the support of language, allowing an identity and a position in life. As a consequence, the gaze and its inside-out structure facilitate a twofold function in order for the subject to construct a symbolic world.

This is done in a dyadic way because the gaze and the senses provide two phases of the conscious and unconscious series, which are for example, the known-unknown and the visible-invisible, which facilitate a dual agency. I associated this with an ambivalent idea of the mind, the scission of consciousness of Freud’s patients and with an agency that is observed in the analytical arena as disavowing [action]. This is because the subject seems not to have any knowledge or control when he/she performs or not certain [unconscious] actions.

I introduced the myth of Narcissus in order to show that the mind is a dual-reflective system, facing the external [outer circle] and the internal [brain] world of the subject. This is because this particular tale exposes the fact that reflection [the reflection of the subject in the mirror] is associated with the doubtful interrogation of the subject: Am I this or that? The subject, through the use of his reflection, attempts to find an imaginary answer to his/her existence. In fact, the mirror gives the subject

an imaginary reflection, which confuses him/her. This is because the answers of the subject have to be articulated from a symbolic position.

In addition, I thought of the mind as a pacemaker between the inner world of the subject, internal reflection of the brain, and his/her outer circle, which is formed by the use of this dual reflection, a “space” that also produces conscious and unconscious phenomena. Therefore, the mind is backed up by a twofold throwing back of light, which is external and includes language [+senses] and internal that incorporates the functions of the brain.

The theoretical idea of “organ transfer” inspired me to think of the connector or link between brain and mind. If the brain transfers its functions onto the mind by a specific function, the brain and the mind work out at the same functional level. And this functionality also repeats itself in the lingual system [dual narratives], which is backed up by the senses. I have suggested that the transfer phenomena from the brain onto the mind starts in the microtubules of the neurons, following Penrose’s ideas, and it is facilitated by a “macroscopic wave function” defined as a “phase wave of the matter [brain] field”, creating the “symbolic matrix”, which develops by the incorporation of paired signifiers, integrating linguistic [symbolic] articulations in a complex manner.

Dual charges in the brain allow for the creation of a topological space [mind] mediated by vacuums [low energy levels of molecules of water in microtubules in neurons], in which thoughts, consciousness and being might start being produced. The mind absorbs the functional process of dual charges and reflects them, in an incorporated way, as a *dyadic functioning process*, which facilitates the twofold articulation of the signifier and the possibility of dual narratives. It was previously mentioned that the signifier moves in a linguistic chain by the help of an absence,

producing a presence [substitute of a lost element]. Dual narratives by the presentation of *the problem and the solution formed scenarios* operate in the same way, using a *dyadic functioning process*, and a link signifier that represents a vacuum [gap], which facilitates agency.

However, each component of the system, brain, mind and language [+senses], interacts with each other in a recursive way sharing properties, functions and facilitating agency. This forms the scaffolding model, which is characterized by a factor of activity or symbolic action [agency] that is circumscribed by an absence, which is equivalent to the link signifiers that separate dual narratives. The scaffolding is a reflection from the scaffolds or “wiring of the brain” that surrounds the mind, giving it support and facilitating the operations of transfers of functions from the brain onto the mind.

The main attribute of this self-organization system is the *dyadic functioning process* as an “emergence” of the interaction. This is a general pattern of dual functioning, which is used by the scaffolding model as a recursive way for its components to relate within the system. This is followed by another attribute, which is quality that is also a property that includes duality. This is because in language duality is represented in dual narratives, in the mind it relates to the scission of consciousness and in the brain it associates with dual charges that allow the formation of a topological space [mind]. In addition, I stated that the last attribute of the scaffolding model was an absence, which also repeats in each component of the structure. Here, absence [agency] is power and it could be seen as “an insistent urgent force”. More research is needed in these areas to reach new conclusions about agency, structure and subjectivity, and how they interact within a self-organization system.

The presentation of a metaphorical model of the mind has been done in order to place certain foundations in relation of the concepts of agency, subject and structure from a dynamic perspective. This has been done in order to conceptualize that the dyadic functioning process acts as a structural device in the construction of subjectivities. Next chapter will present dual narratives as a therapeutic tool in the treatment of patients with personality disorder in crisis or in the treatment of subjects who are ambivalent or in conflict.

Chapter V

New conceptualizations of Agency, Subject and Structure

Applications of a New Therapeutic Approach

1) Introduction

The previously presented analogical model of the mind, developed in chapter four, has approached different ways of interpreting the concept of agency, subject and structure. This has been done by the implementation of a new psychotherapeutic perspective while integrating clinical observation of patients with personality disorder in crisis. The original contribution of this thesis offers to the therapist a different framework than the ones already in used, giving an innovative approach to the treatments of patients with personality disorder in crisis and to the management of subjects who present ambivalently or in conflict.

This was done due to the need for a therapeutic perspective, which facilitates the prevention of risks while implementing a deep analysis of the subjective structure of the patient. My contribution to the psychoanalytical field, which promotes the use of previously mentioned psychoanalytical concepts in a psychotherapeutic setting, is based on the observation of patients' presentations [problem and solution formed scenarios] and the application of a therapeutic tool [dual narratives]. This does not only prevent risks by containing patient's anxieties [giving emotional containment] but it also explores how the subject is positioned and has been positioned by others in a place that contradicts his/her conscious and unconscious agency. Here, it was stated by one that the subject presents as an ambivalent subject.

Therefore, the concept of agency gets embedded in a recursive structure in which the subject unfolds [during therapy] a subjective place that, at times, triggers

feelings of uneasiness for the patient. During the therapeutic situation, the above-mentioned concepts have to interact in the mind of the therapist in a very dynamic way, facilitating a different understanding of the presenting complaint of the patient. This is performed by the analysis of the linguistic chain when has unfolded a dual narrative system that is extremely ambivalent in the patient group. In order to clarify how to implement this approach, the present chapter attempts:

1. To offer the reader certain techniques to be used within the role of the therapist. This will add the analysis of silence and neutrality in the employment of this new perspective.

2. To facilitate a comparison between current perspectives and a dual narratives approach in order to clarify the use of certain vocabulary and differences within perspectives.

3. To compare with dual narratives a series of psychoanalytical frameworks, which combine the use of other perspectives, such as CBT or other approaches, that are currently offered to practitioners in order to find solutions to similar clinical cases.

The undertaken avenue for me to develop these above-mentioned points is to start from the use of a series of therapeutic techniques implied by the therapist while using dual narratives. This is done in order to help the patient with the presenting complaint [risks to him/herself and others and a lack of insight into his/her subjective position]. The current approach integrates ideas from different analytical and therapeutic frameworks. My main interest is to promote a place for the therapist, which facilitates symbolic thinking. This encourages the abandon of a therapeutic 'rigid position' in order for the therapist to be more flexible, advocating well-being and independence to the subject.

2) On Techniques

Clinical observations make us think of a subject's realities. Freud gave us an account of the Rat Man (Freud, 1909d) in order for the therapist to understand the "shifting and ambivalence in the love/hate binary system" (Hwang, 2007, p. 1). The transformation between love and hate was catalogued by Freud (1924d) in the Oedipus complex as "a classic example of ambivalence" (Hwang, 2007, p. 1). Here, the behaviour of the little boy unfolds love for his mother and love and hate for his father. Love for his father as a pathway to identify with him. And, at the same time, hate for his father because he stands in his way between him and his mother. This gives, as a consequence, the castration complex (Freud, 1924d).

It is for this reason that the concept of ambivalence, which is presented in the discourse of the patient in different subjective manners and unfolds a subjective battle within the subjective structure, is prioritized in my current approach. This is due to the fact that narratives oscillate between a positive [love] and a negative [hate] component. It is in the application of dual narratives' therapeutic techniques that the ambivalence has to be listened by the therapist.

As a consequence, one has to mention that the therapist acts and thinks (consciously or unconsciously) by constructing hypothesis and interpreting patient's accounts around those ambivalent components. For the contrary, certain authors, within the psychoanalytic or psychotherapeutic process, think that the treatment starts by focusing primarily on the symptom, which progressively expands onto a 'core conflictual relational theme' in which the dynamic work between the patient and the therapist is, fundamental (Luborsky, 1984).

Dual narratives do not focus on patient's symptoms but accepts that the interaction between the patient and the therapist is very important, allowing for a

dynamic work during the therapeutic encounter. Here, the focus is placed on the division between the problem and the solution [doubtful or ambivalent account] that is presented by the patient as a conflict or opposition in which it is impossible for the subject to choose between one of the alternatives. If there is a conflict [problem], the idea is that it has to be a solution, which has to be implemented in order for the client to produce change. Despite that the solution is, at times, repressed by the client, it is in the communication between the patient and the therapist [therapeutic alliance] that a solution has to be found, like in the case of the mother who could not feed her newborn baby in Freud's (1892-1893b) works. The current difference, due to the fact that Freud used suggestion [hypnosis] in this case, is that the therapist has to be non-directive [non-suggestive] by producing an intervention [using patient's discursive elements] in order for the patient to find solutions to his/her problems.

The concept of non-directiveness (Rogers, 1951) in psychotherapy has been rather conflictive because it has been understood as an attempt for the therapist to live the experiences of the patient [other]. As a consequence, Rogers' theory has been observed from a non-directive approach to an experiential perspective (Bozarth, 2000). Rogers became aware of this erroneous viewpoint and changed the concept of 'non-directive therapy' for 'client-centered theory' as a way to sustain that the patient is who has to guide his/her life (Bozarth, 2000).

Following this concept, in dual narratives, the therapist has to be non-instructive because advice could be seen as an authoritarian form of communication that also creates dependency (Boeree, 2006). To experience that someone is taking control, by commanding us, it is not a new experience for the patient, which is also an undesirable situation for the subject. This is due to the fact that: "Authoritarian teaching and learning modes have been with us always" (Fairfield, 1988, p. 105).

Dual narratives are based on a non-authoritarian [non-directive] approach, which includes interventions, avoiding the production of guilt and rejecting punitive views. The result of this standpoint allows one to assemble an effective therapeutic input, which produces new meanings for the subject.

My observation was that the patient group showed narratives that were presented as split scenarios, which triggered repetitive patterns of behaviours in which the patient was trapped. For now, I want to state that the therapist, here, has to intervene in order to prevent risks, ameliorating the crisis situation and helping the patient to gain an insight into his/her ambivalent scenarios.

First of all, the idea is that the therapist has to create rapport, which will help the client to avoid acting outs and risks to him/herself or others, by using interventions in order for the client to assimilate the idea that he/she has to remain safe and he/she has to protect him/herself (Urquiza & Winn, 1994). This is done as a way to communicate that the patient is worth to be protected, as a way to explore and avoid dangerous situations and as a way to examine fantasies, finding preventive factors to their instability (ibid).

Acting outs could be considered very risky for members of the patient group. Statistically, it has been reported by the World Health Organization (WHO) that: “Every year, almost one million people die from suicide; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds (2012, p. 1). “Recent studies on young people who committed suicide have shown a high prevalence (20-50%) of personality disorder” (World Health Organization, 2000, p. 8).

Patients with personality disorder are at risk due to the use of acting outs, which might drive them to attempt towards their life. A particular acting out might be a substitute for remembering (De Mijolla, 2005). This means that the patient repeats

something that he/she cannot articulate by the use of language, which is seen as an erroneous way of reasoning (Ladouceur & Lachance, 2007). In order to prevent acting outs, the communication between the patient and the therapist has to be fluid. This will help the client to articulate, symbolically, his/her thoughts instead of acting on them. The therapist has to inform the patient that he/she has to abstain from taking any important decisions while in treatment (ibid). This was something that Freud (1914g) promulgated, during his work with neurosis.

In this way, patterns of relationship are constructed and shared by the therapist with his/her patient as a way to communicate the therapist's hypotheses. Interventions are associated with information about the therapist's thought process in relation to the client. From here on, "the generation of therapeutic hypotheses is inextricably linked both to the self of the therapist and to [his/] her position within the therapeutic context" (Bertrando & Toffanetti, 2003, p. 8).

In my opinion, in the work with the patient group, the construction of one's hypothesis has to be elaborated within the sessions in order to emotionally contain the clients. Once again, patients with personality disorder in crisis are likely to be more at risk than others. This is because patients with personality disorder made more frequently used of primitive coping mechanisms (Leichsenring, 1999). Coping strategies [defensive mechanisms] are defined as "those responses that are effective in reducing an undesirable 'load' "(Snyder, 1999, p. 5). For the contrary, primitive defense mechanisms are those unsuccessful coping strategies, which attempt to diminish anxiety that is caused by a subjective experienced fantasy (Levin & Spei, 2004) or by dissociation caused by a real trauma, such as a previous sexual abuse (ibid). These attempts are not effective and they lead to serious problems for the client to cope, successfully. This is due to "dissociative pathology" (ibid, p 162).

Here, the division is between mature and immature coping mechanisms (Dombeck, 2004). This establishes a demarcating line between emotionally mature subjects, who have sophisticated coping mechanisms, and emotionally immature patients whose coping mechanisms are rather basic (ibid). It is for this reason that patients with personality disorder could be considered less emotionally stable than others who are more or less stable in relation to their coping mechanisms.

Sophisticated coping mechanisms are related to conscious and elaborated symbolic process while poor coping methods are unconscious and they lack of a pre-elaborated attitude (Dombeck, 2004). This means that the symbolic system of the patient group has been affected in certain ways. Here, the Freudian idea of trauma (Freud, 1893h), mentioned in chapter two, could be applied to any difficult situation [real or fantasized], which might have affected the structure of the subject.

As a result, one can visualized that the splitting of consciousness (Freud, 1894a) creates a kind of rupture [dissociation] by which the coping mechanisms become affected, blocked or they stop their natural developmental course towards maturity. Here, one can mention that practitioners have to be aware of the effects of [real] traumas in clinical populations, such as sexual abuse (Levin & Spei, 2004) or that there is, in certain clients, a diathesis for the predisposition to dissociate as a consequence of the dependence that the subject experiences in relation to fantasies and coping mechanisms (ibid).

Primitive coping mechanisms are: projection, schizoid fantasy, idealization/devaluation, splitting [extreme ways of viewing the world], acting out, dissociation [as a extreme fracture of subjective functioning], denial [as a extreme opposed to moderate] (Bowins, 2004), a passive-aggressive behaviour [against oneself, such as self-harming behaviour], hypochondriasis [use of a physiologic

symptom to obtain other's attention] and also regression (Dombeck, 2004).

Immature unconscious strategies, at times, placed patients with personality disorder in recurrent crisis, creating, in my opinion, an unstable behavioural pattern. This is because immature defenses instead of being defensive, they are pathological (Bowins, 2004), generating a maladaptive behaviour within the patient group.

I would like to differentiate the revolving door effect, which is a cyclical pattern of demands for a hospital admission, or re-hospitalization after relapse due to non-concordance with treatment (Hiday & Scheid-Cook, 1991), from dual narratives. The revolving door effect unfolds a lack of success in a patient's treatment (Barofsky & Budson, 1983) due to fact that patients with acting outs and with intense separation anxiety have a debatable diagnosis (Jones, 1998). As a consequence, the patient does not get any insight into his/her illness because he/she has not got a diagnosis. Therefore, after a hospital admission, there is not an appropriate service put in place, in order for the client to be followed up, properly.

For the contrary, with the application of dual narratives within inpatients and community services, the patient is treated from the beginning by the therapist in relation to his/her ambivalent situation, preventing risks within the recurrent crisis or conflict. These therapeutic ways of working prioritized a patient with a subjective structural process who needs a specific intervention in order to avoid acting outs. And, this is emphasized beyond any diagnosis or medical criterion. This favors the patient when a wrong diagnosis has been given, or when there is a lack of diagnosis.

However, these patient's presentations affect the ways that the therapist has to work with the client in order to prevent risks. Therefore, in order for the patient to gain an insight into his/her problem [presenting complaint], it was mentioned that the priority is to contain, emotionally, a service user with personality disorder in crisis. It

is for this reason that the therapist has to be able to deal with his/her own anxiety (Patterson et al., 2009) by getting a good supervision and by sharing the experience (ibid). This is also in relation to the possible risks that the patient presents while in crisis. Here, the therapist has to be aware that his/her calmness will contain the patient and will help the client to ameliorate the crisis. In order to demonstrate this, what follows will attempt to give an account of how the idea of two scenarios has been implemented within my conceptual research and my clinical observations.

a) The Development of a Therapeutic Tool

Dual narratives [problem and solution formed scenarios] come from this idea of helping the patient to gain an insight into his/her situation in order to solve a problem in a very short time –a maximum of three week time-frame, seeing the patient every day if it is needed–. I would like to adopt a definition of a short-term therapy which involves “a form of psychotherapy in which the therapist is (a) focused on specific objectives [unfolding the subjective position of the patient], (b) highly active and involved, and (c) working through therapeutic objectives [to prevent risks, facilitating a subjective change] in the shortest possible time” (McCollough Vaillant, 1997, p. 3).

In addition, the patient, during the first mental health assessment, which has to identify ambivalence and risks, will be informed about the kinds of the therapeutic inputs available, time and frequency. This will act as a boundary, preventing the increase of dependence and allowing the therapist in conjunction with the patient to plan certain objectives that will be activated during the stipulated period of time. It is here that boundary settings allow the patient with a diagnosis of personality disorder to “establish a sense of identity and to overcome the proclivity to merge with others” (Kreisman & Straus, 1991, p. 95).

Interventions, here, are very important in order to place boundaries around acting outs and to stabilize the patient's behaviour. Yet, when the patient reaches certain mental equilibrium, he/she will be discharged from a crisis service until the next crisis is produced. This could be a continual process. Here, the crisis situation needs to be reviewed every time that is originated. This has to be done until the quality of the crisis ameliorates and the patient might not need input from services anymore because the risks have diminished. The use of dual narratives helps the patient to improve his/her situation by supporting the client to gain a new insight into his/her problems, which will improve, positively, the use of those primitive coping mechanisms.

In certain cases, a long term psychotherapeutic service could be allocated [up to six months] when the split scenarios show an excessive disintegration and the risks are very high. Here, the therapist should continue with the use of dual narratives therapy, which could be a very useful input in order to prevent risks.

Here, the therapist's ways of hypothesizing is the primary route within the conceptualization of any theoretical use of a framework. It is for this reason that: "It is impossible to formulate a (significant) therapeutic hypothesis, without including the therapist in it" (Bertrando & Toffanetti, 2003, p. 8).

This places the therapist and the patient in a spot, in which "[the therapist] confronted by the unknown creates a 'hypothesis' in order to give the new experience [therapeutic intervention] some sort of sense" (ibid). Therefore, a working hypothesis is defined as "a bridge between the indeterminacy of impressions and mediated pieces of cognition. A stream of inferences is our only possible way to knowledge" (ibid).

My working hypothesis has been that most of the patients with personality disorder, who present in crisis, are also in ambivalent [conflictive] positions and this

is reflected in a dual narrative system, which is split in a problem and a solution formed scenarios. Yet, the patient is not aware of this characteristic of his/her discourse and the therapist has to detect it and intervene in order to normalize events, facilitating well being and avoiding patient's risks.

I would like to clarify that it is important to talk about *the therapist's thought process* instead of referring to the notion of the formulation of the therapist's hypothesis. This is because I believe that the idea of a hypothesis seems to be a rather rigid one because it points out a scientific [objective] method, which in relation to subjectivities is very difficult to sustain. This is due to "beliefs held by a scientist [therapist] about a phenomenon prior to collecting the data, and beliefs held by the scientist [therapist] after the data have been collected and analyzed" (Press & Tanur, 2001, p. 3). This shows a variation between the subjective position of the therapist and the encounter with the subjective reality of the patient. *Objectivity here is only an attempt on the side of the therapist* that is made in order to 'comprehend' the subjective position of the patient.

It is during this attempt in the therapeutic situation that the thought process of the therapist has to be flexible and open to change. This moves us away from the use of an inflexible hypothesis that needs to be verified at all costs. The thought process of the therapist in dual narratives has to be adaptable and changeable.

Yet, there is always something that remains which articulates with the idea of object *a* in Lacan's works (2004 [1973]). The rest or the remaining part is *a knot in the representational system* within the narrative of the client that circulates from the first representation accounted by the patient during treatment to the thought process of the therapist. This forms an exchange of an internal communication between the patient and the therapist that facilitates a flow of thoughts that is reflected in the

therapist's first interpretation and it is transferred onto the next one.

A knot in the representational system is the nucleus of the subjective reality of the patient, which is represented as an ambivalent duality, such as the relationship of the position of the master and the slave in the case of Mr. X. This repeats in treatment as an uncertainty, which unfolds the activity of two agencies: one conscious and another one unconscious.

In fact, one can elucidate that during the therapeutic situation there is a dual system, which is internal to the subject, like the "love-hatred complex" (Freud, 1909d, p. 243) of the Rat Man, and there is another dyadic movement that is interactional or systemic between the patient and the therapist, which was observed in the case of the mother who could not feed her newborn baby until the use of hypnosis intervened (Freud, 1892-1893b).

The above-mentioned Freudian cases attempted to describe the accounts of this dual narrative system: the internal love-hatred complex and the problem and the solution presented during Freud's treatment, which included a hypnotic or suggestive component. Are these dual functions equivalent, or they cooperate with each other? And, is the system of the mind repeated in an interactional relationship with the therapist? Is subjective interaction supported by the same structure that contains the mind of the subject via narratives or signifiers? Is language, which takes care of all of this?

In both clinical cases, for Freud, the objective was the same, to restore the well being of the patient and, as a consequence, the feelings of uneasiness diminished. As Freud stated in relation to the Rat Man, "patient's mental state was restored to him by the analysis...Like so many other young men of value and promise, he perished in the Great War" (Freud, 1909d, p. 249).

I would like to mention that the exposition of these two Freudian clinical observations adds to the therapeutic practice that, in therapy, there is an attempt for the patient to solve a problem during therapy, which re-enacts the functional process of the mind during the endeavor of ‘getting to the bottom of a certain problem’.

Yet, to help the patient gaining an insight into how to solve his/her problems is another question. This is because I believe that the therapeutic situation is also a solving problem strategy, a learning process for both parts. In relation to this, the therapist’s role moves in two directions: “influencing the client” (Kotler, 2010, p. ix), which from my perspective has to take into consideration the patient’s desire, and “affecting the personal life of the clinician” (ibid), which in my point of view has to be in a creative and positive way.

In Freud’s works, the account of the Rat Man (1909d) shows that the mind attempts to solve a problem by the scission of elements [love and hate] and through the use of defense mechanisms. Here, one can infer that the psyche’s process might be successful in certain way. In the case of the mother, who could not feed her newborn baby (Freud, 1892-1893b), the external use of hypnosis also attempted to solve a problem. In the patient group, the problem-solving situation was unsuccessful as a consequence of their use of those immature defense mechanisms (Dombeck, 2004), which created more confusion and harmed to the patient. Is love [positive element] a way to solve a problem of hate [negative element]? And, is the therapeutic arena a place in which solving a problem means to deal with these two components of the mind of the subject [love and hate]? Can we help the patient to improve those immature coping mechanisms of defense?

This is related to the role of the therapist as a producer of new meanings. I mean with this that in order to help the client to improve his/her coping mechanism one has

to instill in the client a new way of viewing his/her subjective position.

b) The Principle of Neutrality

All of this brings me to talk about the principle of neutrality. An orthodox approach presents neutrality as a basic rule, “according to which the analyst is supposed not to make judgments, not to counsel, not to impose his personal values to the patient, not to interfere with his [/hers] internal dynamics (Ricu, 2003, p. 2).

It is for this reason that “traditional psychoanalysis involved a distancing between therapist and client—the two did not even face each other during the sessions. In recent years, many clients have preferred a more interactive experience with the therapist” (Columbia Encyclopedia, 2011, p. 1).

In dual narratives, the therapist does not give his/her opinion or advice but interprets patient’s contents of the mind without telling the patient what to do, neither suggesting nor advising. It is for this reason that neutrality in therapy is also “to help guard against the analyst’s own feelings, biases and values affecting the treatment” (Gordon, 1993, p. 1).

Dual narratives are presented by the patient during the therapeutic process. The therapist has to listen to the patient knowing that the presentation of the problem and solution formed scenarios show different grades or levels of integration. The therapist by maintaining a neutral position does not impose the problem or solution formed scenarios onto the patient’s discourse. The therapist does not even help the patient to choose between both scenarios. The problem and solution formed scenarios are controversies or doubtful elements presented within the patient’s linguistic chain. They are a kind of grammar that insists in the discourse of the patient, triggering feelings of unease and contradicting the conscious and unconscious agency of the

subject. In patients who are ambivalent, both scenarios are very easy to detect and this will give tools to the therapist to intervene in relation to the discursive dual elements. It is for this reason that: “The therapist’s neutrality simply means a concern for the patient, without prejudice or bias of any sort” (ibid).

Despite this, I would like to add, here, that I believe, in general, that the concept of neutrality is unrealistic and also it represents an impossible situation to be sustained by the therapist. The idea of the unawareness of the transmission of the therapist’s values in therapy reinforces the impossibility of sustaining neutrality (Beutler & Bergan, 1991; Kelly, 1990). This is because a therapist’s intervention is also embedded within the [unconscious] subjective connotation of his/her persona.

In my opinion, neutrality remains permeable to the subjective productions of the therapist. From the therapist’s thought process to an active role of listening to and producing interventions, the patient is in the presence of the therapist him/herself as a subject, who sustains his/her values in an unconscious form (Beutler et al., 1983), and this already takes us away from a place of neutrality for the therapist.

However, it is a priority that the role of the practitioner during the use of dual narratives has to be balanced between emotional containment and boundaries in order to avoid patient’s dependency to the figure of the therapist [other]. Also, the main task is to contain anxieties, avoiding acting outs and risks. Here, the therapist will contain, emotionally, the client, facilitating a “good enough ... environment” (Winnicott, 2005, p. 11n) without giving answers to patient’s situations.

The therapist, here, will symbolically move away from an imaginary illusion of having the total knowledge of patient’s problems. This is because both the therapist and the patient function with a lack of knowledge (Nobus & Quinn, 2005). The most important point is that the therapist has to be aware of respecting client’s desires.

And, this is the aim of the principle of neutrality, in which therapists “do not supply clients with feelings and desires but rather help clients discover and work better with them” (Doherty, 1995, p. 39).

Neutrality, here, has to be understood as a process in which the therapist respects patient’s narratives by not imposing solutions to the problematic narrative. And this includes no to give advice in relation to both scenarios or in relation to the subjective ambivalence. The solution scenario, at times, appears repressed like in the case of the Cambridge student. It is here that exploring narratives, secondary gains and previous experience will allow the therapist to produce interventions in relation to the repressed material [solution formed scenario]. This will unfold the subjective position of the subject, which would allow the patient to question his/her position in relation to both scenarios.

All of this also includes for the therapist to comply with certain ethical boundaries, such as confidentiality (Gordon, 1993). Ethics are in correlation with another concept, which is the rule of abstinence, currently differentiated in relation to the use of the concept of neutrality. “In our opinion, it is worth while drawing a clear distinction here between abstinence as a rule to be followed by the analyst –a simple consequence of his neutrality– and those active measures which he takes in order to get the patient to abstain from certain things of his own accord” (Laplanche & Pontalis, 2006 [1967], p. 16).

Abstinence includes that "the analytic treatment should be so organized as to ensure that the patient finds as few substitutive satisfactions for his symptoms as possible. The implication for the therapist is that he should refused on principle to satisfy the patient's demands and to fulfill the roles, which the patient tends to impose upon him. In certain cases, and at certain moments during the treatment, the rule of

abstinence may be given explicit expression in the form of advice about the patient's repetitive behavior which is hindering the work of recollection and the working out.” (ibid, p. 15).

Abstinence works in two ways, which includes the patient and the therapist. I previously stated that the practitioner has to inform the client that he/she has to abstain from taking any important decisions while in treatment (De Mijolla, 2005). This is also a way to prevent acting outs by the use of abstinence on the side of the patient. From the therapist point of view; abstinence is a way to respect patient's wishes and his/her subjective constructions [narratives]. This means that the therapist will not impose his/her views onto the patient by following the principle of neutrality, which is also limited by our professional obligations and responsibility in relation to our accountability for our own practice (The British Psychological Society, 2009).

c) The Notion of the Silent Therapist

The concepts of abstinence and neutrality do not have to be confused with the notion of the 'silent therapist', which was propagated by Carl Rogers (1951) when he introduced the idea of client-centered therapy that has been used as a therapeutic concept within the public sector in the UK. I have heard, many times, patients complaining about this situation of silence [absence] of the therapist, wishing a more active role for him/her.

The concept of the 'silent therapist' has been seen as a contradiction (Hill et al., 2003). This is because some authors “suggest that silence can convey empathy and help clients reflect on their thoughts and feelings, whereas others suggest that silence raises client anxiety” (ibid, p. 514). For this reason, I want to reinforce the concept of dual narratives as an approach in which the role of the therapist is sustained by his/her

interventions, moving the therapist away from a silent place. This is because I believe that in patients in crisis or at risk, silence might trigger anxiety and as a consequence, acting outs.

This is similar to Arlow's approach in "The Genesis of Interpretation" (1997), which is based on the interpretation of resistances by the use of the therapist's active interventional role. This relates to a certain correspondent activity between the psychological functioning systems of the therapist and the patient in which the priority has to be for the patient to gain an insight into his/her complaints. As a consequence: "There is a split in the analyst's functioning, corresponding to what takes place in the patient. Through a transitory identification with the patient -empathy- the process of intuition is facilitated. The analyst conceptualizes the clinical data outside of consciousness. The end product is the analyst's inner response, made conscious to him through introspection. The analyst's response is a form of inner communication" (ibid, p. 193). Here, there is a conscious and an unconscious communication between the patient and the therapist that facilitates the therapist's interventions.

I would like to state, here, that I believe that the therapist has to communicate his thought process [and intervene] in a very flexible manner in order to facilitate insight for the patient, avoiding a silent role that creates emptiness. It is, here, where the therapist has to find the precise words (Bertrando & Toffanetti, 2003) in order to be explicit, embracing the client by the use of language. Silence is necessary, at times, but it does not have to produce obstacles to the treatment and the well being of the patient.

This is because, on the one hand, as it was previously stated, the lack of interventions might facilitate feelings of emptiness [anxiety] in the patient (Hill et al., 2000). As a consequence, this could facilitate acting outs, which are triggered by

unknown forces that are mind destabilizers. On the other hand, a wrong intervention will not resonate in a patient's mind, producing neither harm nor effect (Bertrando & Toffanetti, 2003). Therefore, it is better for the therapist to introduce an intervention with no outcomes that to incarnate a silent role [absence] that might cause anxiety, triggering acting outs. I mean with this that silence has to be avoided when creates an absence [emptiness = anxiety] or when it is used to avoid an unsecured position for the therapist. Here, silence is the easy option to sustain a narcissistic position of knowledge for the therapist.

I would like to add, here, the concept of *interventional dynamism* in relation to the positive interventional role that the therapist incarnates while working with dual narratives. This does not only mean that the therapist points out to positive ideas within the treatment but it also means that the role of the therapist is active, opening up new channels of thinking for the patient in relation to solving the ambivalent situation. This is also done by clarifying distorted beliefs, which refrain the patient's well-being.

Nevertheless, the therapist's knowledge needs to be permeable, at times, when the patient needs to be informed about unknown issues in order for him/her to find solutions to his/her problems. The same is equivalent when the therapist has to transmit certain understanding of certain events via interventions. Freud also used to transmit certain knowledge about his theoretical ideas or hypothesis [techniques] during treatment. For example, in the case of the Rat Man, Freud (1909d) informed his patient about the concept of cathexis of representations during the thought process.

From the previously discussed issues, I have inferred that two scenes [problem and solution form] could be thought as the main idea that has conjugated my thought process in relation to the patient group and dual narratives. It was stated that this was

observed, when one has to produce interventions with patients with personality disorder while in crisis, who presented ambivalent or doubtful about their actions or behaviours. Also, this way of thinking of patients' dyadic discourses has offered a different modality in order to produce therapeutic interventions to patients in general who are also ambivalent or in conflictive subjective positions.

Therefore, we deal with different modes of engagement, one "immersive", which occurs, for example, during the dream process and another one "reflective", which is maintained within the conscious life of the subject (Bollas, 2003). The role of the therapist in relation to dual narratives is to facilitate patient's reflexivity. The subject gains a different insight into his/her situation when the therapist intervenes in relation to the dyadic narratives or the opposite dual linguistic elements. This is because the client was not aware of them. This, in fact, relates to interventions around the subjective structure of the patient in which *a knot in the representational system* is exposed by the presentation of the problem and the solution formed scenarios of a patient's discourse.

3) A Comparison of Perspectives

In order to clarify the technical implications of dual narratives, it is a priority to offer the reader a clear understanding of the implementation of this approach. This thesis has been presenting my new perspective by explaining how I came to develop the ideas of the problem and the solution formed scenarios.

Dual narratives unfold the concept of an ambivalent subject and also uncover the subjective position of the patient. Here, the subject has positioned him/herself and he/she has been positioned by others in a dyadic symbolic articulation of narratives. The result is a human being who presents in therapy with a core modality [*a knot in*

the representational system], which is observed to be a repetitive pattern. Here, the therapist listens to this core modality that insists within the articulation of both narratives, which at times presents as a problem for the patient, creating anxiety and acting outs.

The main characteristic of dual narratives is based on containing the client's anxieties, helping him/her to avoid acting outs and diminishing risks. The process starts by listening the ambivalent or doubtful situation, if there is one, in which the patient is placed. This was observed as an acute state of the mind of the patient that is projected onto the narrative system.

At times, patients do not present this ambivalent situation. In these cases, I believe that the patient's internal reality is more integrated, balancing positive and negative elements. This might be not the case of personality disorder clients because the patient group presents extremely dissociated between positive and negative elements of their discourse and also they are very ambivalent about their personal situations. I have also observed in the patient group different levels of integration between the problem and the solution formed scenarios, giving different grades of problems for each client of the patient group.

Patients who do not belong to the patient group could also be considered within the dual narratives perspective if they present ambivalently. In these cases the split of dual narratives is less extreme and less acute than in the patient group. The therapeutic work's objective is to unfold the subjective position of the patient by exploring subjective narratives and dual components of the ambivalent presentation. This exposes the dyadic interaction of the internalized roles acquired during the maturation process [mirror stage]. The client presents the internalized roles to us as imaginary elements, triggered by the unknown subjective position, which involves

how the client structurally intertwines his/her subjectivity with his/her relation to his/he pleasurable disturbance. In other words how a patient associates with a secondary gain in relation to his/her psychological structure and his/her current symptoms.

In doing this, the patient talks about his/her doubtful preoccupation, such as the presentation of the positions of the master and the slave in Mr. X's case. Therapeutic interventions around these dyadic elements are the *psychical structural work* of dual narratives. At the same time, the therapist's actions attempt to contain anxieties allowing the subject to find different ways to symbolize their internal reality. One can mention, here, that the therapist constructs, by the use of an *interventional dynamism*, a presence by covering up an absence. This is done by applying emotional containment, which its lack has been experienced or fantasized, previously, by the patient. Therefore, the negative darkness is tolerated in a better manner by the patient, who develops a solving problem system by the insight gained due to the therapist's interventions. This is done without the need for the therapist to teach skills, avoiding an authoritarian psycho-educational model in which the therapist sustains a narcissistic place of knowledge and power.

In order to gain a better understanding of the therapeutic activities of the therapist who works with dual narratives, it seems a priority to compare dual narratives with current approaches. This will be done in order to give an insight into how to apply dual narratives, when a patient presents in a conflictive or ambivalent situation. And also it will help to clarify the use of certain vocabulary by contrasting dual narratives with current perspectives that offer different ways to approach solutions to similar problems. As a result this part of this thesis will prioritize similarities and differences between perspectives.

a) Comparing Dual Narratives with Cognitive Behavioural Therapy

In order to clarify the technical implications of dual narratives, it is a priority to offer the reader a clear picture of what ideas come from cognitive behavioural therapy and what concepts come from psychoanalysis within the dual narratives approach. This section will *compare CBT with dual narratives, exploring certain terminology used by both frameworks*. This will be done in order *to prevent potential objections to the new approach*, avoiding a confusion of tongues. In what it follows, I will go through some CBT's basic principles (Westbrook et al., 2007) that “remain relatively constant across the wide range of behavioural and cognitive therapies that are available” (Dryden & Branch, 2012, p. 8).

The point of departure of dual narratives was the extreme views of the world that patients with personality disorder presented while in crisis. This is similar to CBT's *continuum principle* due to the fact that for this approach is “more helpful to see mental-health problems as arising from exaggerated or extreme versions of normal processes” (Westbrook et al., 2007, p. 6).

CBT is based on the idea that a patient presents with irrational beliefs that are the product of actions and responses, which have produced distress to the person (Ellis, 1962). The main focus of this is that the patient has not developed a cognition that is realistic (Edelman, 2006) instead the person has established a cognition that is unusual or unfolds an “idiosyncratic meaning” (Westbrook et al., 2007, p. 3) of an event.

This relates to the *cognitive principle* that sustains that “it is interpretation of events, not events themselves, which are crucial” (ibid, p. 6). As a consequence, it is by the development of a realistic cognition that patient's unsettled emotions will be

diminished (Edelman, 2006). While for dual narratives the patient group presented ambivalent feelings that were the result of a dual agency [conscious and unconscious] that was creating contradictions and triggering feelings of uneasiness. Here, psychoanalysis claims that disavowing is action [agency] (Ahumada et al., 2006). This concept emphasizes that there is a part of the subject that is not aware and repudiates why he/she does execute or does not perform certain actions. It is for this reason that the exploratory use of language and narratives by the employment of psychoanalytical tools attempts to investigate the interaction of linguistic elements that were creating the contradiction.

To perform a CBT therapy, a collaborative relationship between the patient and the therapist has to be built in order to produce change (Dryden & Branch, 2012). Both the therapist and the client maintain a “guided discovery” (ibid, p. 9), the therapist brings his/her therapeutic and scientific skills and the client brings the understanding of his/her perceptions (ibid). The idea of embracing scientific skills in CBT associates with the *empirical principle* by which “it is important to evaluate both our theories and our therapy empirically” (Westbrook et al., 2007, p. 6). For dual narratives the interaction between conceptual considerations and clinical material emphasized a conceptual research that is a “work in progress” (Dreher, 2000, p. 154) due to the fact that there are always new aspects to be considered (ibid). Dual narratives also emphasize the mutual work of the patient and the therapist, which emphasized the creating of rapport by facilitation of a “good enough ... environment” (Winnicott, 2005, p. 11n) in order to contain anxieties and risks.

In CBT the emphasis is for the client to challenge [directly] the thoughts or beliefs that make him/her feel uncomfortable or for the client to change [indirectly] some of the behaviours that affect the negative cognition (Edelman, 2006). The main

idea of CBT is that patient's thoughts, beliefs and interpretations are influenced by the meaning of the events attributed by the person (Westbrook et al., 2007). These events relate to positive or negative emotions, such as sadness or happiness (ibid).

This is because there are cognitive schemas (Beck, 1967), which relate to the structure of cognitive functioning, that are integrated by information about beliefs and assumptions that contain positive or negative patterns. A maladaptive schema (Beck, 1967) will trigger a negative conscious thought in the patient. These schemas are more rigid in people with irrational beliefs than in a 'normal' subject (ibid) and are connected to the interpretation of the events. A dysfunction in the information process of the schemas shapes the interpretation of experience, giving as a result a negative conscious thought (Wells, 2002).

However, I stated that for CBT the client could challenge his/her beliefs or *change the negative cognition into a positive one* (Edelman, 2006). It is here that dual narratives have *a similar way to express its conceptual luggage*. In chapter I, I mentioned that dual narratives use certain language, which could be similar to cognitive behavioural therapy's language. The names of problem and solution formed scenarios appear to have links with cognitive behavioural therapy due to this idea of cognition being influenced by schemas (Beck, 1967), which are formed by positive and negative patterns of information.

In fact, in dual narratives, this is a way *to name the impasse* that is related to negative [problem] and positive [solution] elements, which connect with conscious [positive] and unconscious [negative] process. The difference is that in cognitive behavioural therapy the notion of negative ideas is not unconscious, instead the use of schemas in CBT gives an account of information processing in relation to positive or negative patterns of response (Wells, 2002). For CBT the positive thoughts are

observed as a way to focus the treatment by challenging patient's beliefs or change the negative cognition into a positive one (Edelman, 2006).

Following Beck's (1967) approach, cognition and its schemas are related "to the full range of processes and mechanisms that support thinking, and also the content or products of these processes, namely thoughts themselves" (Wells, 2002, p. 1). For dual narratives, the cognitive schemas could be understood as the subjective structuration process (Giddens, 1984) of the mind of the patient, which is activated and maintained by the dyadic functioning process. It is in the subjective structure that dual narratives give an account of the predetermined discourses and the compromise solution that the subject has performed to make sense of the previous pre-existed narratives (Lacan, 1991 [1954-1955]).

Yet, dual narratives go beyond to the imaginary feelings, emotions and behaviours in order to analyzed and explore how subjective narratives have been constructed via assimilation of positive and negative components, for example to investigate why a positive component has been repressed or blocked. It explores the subjective structuration process of dual or ambivalent components [narratives/signifiers], which have fallen on the far side of the imaginary elements of, for example sadness or happiness that are the observables of the structuration process of the subject.

For example, the subjective position of the master and the slave of Mr. X's case show that the two subjective roles have organized the structure of the patient's behaviour. This is based on dual components: one conscious and one unconscious that have produced a dilemma or a contradiction within the systems, giving as a consequence feelings of uneasiness. This presents the subjective contradiction: Do I want to be a slave and depend on the master? Or, do I want to be independent and not

having feelings of anxiety if the master does not throw me a bone [money]? This is due to the suggestion that dyadic components [ambivalence: master/slave, dependent/independent] are the predecessors of a dual agency, which is composed by a conscious and an unconscious process.

In dual narratives upsetting emotions are narrated as negative components but, in fact, they are intertwined with something unknown [unconscious] for the subject. The subject does not know why he is experiencing the negative thoughts, which go against his/her conscious agency. Narratives are the 'hinges' between the imaginary feelings of sadness and happiness and the structural origin of the subjective position.

The distinction is that CBT therapists do not analyze dual scenarios in order for the patient to find his/her own solutions and comprehend his/her subjective position. Instead, CBT focuses on the *behavioural principle* that states that "what we do has a powerful influence on our thoughts and emotions" (Westbrook et al., 2007, p. 6). This means that by changing the way we think, our behaviour can also change, and as a consequence we will view certain situations, people or one self in a different way. Here, CBT presents the idea of a solution that is known by the patient but it is obstructed by personal beliefs. The change has to be performed by changing the way we think and the way we do things. CBT therapists "train people to be logical [conscious] thinkers" (Dryden & Branch, 2012, p. 10), which relates to the *principle of rationalism* (ibid).

Dual narratives present a subject who has performed an unwanted action or a subject who cannot execute the desired action. This both situations triggered in the subject feelings of uneasiness. The subject knows that the *solution formed scenario* is really in his/her best interest [to perform or not the desired or unwanted action] but he/she is still repeating the problematic situation as impossibility of action. It is for

this reason that dual narratives explore the causes of the subject's behaviour by the use of analytical models. Here, the Lacanian concept that "a signifier as being what represents a subject for another signifier" (Lacan, 1968-1969, [I], p. 22) associates the unconscious cause [problem formed scenario] with the imaginary scene [solution formed scenario]. This is because one idea or thought [conscious] represents another thought [unconscious], which emphasized the exploration of a possible 'distant' cause in order to integrate and obtain a better view of the world, and a less extreme emotional situation for the subject.

In addition, CBT emphasizes a movement to a more mindful way of being when a patient is affected by irrational beliefs. The change starts from an acceptance of the current situation, in the present moment, which allows processing certain aspects of the experience that is affecting the person (Dryden & Branch, 2012). This relates to the *principle of the here-and-now* that for CBT appears to be more productive than exploring the past. (Westbrook et al., 2007).

In comparison, dual narratives investigate how accounts have been articulated [historically] in the mind of the subject. This relates to the notion of an ambivalent subject, which is emphasized by dual narratives. Similarities were found by Freud (1909d) when he presented the universal mythological account of the Oedipus complex that reenacted in the child ambivalent feeling of love and hate. The doubtful feelings are also portrayed again by Freud (1909d) in the Rat Man as an undecided position that question the desire of the subject, which relates to the *problem formed scenario* in dual narratives.

It is here that by exploring the accounts of past experiences, which are embedded in pleasurable disturbance, that the therapist accesses the interacted elements [positive and negative] that are troubled the subject. These intertwined

components produce a contradiction between the conscious and the unconscious agency. Here, the unconscious conflicts are investigated in order to help the client to understand his/her contradictions. This allows the therapist to work at two levels: one immersive and one reflective (Bollas, 2003) in order to integrate interventions, which are based on conscious and unconscious processes.

CBT maintains the *interacting-system principle* by which “it is helpful to look at problems as interactions between thoughts, emotions, behaviours and physiology and the environment in which the person operates” (Westbrook et al., 2007, p. 6). The environment includes the family, the social and the cultural (ibid). Problems are the result of the interaction of the systems in a “complex feedback processes” (ibid, p. 5) with the environment (ibid).

For dual narratives and its grammar, it is the narrative of the patient that informs us the ways he/she experienced certain previous and current environmental, cultural, social and historical accounts, which have pre-determined his/her thoughts, emotions and behaviours. In addition, the introduction of the metaphorical model of the mind, in chapter four, has introduced the importance of the functional brain in a structural system in which, the brain, mind and language [+senses] are systems interacting by a recursive process (Giddens, 1984) and by the use of the dyadic functioning process. All of this produces changes in the linguistic chain and in the ways that the client sees his/her reality. Therapeutic interventions attempt to help the patient to gain an insight into a subjective position that has been elaborated by the intertwined discourses.

The question here is: Does CBT help to avoid the revolving door effect? Here, I think of the revolving door effect as a client’s action that is triggered when a patient has a lack of insight into his/her problems. If CBT does not help to avoid the revolving door effect. Is this because CBT works only with the conscious subject

instead of prioritizing the unconscious aspects of patients' personality, as agent provocateurs [unconscious materials]? What is forgotten by CBT techniques? Is CBT ignoring the subjective position of the subject? Why patients stop using CBT techniques, and as a consequence, they relapse? Other new approaches, which intercalate CBT techniques with other perspectives, such as psychoanalytical models, attempt to give an answer to this problem. Later on, I will compare these approaches in relation to dual narratives.

In dual narratives, the therapist's role involves helping the patient to recognize the extreme repetitive pattern while the patient gains an insight into why this has to be so extreme, causing problems to his/her subjectivity and producing acting outs. The main issue is to move away from the imaginary extreme symptomatology in order to explore and understand the subjective structuration process. This will facilitate patient's insight and change. Here, the use of the psychoanalytical approach allows identifying conflicts and exploring their unconscious roots in relation to the discursive narratives that have constituted the subjective position. This is extensible explained in the case of the man of the tiger's claws.

In order to give an explanation about the concepts involved in dual narratives, I will continue comparing them with other concepts from other approaches. I previously mentioned the difference between my presentation of a problem and a solution formed scenarios and solution-focused brief therapy. Now, I want to continue clarifying concepts and perspectives and to establish differences by introducing an observation from solution-focused brief therapy in which a case of a patient with gambling problems is presented within the use of this approach.

b) Comparing Dual Narratives with Solution-Focused Brief Therapy

In dual narratives, the very term *solution formed scenario* brings to mind solution-focused brief therapy, which “builds upon client’s resources. It aims to help clients achieve their preferred outcomes by evoking and co-constructing solutions to their problems” (O’Connell, 2005, p. 1). It is for this reason that there is a need to differentiate concepts, such as solution formed scenario and solution-focused brief therapy in order to maintain clarity in approaches. Dual narratives use the phrase *solution formed scenario* as an interactive way [conscious and unconscious] to explore, analytically, *the causes* of the presenting complaint and the alternative solutions that the problem might have for the client.

Differently, solution-focused brief therapy attempts to apply models of change by the use of a framework in which patients experience that by exploring solutions there is “apparently less and less need to understand the causes of the problem itself” (O’Connell & Palmer, 2004, p. 2). This is based on conversations about patient’s “preferred futures” (ibid), which includes motivational interviewing, CBT and ways to prevent relapse. This is done by helping the client to build up skills in a form of an outcome plan.

In addition, solution-focused brief therapy is an approach that enables people to find change in a very short period of time. This is based on two principles: to encourage patients to give a descriptive account of their preferred future and to enumerate the skills and resources, which have been already used by the patient in a successful way in the past (Ratner et al., 2012). From here on, patients will be able to make adjustments to the present issues by using those previously effective skills. (ibid).

The following clinical material cited by Roger Horbay (2012) is an observation

of a case in which the author used a solution-focused brief therapy approach. As it was previously mentioned, this is a case of gambling, which in my opinion is a behavioural problem due to the presence of certain personality traits in the client, such as the lack of symbolic tools or an erroneous way of reasoning (Ladouceur & Lachance, 2007). Here, “ problem gambling severity and associated psychopathology is related to the presence of personality disorder features” (Blaszczynski & Steel, 1998, p. 66), such as impulsivity, ineffective coping strategies, antisocial behaviour and depression (Sinha, 2004).

The name of the patient is Sam who is in his mid-forties, married and a father of two children. I will present this case from the point of view of solution-focused brief therapy and I will also envisage how dual narratives would approach this case. The mentioned client has started playing cards when he was a teenager. This behaviour escalated into betting on horses and culminated in gambling at the casino, which was located near his home. The situation reached to a pick point, when his wife, whose name is Jen, told him that he had to get help or leave the family home. Sam also had problems with his employer due to his gambling and its effects on his work performance. For all of these reason, Sam attended psychotherapeutic services. The author describes Sam’s initial counseling session as a first step to observe patient’s expectations and motivations for accepting help. Here, solution-focused brief therapy investigates Sam’s gambling history, patient’s views and behavior around gambling, and his personal difficulties.

This is done by the used of Blaszczynski’s (1998) pathway model, which is based on three stages: pathway one describes that the behaviour of a gambler is conditioned and it is characterized by a lack of premorbid psychopathology; pathway two states that a gambler is vulnerable in relation to emotional and biological factors

and pathway three considers that a gambler shows impulsive features with a behaviour that is characteristic of antisocial personality disorders. In the current case, Sam will also show ambivalent thoughts, which are the basic elements in the application of dual narratives. It is for this reason that dual narratives could also be applied to cases of gambling if the client presents ambivalent. Patients with gambling problems present personality traits and also possible multiple diagnosis (Blaszczynski & Steel, 1998), which includes a personality disorder and a gambling addiction. In this case, the therapist adds that “due to Sam’s ambivalence, expressed in his uncertainty about “belonging” at this clinic, motivational interviewing will be an encompassing element to initial contact” (Horbay, 2012, p. 1). This is because motivational interviewing works with patient’s ambivalence in relation to patient’s decisions. The solution is found by balancing change versus non-change, which is observed in the analysis of pros and cons presented in a conscious and unconscious manner (Ajzen & Fishbein, 1980).

While Solution-focused brief therapy explored the ambivalent situation [uncertainty feelings of “belonging” to the clinic] by the use of motivational interviewing, dual narratives would explore these issues of ambivalence, differently, and in relation, for example, to the analysis of the signifier: “belonging”, which was used by Sam. The concept of “the signifier is first of all that which has a meaning effect” (Lacan, 1999 [1972-1973], p. 18), which in this thesis is homologous to the concept of narratives. This is because narratives contain signifiers, which have an identical function, attributing meaning to the discourse of the subject. Here, in this thesis, the Lacanian concept of signifier is emphasized and extended to the use of the concept of narratives.

In dual narratives this will enable the therapist to think of the subjective position

of the subject, which will be found beyond the imaginary ambivalent situation. Yet, the subjective structural process will be organized around dual positions, creating a specular *interaction of roles within the structural process*. This is a way to explore the use of certain signifiers in relation to this patient's ambivalence. It is here that one can say that Lacan homologated representations with signifiers Bailly (2009).

The difference is that the therapist who uses motivational interviewing does not perceive the use of signifiers in the patient's narration while dual narratives emphasizes a therapist's role, which is based on detecting the patient's use and articulation of them. The signifier shows an interactive dual function, creating a *[dual] knot in the representational system*, which is represented as a "the symbolic *quod*" (Lacan, (1991 [1954-1955], p. 185) that is a presence based on an absence. This allows me to talk of a core modality that repeats in the structural process that is imaginary presented by the gambling behaviour.

This relates to the use of narratives within the incorporation of language due to the fact that "our [analytical] discipline derives from language" (Lacan, 2006 [1966], p. 198). The use of narratives interacts with the subjective structural process in which certain [individual] accounts attribute a place for the subject based on the predetermination of chronicles. This underpins with the idea that "language, with its structure, exists prior to each subject's entry into it at a certain moment in his development" (Lacan, 2006 [1966], p. 413). Dual narratives therapy is more an in-depth analysis [of discourses] that the one offered by the use of motivational interviewing, which focus on the ambivalent situation by helping the patient to promote change without analyzing the subjective position of the patient.

The analysis of dual narratives triggers an associating process within the patient's chain of thoughts [via signifiers], which will facilitate other exploratory

routes within Sam's narratives, in a more dynamic way. At the same time, it would trigger dyadic ideas or conflictive feelings that have to be investigated within the discourse of the client. Also, it will expose the critical juncture between conscious and unconscious elements, which brings Sam to gambling. This, for example, is related to two places: the possible situation of 'loser versus winner', and the fantasies involved around these symbolic elements. This is because dual narratives understand that symbolic oppositions [and differences] are fundamental within the constitution of the subject and his/her position in life. Lacan gives a good example about this when he presented "the laws of urinary segregation" (Lacan, 2006 [1966], p. 417), stated in chapter three, in which the two doors have a different meaning for both children. The question here is: Are a patient's symptoms, in the case of gambling, related to his ambivalent feelings of belonging?

Here, the analysis of dual narratives will move around the symptom. I mean by this that the symptom [gambling] is thought to be seen as a consequence of the position of the subject. It is for this reason that for Freud symptoms are information that the patient is not able to communicate in a different way (Ventura, 2002). Certain patients are affected more than others by a lack of symbolic elements when they attempt to express their feelings and emotion in a stable manner. This could be due to a possible inherited condition -diathesis for the predisposition to dissociate (Levin & Spei, 2004)- and due to the lack of stimulation and support during early years (Bowlby, (1997 [1969]) or both. As a consequence, they develop symptoms, they produce certain actions [acting outs] or they do not perform certain activities [say the right thing] as a way or impossibility to express certain feelings or emotions that are unable to verbalize.

It is for this reason that in dual narratives, ideas of gambling will not be hinted

by the therapist while conflictive or ambivalent thoughts will be explored, analyzed and interpreted in relation to possible subjective positional changes. This is because gambling as it was previously stated is seen as a consequence of the lack of symbolic resources or reasoning [erroneous ideas] (Ladouceur & Lachance, 2007).

The solution, here, will be embraced by two modes: one immersive and one reflective (Bollas, 2003). The immersive mode will include the analysis of [ambivalent] narratives and phrases, and how Sam links them within his discourse. And, the reflective mode will be a negotiated outcome between Sam and the therapist, including a prevented behavior in order to avoid acting outs, or in this case gambling. The reflective form is a conscious orientated task in which the patient focuses on the analyzed material, gaining a new form of adaptation. By the use of these two modes, the therapist occupies a rather flexible approach, moving from preventing acting outs to a more analytical phase based on listening to signifiers [representations], analyzing and producing interventions.

The therapist, here, has to have the ability to be versatile, moving from the immersive to the reflective mode and vice versa in order to produce change and prevent risks. All of this is due to the fact that the lack of an exemplar treatment that has proved to be appropriate for treating personality disorder has to place an emphasis in *an innovative method* [preventing risks and unfolding the subjective position] for the therapist to apply while dealing with the patient group (Murphy & McVey, 2012).

At the same time, the immersive form will be intertwined with an analysis of thoughts, which might be unknown for the subject [unconscious material]. The analysis of dual narratives will also prioritized the demarcation of phrases or discursive elements [signifiers], which entail a different value for the subject in comparison with the ones that have been expressed in the conscious narration, helping

the patient to gain a different viewpoint about his situation. This will re-organize a different way of reflecting about his position as a subject and will help him finding practical solutions to his problems.

These two modes: the reflective and the immersive will be the way to approach the analysis of dual narratives. From here on, the presented conflicts or oppositions where it is impossible to choose between the alternatives, positive and negative scenarios, will be explored as forming part of the problem/solution dichotomy within the therapeutic situation.

Solution-focused brief therapy states that a gambler might have solved his problems by having a positive reinforcement when the person was wining (Ladouceur & Lachance, 2007). The patient focuses on the illusion of wining and does not acknowledge the fact of losing. Here, solution-focused brief therapy takes into account that there are positive and negative reinforcements, which might affect behaviour. This creates a pattern [the wining narrative] that is an illusion for the patient, when, in fact, there is not a problem-solving situation in relation to the fact that the client loses everything (Horbay, 2012).

This author mentioned a problem-solving attitude, which is erroneous. Yet, this remains an illusion of a problem solving behaviour for the gambler. Is this idea related to the concept of the mind as a solving problem process? This, for dual narratives, in fact, shows the interaction between dual subjective positions, which are affecting the patient [losing and wining]. Here, in the gambling situation there is an erroneous attempt to solve the dichotomy.

The author also mentioned that solution-focused brief therapy attempts to create rapport by, for example, “validating the client’s feelings” (Horbay, 2012, p. 1) and introducing “a simple reflective statement that lets the client know his struggles,

frustrations ... to keeping him engaged” (ibid). Dual narratives can always tackle these issues, when the therapist performs a symbolic action via the use of his/her thought process [interventions], by helping the patient to re-view his/her behavior. Here once again, the flexible role of the therapist is based on interventions in order to prevent the gambling behaviour by exploring its causes.

In addition, dual narratives will go beyond this by helping the client to think about certain issues that are to the detriment of his/her well-being. For example, the therapist will explore and inform the client about different coping mechanisms in order for the patient to gain a different insight about his/her symptoms or actions. This is done in order to avoid distress [and acting outs] because patients with personality disorder utilize dysfunctional coping mechanism, such as addictions, violence, self neglect, self harm, suicide and homicide (Murphy & McVey, 2012).

Solution-focused brief therapy uses practical principles, which are “expressing empathy, developing discrepancy, avoiding argumentation and rolling with resistance” (Horbay, 2012, p. 1). These are ground rules, which are also used during the analysis of dual narratives. Yet, dual narratives go beyond these standard procedures in order to explore the ambivalent position of the patient, in which the client is not able to recognize his/her position in life due to the fact that he/she feels trapped within an ambivalent situation. Here, certain situations trigger feelings of uneasiness for the patient. Dual narratives explore the duality of agency, which includes the idea that disavowing is action [agency] (Ahumada et al., 2006) and with it, the fact that the patient is not aware and repudiates why he/she does execute or does not perform certain actions This also relates to how the subject engages in behaviours that are not beneficial or desired by the conscious subject.

Dual narratives take into consideration the existence of unknown choices within

the subject's behaviour. One can add that the patient will obtain, after the analysis of the problem and solution formed scenarios, an insight into his/her behaviour, which at times is seen as the product of an unconscious choice. This also involves the acquisition of a new thinking process of the existence of this behaviour, which becomes a recently developed knowledge [input] that is apprehended by the subject within the analysis of dual narratives.

This is a long subjective thinking process and the therapist does not need to accompany the patient for the whole length of it. Yet, the therapist will mark the pathways for the client to be more autonomous until the crisis resolves. Here, the function of the therapist is communicating to the patient, via interventions, how his/her ambivalent or conflictive position interacts within his subjective structural position. The therapist also informs the patient about the disadvantages of this, which will affect the subject in order for him/her to produce changes. Changes will be effectuated when the client is ready. This relates to the idea of the pace of time of the patient, which is subjective. By the use of the therapist's interventions, in general, patients move away from the crisis and they re-start a different pathway of thinking.

Another point is that solution-focused brief therapy uses external devices, such as a decisional balance sheet "to bring to light both the short-term and long-term, positive and negative consequences of [for example] gambling or not gambling" (Horvath, 2012, p. 1). They are used when the patient is "ambivalent about change" (ibid). It is interesting to observe how in solution-focused brief therapy the use of a decisional balance sheet detects ambivalent situations or conflicts. Yet, it does not point out the triggers or the unknown scenario by which the patient becomes in conflict with his/her behaviour or why the patient acquires social or financial problems due to a behaviour that he/she cannot control.

By listening to client's discourse and contradictions, dual narratives go beyond patient's ambivalence [imaginary situation] in order to link patient's different accounts with the ambivalent phenomena [splitting elements] in which the subject is positioned [symbolic internal world]. Here, the patient has emphasized the use of splitting mechanisms, which are catalogued as immature coping strategies (Dombeck, 2004). The critical point is the intensity of the splitting mechanism [level or grade] and how the subject deals with the split objects in a healthy or unhealthy way.

The author of this case within the application of solution-focused brief therapy stated that: "gamblers know they can win. The nature of gambling assures that if you play long enough you will win something. Most people affected by problem gambling only focus on the possible short-term, positive outcome — the possibility of winning. However, they fail to realize the long-term negative consequences of gambling — that they will lose more than they will win" (Horbay, 2012, p. 1).

In this case, dual narratives will take into consideration that gamblers might focus on the conscious positive aspect of winning. The negative aspect of losing appear rejected [repressed] from conscious. Therefore, the subject cannot recognize himself/herself as a loser. He/she is rejecting the loser's position. The subjective position of a winner reincarnates a place of an illusion, which has been reinforced by winning situations. The idea is to explore why the subject keeps rejecting [repressing] this idea of being a loser, instead of balance the loser-winner duality in order for the subject to consciously evaluate his/her subjective position. The question is: why the narratives, of being a winner, maintain the client in a subjective position of being a loser, which is followed up by an increase in social and economical problems?

The feelings of uneasiness, here, show the idea of a dual agency [loser and winner], which is not balance within the thought process of the patient. This is also

expressed in dyadic narratives. The repressed element [looser] maintains the subject in an unwanted situation in which he/she really becomes ‘the loser’, by maintaining the illusion of being ‘a winner’.

Solution-focused brief therapy emphasizes that the therapist “needs to normalize the client’s ambivalence in order to affirm and encourage change, noting that Sam will need to struggle through until he feels more motivated again” (ibid). Normalization is part of dual narratives as well. Yet, it is by listening the dual contradiction that the therapist attempts to normalize actions.

The case of Sam shows how dual narratives are observed in ambivalent situations in comparison with solution-focused brief therapy. It was not my intention to critically evaluate solution-focused brief therapy but to give an insight into what a dual narratives’ model of therapy puts forward while working with ambivalence and conflictive situations. *The presentation of this case also demonstrates that dual narratives are applicable to patients in ambivalent or conflictive situations despite the presented symptomatology.* This has to be detected during the first assessment that the client undertakes with mental health services. It is here that assessments have to move from an emphasis of labeling patients to find the [subjective] problems and anxieties that the patient faces in life (Murphy & McVey, 2012).

I would like to continue, here, introducing other approaches in order to compare dual narratives with a series of psychoanalytical frameworks, which combine the use of other perspectives, such as CBT or other approaches, that are currently offered to practitioners in order to find solutions to similar clinical cases.

c) Comparing Dual Narratives with Cognitive Analytical Therapy

One of these approaches is cognitive-analytical therapy (CAT), which is a short-term

focal therapy that is informed, by cognitive therapy, psychodynamic psychotherapy and certain advances in cognitive psychology (Ryle & Kerr, 2002). Anthony Ryle developed this approach in the 90's in response to certain needs, within the National Health System in England and Wales. It started giving responses to the treatment of neurosis and it moved on, towards the management of personality disorders and borderline personality disorders, incorporating elements of objects relations' theory and inputs from Vygotsky's (1962, 1978) theories [activity theory]. In comparison, dual narratives were born in order to give answers to certain structural characteristics of personality disorders and borderline personality disorders [ambivalence and acting outs = risks] based on the observation and analysis of patients in crisis, interacted with conceptual psychoanalytical research.

CAT provides the concept of scaffolding form Vygotsky's approach (Denman, 2012), which is a representation of the provision of a theoretical knowledge that an individual assimilates while learning. Here, the patient and the therapist share this scaffolding [knowledge of schemas and patterns], which is unique for that particular patient. The therapist facilitates the re-construction of this structure, which in parts might not have been functioning optimally (ibid).

However, dual narratives also employ the concept of scaffolding form a neurological idea of the scaffolds of the brain (Chklovskii, 2005) via the concept of "organ transfer" (Sharp, 2006, p. 250) and the envisaged idea of the reflection of brain's functions. This does not take into consideration schemas of learning but patterns of structuration, via personal accounts, and dual elements of language, such as opposite linguistic elements or signifiers.

Here, it is by the use of language and narratives that human beings become positioned on certain places that are sustained by linguistic accounts, and ambivalent

elements of the discourse that pre-determined the subject (Lacan, 1991 [1954-1955]). The metaphorical concept of the scaffolding model, which sustains a similar name that the schemas of knowledge [scaffolding] for CAT, in dual narratives represent a structural perspective that includes the brain, mind and language [+senses]. This structure shares certain qualities [dualities] regulated by a dyadic functioning process that integrates the subsystems. This was explained, lengthy, in chapter five. Dual narratives do not focus on dysfunctional patterns of behavior but it prioritized different modalities within the subjective position of the patient, who presents to therapy showing a destabilized structure.

Following these differences, cognitive analytical therapy's theory is based on two theoretical systems: *procedural sequence model* and *theory of reciprocal roles* (Ryle, 1995).

Procedural sequence model relates to an aim-directed action. Here, human activity is the consequence of a series of ordered processes, in which there is a formulation of an action, an evaluated environmental option, a plan of action, an examination of consequences and a remedial procedural revision, if needed. Human experience gives the bases for the formation of a procedural sequence schema. Bad experiences might end up being the result of a faulty procedural sequence. As a consequence, there is a lack of evaluation by the individual during the procedure. For this approach, this is the main characteristic of some pathological disorders, such as personality disorders (ibid).

In this structure, there are three types of faulty procedures: *traps*, *dilemmas* and *snags*:

The *trap* portrays a repetitive cycle behaviour in which the consequences of the behaviour feed back into continue repetitive cycles. The subject acts in a way in

which the negative components of the symptom are reinforced by the same type of action, repeating the outcome. For example in phobic avoidance the patient will reinforce and maintain his/her behaviours by acting in a special manner, in which avoiding certain places, keeps the symptom alive (ibid).

The patient maintains the *dilemma* during the presentation of false choices or the doubt between options. The procedure is dotted by a check up step, which is turned over and switches back to the first step, creating the maladaptive ambivalence. Here, there is an example in which the individual placates others, allowing them to take advantage. As a consequence, this process switches to an overaggressive reaction. Again, the negative consequence switches over onto a maladapted placatory behavior (ibid).

The *snag* is when a patient anticipates a negative aspect of a certain goal. The example of a gay man who is worried to tell his family about his sexual orientation because “If I tell my mother it will kill her” (Denman, 2012, p. 244).

The inference is that an unrevised maladaptive procedural sequence could be due to different factors, which include poor learning environments, a lack of opportunities, neglect, emotional deprivation and restrictions to procedural repertoires by care givers, such as, refraining the individual to expressed him/herself due to the maintenance of a ‘secret’ as a consequence of sexual abuse (ibid).

Dual narratives do not follow an organized sequential process but a structuration process, in which language allows the existence of a subject and his/her position in life. A structuration process in this case is formed by dual interactive components separated by a gap in a recursive manner (Giddens, 1984) within a vast chain of linguistic connections that is articulated not only in a linear and sequential form but also as a multiphasic interaction of connective narratives.

It was previously observed that in the patient group, a subjective position triggers, at times, an ambivalent [imaginary] situation characterized by extreme ways of viewing the world. This was due to [equivocal] messages assimilated during the early development of the subject. As a result, the subject's views become bewildered because of the introjected ambivalent images of the other. Therefore, the subject experiences him/herself and others within those extremes of the linguistic chain, such as 'black' or 'white'. This pattern does not give the subject a very realistic point of view but a very strict illusion that does not take into consideration middle points. The phrase 'all or nothing' (Burns, 1980, p. 8), by which the subject sees things in a very extreme way, is a good example of this situation.

The patient group showed that the impact of early developments, traumas or fantasies has included those negative elements, which, at times, remain on the surface [conscious level] of the subject's mind while positive components become repressed [unconscious level]. The common expression: 'something bad is going to happen', which is often heard by the therapist during a patient's treatment, incarnates as an extreme negative view of the future. This is because the negative experience [imagined or real] repeats in the discourse, as a reminiscence of the traumatic or fantasized [imaginary] early situation that becomes engraved within the structure.

Similar ideas are exposed by CAT when it introduces the other theoretical system that is the *theory of reciprocal roles*, in which there is an internalization of patterns of reciprocal roles, which have been stored during early learning experiences (Ryle, 1995). These are dual functional roles, for example, bully/victim, master/slave, teacher/pupil, etc. This forms the base of a specular relationship with the other in which it has been produced an internalization of roles, forming "internal working models" (Fonagy 1999, p. 1). At specular level, one can observe that a subject adopts

one role and the other subject follows with the congruent pole.

Dual narratives also recognize these ideas about reciprocal roles. The difference is that dual narratives focus on these conceptual elements in a different way. This means that for dual narratives a subject is positioned and he/she has positioned him/herself in relation to a specific dual reciprocal place. These are also dyadic elements, which are the foundations of the subjective structure. They repeat within the discourse and the narratives of the patient. The twofold elements are also the bases of dual narratives, which inscribe a positive and a negative subjective position, such as the case of the master and the slave of Mr. X. Dual narratives also predetermined the subject and are transmitted by the imaginary other during the mirror stage (Lacan, 2006 [1966]). Yet, dual narratives recognizes that there are components, which populate language and those elements are introjected in a double form due to a dyadic functioning process.

The dyadic functioning process allows for the production of opposite elements in the linguistic chain. This is an *archaic prototype of functioning*, which has socially allowed the inscription of opposite components in order for the human being to make sense of the world around him/her. The dyadic functioning process also validate that the mind works at two levels. This was previously recognized as a split of the mind (Freud, 1894a) or conscious and unconscious systems.

Cognitive analytical therapy suggests that in personality disorders' patients there is a "typical deformities of the internal reciprocal-role structure" (Denman, 2012, p. 245). This is because certain individuals have a limited number of templates to be used when they have to execute, or plan an action. This limitation is due to a lack of internalization of good working models due to poor early experiences. Therefore, this group of patients has problems when switching from one role to its

congruent, presenting oversensitive. Here, for CAT, self-reflection and self-control, which are conscious functions, allow the individual to observe and change the ways of acting. CAT integrates the internal patterns of functioning with the conscious function as a way to find solutions to the presenting complaint that the patient brings to therapy (ibid).

Here, for dual narratives, the reflective function might have been interrupted during certain early experiences, for example due to a lack of emotional containment. This could be observed in personality disorders when patients experience intensive feelings, they act in extreme ways and they cannot regulate their emotions and behaviours (Mason & Kreger, 2010). And this is the reason why, for dual narratives, the positive elements appear repressed in the narratives of the subject, which could be due to the fact that the [imaginary] negative memory remains within the conscious levels.

Dual narratives and the idea of the dyadic functioning process also maintain that there are two agencies within the subjective structure. Once again, one of them is conscious and relates to the control that the subject has in relation to his/her actions and behaviours and the other one is unconscious, which at times produces feelings of uneasiness because the subject lacks control in relation to this second agency. Therefore, there is a subject who is not aware of this second agency and he/she does not know why his/her actions are affected by unknown forces (Ahumada et al., 2006). The main objective of dual narratives is to analyze the subjective position of the subject in relation to these two agencies, finding how the patient might regain certain control of his/hers actions and behaviours. As a consequence, the patient will gain insight into his/her subjective position and the duality of agency that is producing feelings of uneasiness.

While CAT works with these previous discussed structures, *the procedural sequence model and the theory of reciprocal roles* (Ryle, 1995), dual narratives attempt to do something different. Dual narratives observe the discourse of the patient in relation to ambivalent narratives or scenarios, which are seen by CAT's therapists as the 'dilemma' previously described as a faulty procedure (Ryle, 1995). The difference is that dual narratives utilize a special syntax. This grammar is characterized by a pattern in which the client presents conflicts or oppositions [split scenarios] in which he/she finds difficulties in choosing between the alternatives. Once again, the idea of a split mind (Freud, 1894a) is considered, here. The more dissociated the scenarios are, the more difficulties the patient presents in integrating the discontinuous self-states or agencies. Here, the previously analyzed, expanded and integrated concepts of agency, subject and structure, which form the dual narratives approach, are the tools to be used by the therapist in order to gain an insight into the client's subjective position. This will help the therapist to construct interventions in relation to the patient's internal situation.

This is because the concept of agency interacts with the notion of a duality of agency [conscious and unconscious] that associates with the thought that disavowing is agency (Ahumada et al., 2006), which was previously explained. The concept of subject relates to the idea of language and with it the pre-determination (Lacan, 1991 [1954-1955]) of narratives that are articulated and divided, following the idea of the split of consciousness in Freud (1894a), by opposite components or signifiers (Lacan, 2006 [1966], p. 417). This forms the dual narratives system and the split of positive [conscious] and negative [unconscious] components, which in the patient group is distorted due to previous experiences or fantasies.

In addition, the concept of structure associates with a self-organization system

(Turing, 1951) in which the therapist has to take into consideration the subsystems of the brain, mind and language [+senses] because by observing how the subsystems interact within them, the therapist has a better viewpoint of how the interaction is performed, recognizing possible indicators of the problem at hand. For example, the therapist has to be aware of how the gaze operates when it has given indications if the patient experiences a secondary gain. This could be understood as a “connection between vision and enunciation” (Stam et al., 1992, p. 165) in which the gaze of the client is enunciated in a particular way that expresses that desire [in this case pleasurable disturbance] and vision are amalgamated (ibid).

Dual narratives point out an interventional role for the therapist by the use of the therapist’s thought process while in CAT the activity of the therapist is “descriptive rather than interpretative” (Denman, 2012, p. 249). This is due to the fact that CAT focuses on the imaginary roles, which have been introjected, creating the previously mentioned ‘internal working models’ or patterns of interaction. Here, dual narratives focus on narratives and language, which have predetermined the subject. In addition, CAT utilizes elements of CBT such as the prescription of homework [keeping a diary]. It also focuses on the problem solving approach, adding Klein’s (1946, 1997, 1998) ideas of integration of discontinuity of self-states.

In dual narrative, the analysis of scripts places the subject into a categorical position within this therapeutic approach. This is because dyadic accounts inform us about a subjective position of the patient, in which the role that is played by the subject also notifies us that there is an imaginary other who plays the opposite role. This is the categorical place that CAT therapists call the reciprocal role structure (Ryle, 1995). In fact, here, there is an articulation between an internal subjective position and an imaginary role that is observed in any specular situation. Dual

narratives explore the structuration process of the subjective position, which involves: why the subject places him/herself in a situation in which the unconscious agency produces feelings of uneasiness? What has predetermined this subjective place?

Yet, in fact, the analysis of twofold narratives offers a good tool to explore the subjective position of the subject that is more than a reflective imaginary vision of the subject. The example of Mr. X shows how a particular form of expression, “waiting for them to throw me a bone”, allows the therapist to talk about a subjective position of the patient and a division between symbolic roles: the master and the slave. The patient has internalized and assimilated certain narratives, which triggered actions that did not coincide with the desire of the subject.

Here, the therapist listens to the patient who makes use of phrases and words, which have certain importance [or weight] in his/her discourse. In Lacanian terms, these are signifiers [symbolic elements] that represent *a knot in the representational system*, which is communicated in dual narratives. This is a presence of an absence that is presented in language via association of representations that Lacan called: “inter-signifying relationship” (1968-1969, [I], p. 23).

Therefore, *the procedural sequence model and the internal reciprocal role structure*, which belong to the theoretical construction of CAT, have something in common with my ideas about dyadic accounts. CAT explores interpersonal issues and how these elements have been introjected within the mind of the subject while dual narratives analyze twofold accounts in order to approach the subjective position of the patient. This is based on listening to unconscious discursive elements that are said or unsaid (Billig, 1999) by the patient.

Dual narratives like CAT also uses CBT ideas. Dual narratives employ CBT’s formulations in order to avoid patient’s risks and acting outs. These elements

reinforce a conscious way of working with patients by helping the client to organize his/her mind, which is done as a way to avoid future splits of the psyche. The idea behind this is to facilitate integration, avoiding multiple-self states of good and bad elements, which are exposed on twofold account [the problem and solution formed scenarios]. This is part of “solving the problem” during therapy.

Yet, dual narratives also made use of the analysis of dyadic account incorporating a reflective account of the problem presented by the patient. Reflection has to be the outcome of the therapy, which has to be facilitated to the patient by the therapist via interventions. The therapist encourages the patient to think about certain issues. In order to do so, the analysis of dyadic account has to be innovative for the client and it has to be done by a previously established rapport, facilitating a “good enough ... environment” (Winnicott, 2005, p. 11n).

d) Comparing Dual Narratives with Interpersonal Therapy

Interpersonal therapy (IT), which is a time limited and empirically validated short-term approach, is used in patients with depression and depressive symptoms and for bulimia nervosa (Markowitz & Weissman, 2012). It mainly focuses on the interpersonal relationships of these patients. It is based on treating the client by improving his/her communication patterns. This is done by identifying patient’s emotions, by helping the patient to experience feelings in a healthy way and by supporting the client dealing with emotional luggage, such as unresolved issues from previous relationships (Herkov, 2012).

Interpersonal therapy is not a behavioral therapy like CBT. It attempts to work with patient’s understandings of his/her relationships and how this might affect a client’s mood. IT is not based on correcting thoughts or behaviours but it shifts blame

from the patient onto the relationships that cause affective distress, recognizing the problem as a “treatable medical diagnosis” (Markowits & Weissman, 2012, p. 4). This is done by the use of psychodynamic theories and social-learning approaches, focusing on current situations and how this affects client’s mood (Herkov, 2012).

In comparison, dual narratives go beyond the imaginary situation of blame and patient’s relationships. It is the divided internal world of the subject what is analyzed in where blame and the patient’s roles within relationships are seen as an effect of the subjective structuration process (Giddens, 1984).

The *first formulation* stage of IT consists on an assessment, in which the patient’s account is correlated with depression or depressive symptoms. At the same time, an exploration of the triggers of the presentation, within the interpersonal context, is observed. This is performed by examining certain possible causes, such as, death or loss, role transition, disputes with a significant other and any impairments or interpersonal deficit (Herkov, 2012).

In juxtaposition, dual narratives are based on an assessment of the presenting complaint of the client, and a mental state examination. This gives the impression of the current situation, which is not only based on grieving situations or relationships but in the whole understanding of the current presentation and crisis. Dual narratives look at the discursive phenomena within the consultation process instead of focusing in a particular area correlated with depression, such as death or loss.

After IT’s first phase, the therapist and the patient draw an agreement, which is focused on the causes and treatment options. This *second stage* of IT also consists in psycho-educational information given by the therapist. The patient is also advised of treatment options, causes of depression and the potential to improve the situation. The sick role is suggested as an excuse for the patient to move away from blame when

he/she is not attending certain social demands. The expectation is for the patient to actively work, respecting the suggestions of the therapist (ibid).

In comparison, dual narratives analyze the contradictions of the patient's discourse, pointing out to two groups of thought: one is a negative construction and the other one is a positive one. The patient brings these thoughts into the therapeutic situation in different kinds of ways, which goes from very extreme and dissociated [like in the patient group], to less unified and also integrated. These conform a syntax [problem and solution formed scenarios], which is repeated during the dynamics of the relationships of the patient. Dual narratives like IT "do not directly address the patient-therapist relationship as it develops in therapy" (Stuart & Robertson, 2003, p. 4), while dual narratives analysis narratives, IT puts an emphasis on relationships.

The patient's views about himself/herself and others, in dual narratives, reenact these two chains of thoughts, the positive and the negative, *as a way to allocate* patient's dual internal positions that are reenacted by him/herself and projected onto others. As a consequence, this triggers an [imaginary] effect on others, who respond to the views that the patient has reenacted within him/herself and has projected onto others. This is a response based on the previously allocated subjective positions. Relationships, here, are the imaginary consequences of how the patient's accounts are established [positive or negative]. For example, if a client believes that everybody is not good enough, the patient will project onto others certain kinds of impossible expectations, which will make others to act in the expected way [no good enough].

e) Comparing Dual Narratives with Dynamic Interpersonal Therapy

Dynamic interpersonal therapy (DIT) is a brief sixteen sessions psychodynamic

psychotherapy within a protocol, which is a type of manual for the therapist to help him/her to underpin an effective clinical practice in a flexible way (Lemma et al., 2011). It focuses on emotional and relationship problems. This is done by exploring early attachments and childhood experiences of adult functioning (Lemma, 2010).

DIT was not structured as a new developing model of psychodynamic therapy. Instead DIT was presented as a protocol in order to assist therapists, who have been psychodynamically trained, “*to work to an specific focus* relevant to the difficulties commonly encountered by patients with depression and or anxiety” (Lemma et al., 2011, p. Vii). Differently, dual narratives are presented as a new metaphorical model of the mind [scaffolding model] as a way to put forward the concept of an ambivalent subject.

DIT originated from the institutional demands for a short brief therapy, providing evidence-based practice as a part of “developing competence frameworks of Improving Access to Psychological Therapies [IAPT] initiated in the UK” (Lemma, 2010, p. 1). In comparison, dual narratives, as it was previously stated, were thought in relation to the needs for a therapeutic model while working with patients with personality disorder in crisis. This can also extend to other patients who present ambivalently or in a conflictive situation.

DIT considered that patients with personality disorder would not benefit from DIT therapy but it might identify the need for further interventions in this group of patients (ibid). Dual narratives are considered as a therapeutic tool to treat the patient group, maintaining their independency by empowering them. Yet, dual narratives also propose further therapy in relation to the needs of certain clients with personality disorders who might need supplementary input. Dual narratives, here, could extend its three-week period time frame further, adapting its approach to the needs of the

patient. This has to be evaluated depending on treatment's costs, which are linked to different sectors [public or private] in where this treatment has taken place.

DIT and dual narratives are directed to those practitioners who have been previously trained in psychodynamic therapy and psychoanalytical concepts. The difference is that in order to apply dual narratives, the therapist has to be familiar with Lacanian theory. This is because Lacanian theory deals with language and with the structure of the signifier, which sustain the same pattern of modality employed by dual narratives. The articulations of signifiers are the base for understanding the functioning of dual narratives and how they operate during therapy. This has been extensively explained in chapter three and along this thesis.

DIT “systematically focuses on the activation of one selected internalized, often unconscious, object relationship that is meaningfully linked to the presenting problem” (Lemma et al., 2011, p. Viii) while dual narratives observe the problem presented by the patient, focusing on the structuration process of the presenting complaint in order to explore the subjective position of the patient that is causing the [problem] current situation. This is articulated by the patient in a dual narrative system and unfolded by the interplay of signifiers.

DIT is “dynamic” (ibid) and it is orientated to help the patient to understand the internal and external reality, which relates to an interactional pattern of relationships (ibid). DIT draws on patterns of relationships, which are repeated in the therapeutic situation. As a consequence, the patient will be able to comprehend where change needs to happen. Here, the therapist explores both the conscious and the unconscious that is impacting on the patient's interpersonal functioning (ibid).

In comparison, dual narratives do not explore patterns of relating like DIT but it analyses the subjective position of the patient, which associates with the place in

which narratives have positioned the subject and how the subject has placed him/herself in relation to those narratives. Once again, this is based on Lacanian theory that associates with how the subject has been predetermined by language (Lacan, 1991 [1954-1955]).

For dual narratives, change is understood as an acquisition of a patient's insight based on his/her thinking process [conscious and unconscious] after the therapeutic interventions of the therapist. Therapeutic Interventions have to be done by observing the subjective structuration process of the patient in which dual positions have been embedded within the linguistic structure, forming a *knot in the representational system*. This [dual] knot is what repeats during the therapeutic sessions. Once again, it unfolds that there is an agency, which is not responsible for certain subjective actions while there is another agency that wants to gain some insight into this unpleasant situation, avoiding the uncontrollable agency (Ahumada et al., 2006).

For dual narratives, negative thoughts are the consequence of a special [immature] type of structuration process. Depression and symptoms of depression are connected with those negative thoughts, which are secondary to the structuration process of the patient. This increased risks and a modality of viewing the world that is supported by negative elements that are 'overvalued' [causing pleasurable disturbance] in relation to positive ones.

Dual narratives and DIT have similarities when both approaches consider that early experiences are part of our internal world, forming our understanding of the self and the ways in which one relates to others. DIT also sustains that early experiences make us to perceive others in a particular way. This creates patterns of relating, which could be unsatisfactory, triggering conflicts and interrupting relationships. For DIT, this is the cause of depression and depressive symptoms (Lemma, 2010).

The difference is that for dual narratives these previous experiences have twofold ways: the position of the subject and the position of the other, which are regulated by the Other [language] and introjected and projected by subjective defense mechanisms. These two related places, which are unique in each single subject and relate to the place of the Other [place of language], are part of our constitutional world, creating an introjected dual subjective pattern between the subject and the other and vice versa. This allows the subject to unconsciously position him/herself in a particular place that is the result of the conjugated dual subjective pattern of narratives [the patient's and the other's narratives]. This could be experienced by the subject as unpleasant, giving him/her feelings of uneasiness. In fact, the subjective place is a battle of the predetermined narrative that has subjected the patient and his/her response to the narrative of the other [Other]. At times, the battle creates contradictions for the subject, exposing an agency that is not satisfied with the subjective position.

As a consequence of this, we construct our self by assimilating the reflection of the other and the other constructs him/herself by interacting with us. This creates a structural position of an ambivalent place, which integrates two main components that are separated by a linked signifier that allows interaction of roles and a subjective pattern of behaviour. *Patterns of relationships are seen, for dual narratives, as a consequence of a subjective structural process.* Dual narratives focus on the structure of the subject that has been internalized since the mirror stage (Lacan, 2006 [1966]).

In relation to the therapeutic work with dual narratives, the therapist has to understand that ambivalence is a standard process, which needs to be balanced within the subjective [internal and external] experience. This is done by the integration of positive and negative elements of the current scenarios that the patient brings to

therapy. The therapist intervenes in a symbolic way and in a non-directive manner. I mean with this that the therapist has to be aware that a dual narratives approach is not a way to teach skills to the patient but to help the client to be aware of his/her situation and actions in relation to his/her subjective position in life.

The therapist will avoid changing the subject's negative patterns of thinking into positive ones. Here, the therapist will be neutral in relation to impose his/her desires on the patient. Yet, the therapist will mark the ambivalence in order for the patient to connect these views with beneficial/unbeneficial past experiences.

DIT aims to look at patient's symptoms of depression. The protocol includes a section in which the therapist has to develop certain competences in relation to an understanding of mental health problems and depression (Lemma, 2010). It is added that the aetiology of anxiety and depression "is likely to be overdetermined by psychological, social, and biological processes (Lemma et al., 2011, p. 50) which connects with subjective experiences and how the client understands and relates to him/herself and others. DIT's therapy will focus on exploring the relationship with the therapist, as this will provide insights into the presenting complaint as a pattern of relationship that repeats with the therapist (ibid).

Dual narratives do not focus on depressive symptoms or certain ideas in association with the 'lack of confidence' that the patient mentions during the treatment. This is observed by the therapist in an exploratory way. I believe that the patient refrains his/her associative thought process when he has mentioned these ideas around 'depression' and 'a lack of confidence'. I mean with this that when the patient, without any symbolic association, mentions these issues, there is an obstruction of his/her desire and therefore an evasion of an associative process.

The therapist, by using dual narratives, looks beyond these illusions of

impotence [negative beliefs] in order to explore the language that maintains this subject in an ambivalent situation, which refrains his/her conscious agency. Symptoms, here, act as obstacles to patient's desires and wishes. Once again the therapist has to work around them. In addition, for dual narratives, biological signs of depression will be treated or encompassed by psychiatric treatment [medication].

Dual narratives will avoid creating dependency. Therefore, it will not connect the patient's feeling with the image of the therapist. This is because dual narratives is a very short-term therapy that promulgates independency, empowering the client and showing him/her that his/her situation in relation to others is triggered by his/her own ways of positioning him/herself in a certain place in life. And as a consequence, others positioned him/herself in the [conscious or unconscious] expected situation, which could be undesired and, at times, triggers feelings of uneasiness [unconscious agency].

Once again, the therapist who applies dual narratives has also to be trained in Lacanian therapy and in certain concepts that will help him/her to understand how to work with the signifier. Certain basic notions of Lacanian theory, such as the concepts of language that predetermines the subject and the use of the signifier, have to be experienced by the therapist during his/her personal therapy. This will give him/her the bases to listen to a patient's subjective structure. To follow a protocol would not be enough in order to guide the therapist in the use of dual narratives. I consider that at least three years of analytical personal work in Lacanian therapy and another three years of study groups is needed in order for the therapist to understand the theoretical implications of Lacanian theory. This would increase the quality and standards of care we offer to our patients. And, it will help practitioners to think outside the box, becoming less concrete and more embedded within a symbolic and linguistic process.

Currently, it is very difficult to discuss, within certain clinical environments, Lacan's theories and concepts to contemporary problems presented in the clinic, due to the lack of a shared knowledge about this perspective. In the public sector, in London, the current formation of professionals is less and less embedded in psychoanalytical ideas. Certain practitioners in general do not recognize any Lacanian theoretical concepts. Therefore, there is a need for practitioners, who desired to acquired Lacanian knowledge and practice, to be trained, privately, in order to be informed about this approach. This has affected Lacanian theory, which has become unknown by a vast majority of clinicians, due to certain economical costs and the hegemony of other therapies that are supported by the medical model within the public sector.

There is also a lack of a "cross cultural dialogue" (Malone & Friedlander, 2000 p. 3), which is placed between Lacanian psychoanalysts and other forms of therapy. This acts as an obstacle in the communication of Lacanian elements and in the application of these concepts into current solutions. This relates to the theoretical language of Lacanian theory, which seems to be another problem due to the fact that Lacan's ways of communicating are rather complex and difficult to grasp (Miller, 2011). As a consequence of this, untrained professionals in Lacanian theory and therapy become unaware of these concepts, which are used and applied by someone who has been trained in Lacanian practice.

In addition, the use of other theoretical frameworks, such as CBT, which are less costly [short courses, which do not require personal therapy (own therapeutic experience) by the trainee] when training professionals, have been used [successfully or not-successfully] as ways to treat patients who demand certain therapeutic treatment, saturating the market with a limited approach to patient's wellbeing,

without exploring the subjective place of the client. This also affects “patient’s choices” because there are not many treatments available for the patient. This has an effect on the outcomes of assessments and the offers of treatments available for that patient. This is similar to what Miller stated when he said that “some voices, ... [or approaches] are louder than others” (Miller, 2011, p. xiv). Here, his comments were referring to the legacy of ego psychology in the USA, which seems similar to the patrimony of CBT in the UK.

Despite all these obstacles, my position within the use of dual narratives, during the treatment of the clinical presented cases [therapeutic application] and the theoretical constructions elaborated further, was based on, as Miller stated, illustrating “the applications of a Lacanian attitude towards listening to the patient’s language “to the letter” and thereby the unique and fruitful ways in which it affects the course of psychotherapy” (Miller, 2011, p. xvii), creating a new dialogue with other approaches.

It is here that by listening to patient’s signifiers, one does not only apply Lacanian concepts but also finds “fast responses” to the subjective problem, which triggers solutions by the association of patient’s subjective material. The demarcation of the signifier by the therapist gives access to the subjective position, which is done by applying Lacanian concepts in therapeutic settings, which in the case of dual narratives has become theorized during the account of the clinical cases. In here, I coincide with Miller when he stated that applying Lacan’s concepts to clinical work, it feels that “he has something unique and useful to offer the clinician” (Miller, 2011, p. xv).

I have conducted, investigated and put together dual narratives as a clinician and as a researcher. This also has been a subjective piece of work due to the way I

have seen patient's subjectivities. This has facilitated me to develop these ideas. Another professional in the same situation might have produced another piece of work from another totally different perspective. Here, I consider that dual narratives are an application of Lacanian theory and therapy. This is because the articulation of certain Lacanian concepts, such as *subject, agency and structure*, has been the guiding tool of my work and research. These conceptual elements have given me an insight into the construction of this thesis.

Here, I would like to say that these three concepts, informed me about the functioning of dual narratives, which was done by listening to patient's accounts. In order to give an account of this, I would like to say that I observed in clinical cases that narratives were split, which was understood by me as having an effect that was coming from the subjective structure. If the narrative is split [acutely], the subjective structure is also dissociated and conflictive. This was thought in relation to the ambivalence of the subject because the patient was positioned in between these two narratives, creating confusion for him/herself and splitting linguistic elements, consciously or unconsciously. My thought was that by unifying the narrative, one could also produce changes in the subjective structure, which could also be balanced.

For Lacan, the concept of the subject is theoretically considered as a divided subject (Lacan, 2007 [1969-1970]), which in Freud's theory is recognized as the conscious and the unconscious levels. The application of the Lacanian concept of the subject into dual narratives becomes translated as a conflictive or as an ambivalent subject who is positioned between two contradictory accounts. The solution is integration of elements. This is done by working towards the clarification of different values of the ambivalence of the patient and helping the client to gain an insight into avoiding a very extreme viewpoint of the world that is conflictive.

The concept of agency in Lacanian theory has also been observed as being split. Lacan talks about language, and “the sliding of signified under the signifier” (Lacan, 2006 [1966], p. 419) that attributes a “twofold flood” of, continues action [agency], creating an illusion of an “undecided” reality for the subject. It is for this reason that the division between conscious and unconscious levels allowed me to reinforce that agency is disavowed (Ahumada et al., 2006) in psychoanalysis. This is because the subject complains about certain actions that are avoided or not performed [unconsciously] by him/her when in fact, at a conscious level; he/she wants to perform these activities. Here, the agency is placed between these contradictions, producing feelings of uneasiness to the subject.

Also, Lacan mentioned the notion of the “double agent” (Lacan, 2007 [1969-1970]), p. 126) in relation to the function of the *real* father as an agent of *symbolic* castration. This relates to a dual function of the agency in which the act [the *symbolic* act] is seen as a signifier’s effect of the inscription of the law that portrays an *imaginary* [illusion] construction of the subjective reality. Therefore, this dual agent has the twofold function of instituting an order by facilitating an imaginary [and subjective] illusion of reality. For example, the case of the Cambridge student offered the metaphor of the name of the father, which was elaborated in a dysfunctional manner. As a consequence of this, there was a conflictive reality full of acting outs and fantasies based on the unconscious fantasy of retaining the father. Or in other words, there was an [unsuccessful] attempt of repairing the function of the metaphor of the name of the father. The imaginary and symbolic reality was affected by the dysfunctional effect of the metaphor of the name of the father.

Here, the Lacanian concept of agency was applied into dual narratives due to the fact that within the conflictive situation, the subject of dual narratives also

presented as a conflictive and as an ambivalent agent. The subject of dual narratives ended up producing actions that were not the desired ones, such as acting outs that are mind destabilizers, actions that the patient regretted after the activity was culminated, despite that the levels of anxiety had dropped.

For example, in the mentioned case, the Lacanian concept of agency gave me the insight into the conceptual components of the dysfunctional structure [the dysfunctional metaphor of the name of the father] and its effects, which included the conflictive acting outs. This was thought in order to understand the subject's fantasies [fantasies of retaining the father] and the production of symptoms [the use of self-harm and overdoses]. Also, it was the application of the concept of dual agency that allowed me to think of the agent as the product of a dual functional process between the structure and its effects. Here, the structural situation conjugated with the articulation of the symbolic and imaginary position. These ideas prioritize the therapeutic work with the structural process [the structure of the signifier], which might produce changes at symbolic and imaginary levels.

The concept of structure is another basic conceptual element that was applied in the construction of dual narratives, which also comes from Lacanian psychoanalysis: theory and practice. For Lacan, structure is the structure of the signifier, which allows us to be inscribed in a world of representations by the use of language (Lacan, 2006 [1966]), and language is also the means of communication between the therapist and the patient within the therapeutic situation [practice]. Therefore, the application of the concept of structure to dual narratives was based on listening to the structure of the subject's language and the signifier within the patient group. In doing so, I started finding the values of the signifier for each subject and within the patient group.

The elements that repeated at that time were the extreme views of the world that

were divided in dual components. This reflected how each subject attributed a subjective value to the split reality. The application of the concept of structure allowed me to think of the mind as a “symbolic matrix” (Lacan, 2006 [1966], p. 76) that represents a container of signifiers, which are articulated and separated by an absence [gap]. This also envisages the function of the mind as part of a *self-organization system* between brain, mind and language [+senses].

From here on, the construction of the model supported a dual function of the signifier in which the signifier associated with another signifier, triggered by an absence within the linguistic chain (Lacan, 2006 [1966]). This articulates with the ambivalence of the subject that in the patient group was exacerbated [due to a lack of containment, or a primordial lack or a vacuum in the subjective structure]. At the same time, the Lacanian concept of a gap [absence] in the linguistic structure was applied to dual narratives as the producer of narratives’ interactions, which I named the “linked signifier”.

In addition, from this perspective, dual narratives placed limits to jouissance [pleasurable disturbance or secondary gain] by the use of interventions, “which involves a discourse between the “Subject” and the “Other” –and towards the “imaginary” register, by which two egos relate either in friendly identification (“me and somebody like me”) or via adversarial posturing” (Miller, 2011, p. 3). It is here that the therapist by applying these Lacanian concepts becomes aware of his/her communication or intervention in relation to the limitations of the secondary gain in which the client is submerged.

These Lacanian concepts were applied in the construction of dual narratives by taking into consideration the normalization of the subjective situation, which in the patient group was critical. A simple example, it is that interventions have to be

communicated by placing boundaries to patient's unrealistic demands in order to avoid unreasonable situations [or beliefs] on the side of the patient. This, as a consequence, will prevent acting outs and risks.

Dual narratives observed the ambiguity of the signifier in order to extend it to the ambiguity of the narratives and to the ambiguity of the subject (which is, for example, exposed in the case of Mr. X who is position as a dog waiting for his master to throw him a bone while he feels unease about this position). Lacan mentioned that the signifier is dual or ambivalent when he offers the illustration of "the laws of urinary segregation" (Lacan, 2006 [1966], p. 417) in which the two signifiers [doors] represent a different reality for both subjects. In applying these ideas to practice, I have observed that ambivalence plays a very important [confusional] role in the patient group due to the fact that it destabilizes the subjective position. This is because their internal reality is also ambivalent, extreme and chaotic producing demands and manipulating [damaging] the relationship with the other.

4) Conclusions

The current chapter has attempted to clarify the use of dual narratives and the role of the therapist when he/she applies dual narratives. It has discussed the position of dual narratives in relation to other approaches.

The latest comparisons between perspectives attempted to give a certain insight into the role of the therapist during the use of dual narratives. In order to do so, the practitioner has to be aware that dual narratives integrate the *dyadic functioning process* and *the structural process of the brain, mind and language [+senses]*. This has been lengthy explained in the previous chapters, which attempted to show that subjective ambivalence relates to a dual subjective process that interacts with the

brain functions and the external reality that is assimilated by the subject within the interaction with the other [Other].

The idea of implementing dual narratives in a therapeutic context will reflect a positive input within the treatment of patients with personality disorder in crisis and also in the treatment of other subjective structural blockages in any client who present ambivalently or in conflict. This approach opens a new route of research of psychoanalytical and therapeutic techniques, which prioritized an active role of the therapist who produces interventions around the subjective position of the client. This is a post-structural approach, which requires objectivity, the implementing of boundaries by the therapist and the analysis of positive and negative components of the discourse of the subject. This needs to be done by the use of a therapist's clinical understanding, which is implemented by certain knowledge about the concept of the signifier from Lacan's works and how it affects the linguistic chain in the therapeutic setting.

I would like to clarify that the use of an *interventional dynamism* has to be understood as a quality of the therapist's role in which he/she is aware of how to deal with his/her anxieties and patient's uneasiness. This relates to the therapist's clinical experience, creativity and knowledge that have facilitated the accumulation of certain expertise. These skills allow the therapist to place him/herself in an actively listening position that associates with calmness.

In addition, the therapist can intervene in a relaxed manner, guided by his/her thought process, which is in connection with the patient's linguistic chain of signifiers that is promoted by the Other. Here, the *knot in the representational system* of the patient's linguistic chain intertwines with the therapist's chain of thoughts facilitating the interventional process. This is a dynamic situation that creates rapport, facilitating

patient's wellbeing and helping the patient to avoid risks [acting outs].

In relation to interventions, the therapist has to be aware of not imposing his/her desires on the patient. Yet, as therapist 'we do what we are' and this means that we cannot avoid our subjective existence while working in the therapeutic arena. This also associates with our vocational election of profession. The idea of the subjectivity of the therapist intertwines with the concept of neutrality, which does not cover the 'totality' of the therapist's subjective activity. There is something that remains from the therapist's subjectivity and it repeats in the therapeutic situation. It is for this reason that the therapist has to undergo his/her own therapeutic treatment in order to avoid imposing his/her desires and stereotypical views on the patient.

Here, the concept of the silent therapist is what remains from the therapist's subjectivity that, at times, might obstruct the therapeutic treatment. This is because the therapist's silence creates anxiety in the patient in certain situations and it also shows an unsecure position of the therapist who is in fact avoiding 'saying the wrong thing' [when saying the wrong thing produces less damage for the patient than not saying anything at all]. Silence has to be regulated in the therapeutic situation in order to avoid patient's anxieties and acting outs. This measured situation is obtained while the therapist has absorbed a symbolic way of thinking, which does not contain concrete [rigid] or oversimplified ideas.

Despite this, the patient will repeat his/her subjective patterns onto us. It is here that one needs to remain neutral as well. This has to be done in order to help the patient avoid the repetitive pattern and also in order to protect ourselves as subjects. In conclusion neutrality and silence have to be well identified in dual narratives. This means that the use of both activities have to be balanced by the therapist in order to maintain a healthy equilibrium for the patient and the therapist

while avoiding risks for the patient.

Conclusions

This thesis has presented a conceptual research of the terms of agency, subject and structure in psychoanalysis, which has been done in parallel to the clinical observations of patients with personality disorder in crisis. The aim of this conceptual research was to offer a therapeutic tool for the implementation of therapeutic interventions while working with the patient group or with subjects who present ambivalently or in conflict. It also attempts to give answers to the fact that, at times, the therapist's role has to be flexible by implementing strategies in order to contain risks, helping the patient to gain an insight into his/her presenting complaint.

The elaboration of this research was based on my personal thought process in which I have always thought of the importance of the interaction between Freud's models of the mind and the idea of language and the signifier in Lacan's works. All of this brought me to believe that both psychoanalytical theories [Freudian and Lacanian] should interact in a refreshed manner in order to create a new metaphorical model of the mind.

This was like this because I envisaged that Freud's concepts of the psyche were approaching the idea of a functional system that intended to support the ideational world based on a biological or an organic structure. This is observed when Freud, in "The Project", described a human being as a functional system based on an impasse of energy between quantitative and qualitative values. This was an attempt to integrate certain organic bases with the representational world in the Freudian model. In Lacanian theory, the presentation of a symbolic subject, who is based on the linguistic world, refers to a structural foundation in which the symbolic system

contains the elements [signifiers] and their characteristics for the production of a subject based on the transmission of narratives. The integration of both [main] theories gives ideas of an organic and a symbolic base in order to think of the subject from both viewpoints.

My reading of Freud's cases attempts to integrate both perspectives. This was done by extensively analyzing the above-mentioned concepts in Freud and Lacan's works. This has given me the theoretical [and conceptual] bases in order to think of specific patient's presentations [patient group] while working towards client's well being.

I have observed in my clinical experience certain specific patterns, which repeat in the discursive presentation of patients with personality disorder in crisis. This has taken me on to the elaboration of an account of those schemes: the problem and the solution formed scenarios. As a result, this thesis is the product of my fieldwork, thought processes and conceptual research, which includes those characteristics found in the narratives of my clients.

It would not have been possible to undertake this particular work, if my practice, at one point in my career, had not exposed me to being able to treat patients in extreme personal crisis. As a consequence, I believe that professionals have to look at pathological cases in order to understand how the mind functions in acute situations. This will give us the basis to comprehend how the 'untroubled mind' is structured and developed.

In addition, my previous work with patients with psychosis has given me an insight into the biological bases of mental illness and how certain factors, such as vulnerability to stress, causes relapses in patients with mental health problems. As a consequence, one has been able to observe that, at times, service users are admitted to

a psychiatric hospital due to deterioration in their mental state. For example, a patient with schizophrenia needs to receive hospital treatment when he/she presents with thought disorder, is confused and his/her dialogue is incomprehensible because others around him/her cannot make sense out of his/her discourse. This might increase risks to himself or others. The very same patient will recover after medical treatment, integrating his/her communication patterns by being able to use language and making sense again due to the fact that he/she is not thought disordered anymore.

This informed me that the brain as a functional organ plays a very important role in the structuration process of our subjectivity. This is because the functions of the cerebral matter, at times, deteriorate or malfunction. I believe that in these cases medication is a solution to assist the dysfunctional organ in order to recover its functions, which affect language, perceptions and behaviour. I think that language suffers from the avatars of our functional brain. The mind, which is an analogical construction of the self, mediates between the brain's functions and language.

Here, language is not only the support of our existence. This is because it is our symbolic world that allows us to make sense of the world around us by helping us to communicate with others, which includes how the brain manifests by forming a mind that integrates with our senses or perceptions. This is because language is the outcome of the functions of the brain and the self, in which by the use of our speech we utter or not [consciously or unconsciously], who we are, what we want, etc.

It is for this reason that I have taken into consideration in this research the idea of the senses, expressed by me as [+senses], which includes the function of the gaze and all the physical perceptions that the subject constructs and represents along his/her life. This is because the malfunctioned brain can also affect the senses or perceptions. This seems to be the reason why patients with mental illnesses

experience hallucinations. In addition, ‘pseudo-hallucinations’ [see the case of the suicidal daughter] inform us that subjective happenings might have been induced by certain ways of perceiving and experiencing the outer circle, which might or might not have been the product of brain alterations. This helps me to infer that the brain, mind and language [+senses] are formed by an organized system or structure affected by a recursive process, in which an interactional recursive system is at stake.

I also want to mention that this thesis reflects my own subjectivity. The interpretation of cases presented by me has exposed my personal ways of working with patients within the therapeutic setting, and also the individual understandings one produces about patient’s situations. This brings me to mention that therapists who have dissimilar ways of working in the analytical arena interpret patients’ realities in a different way depending on the applied perspective. Despite this, I believe that the outcome attempts to be always the same [the wellbeing of the patient], which is based on ethical issues and theoretical perspectives. This thesis uncovers the way I comprehend and I listen to my patients’ realities and how my work focuses on an integration of conceptual elements within the psychological reality of the subject.

I have started this thesis by the presentation of two Freudian cases. The first one is the case of the mother who could not feed her newborn baby (Freud, 1892-1893b) and the second one is the case of the Rat Man (Freud, 1909d). These two accounts were considered because they show a parallel to the presentation of my clinical observations. The fact was that patients demand for treatment when they have conflicts or oppositions between a conscious and an unconscious wish. The patient complains of having feelings of uneasiness due to the impossibility to perform and action or due to the fact that he/she executes an activity that is not the desire one.

This research shows that the subject is placed in an ambivalent situation, which maintains a battle between two agencies: one conscious and one unconscious. This creates a demand for treatment while in the patient group there are increased risks for the patient [and others]. The current thesis offers a way to work with a service user's ambivalence and risks within the therapeutic situation by containing [emotionally] the client while exploring the subjective position of the patient that is producing the ambivalent situation. This thesis has extended the Lacanian concept of the split [or divided] subject to the concept of the ambivalent subject that is backed up by the psychoanalytical claims that disavowing is action [agency] (Ahumada et al., 2006). This is because there is a part of the subject that is not aware and repudiates why he/she does execute or does not perform certain actions.

The dual modality of the concept of agency [conscious-unconscious], which is prioritized in my research, has thrown light on the idea that there is a psychological mechanism that facilitates this split of the agent, in which there are two variations of the subjective position. This functioning prototype is named by me as the *dyadic functioning process*. Therefore, I support the idea that this mechanism that is observed in the clinical arena also is related to language [and mind].

This is also theoretically observed in the Freudian idea of the scission of consciousness (1894a), which is the result of a traumatic experience that allowed Freud to talk about the split of the mind between conscious and unconscious processes. These two systems, the conscious and the unconscious, will also be characterized by Freud as having certain qualities, which for Freud is the capacity of this duality [scission] of the mind that plays a role in the production of symbolic representations [known or unknown] of the subject. In fact, what is unknown for the subject is the functioning mechanism of the psyche.

My viewpoint is that the *dyadic functioning process* is the same as the psychical mechanisms presented by Freud in the game of the Fort-Da (1920g), which is a way to explain that the subject develops within a dual production of an absence that becomes a presence. This indicates an ambivalent situation, in which the agency will be positioned. This is because the creativity of the child during the game accounts for a subjective position, which oscillates between the two stages of the symbolic construction. The fluctuation of this mechanism informs us that the subject's structure is also ambivalent because of the structuration process, which includes the inter-exchange of a presence for an absence.

Here, quality becomes a possibility of vacillation [duality] within the mind and narratives of the subject. This is because the symbolic construction of the game represents dual stages, which repeats itself in dual narratives as a *problem and solution formed scenarios*. The patient presents here a doubtful question: Am I this or that? Do I want this or that? Here, the *dyadic functioning process* acts on the subject, re-creating that primary archaic moment represented by the game of the Freudian Fort-Da that is the beginning of the production of a subjective reality. This also positions the subject in a search for an external object that creates doubts because the real one has been lost.

In order to find equivalences between the function of the mind and language, I have introduced Lacan's works in relation to language. The presentation of clinical cases has supported my thoughts on the theoretical constructions of dual narratives. This has demonstrated that dual narratives re-enact the same structural function that supports the signifier. I have already observed that the idea of trauma, which in Freud contributed to what he called the scission of consciousness (1893a) and had as a consequence the splitting of the mind (ibid), is a secondary moment of the function of

the psychical structure. This is because I see the split of the psyche as a property of language and mind, which is demonstrated by the operation of absence and presence that facilitates the symbolic production of the subject. The mind is split because the human being needs to get a substitute for an absence. This relates to an internal division between something that one lacks and a possible object that becomes momentarily internalized as a substitute of the lost one. This was also observed by the use of dual narratives, in which the *problem formed scenario* was separated by a gap or a *linked signifier* from the *solution formed scenario*.

Therefore, I homologated the concept of the signifier to the concept of narratives based on the same values and functions, which are related to their opposition and differentiation. In this case the opposition was between two narratives [one positive and one negative], which were differentiated by one being a problem and the other one being a solution. This in my opinion relates to a structural characteristic of language that presents as a solving problem tool in the constitution of the human being.

Lacan retakes the Freudian Fort-Da in order to say that absence is involved in the production and articulation of meanings in a chain of signifiers. It is the absence of a signifier that allows the articulation of the other elements in the linguistic chain. The dyadic activity [absence-presence] for Lacan is considered as the basis for subjective symbolic action [agency]. Presence also is articulated by substitutions of elements, which is promoted by an absence. Lacan mentioned that metaphor and metonymy are mechanisms that allow substitution of one element for another and displacement of meaning within the chain of signifiers. Here, language supports the double value of the signifier, which is also represented by opposition and difference of dissimilar words as it was stated in chapter two, when I cited the Lacanian example

of “the laws of urinary segregation” (Lacan, 2006 [1966], p. 417).

In addition, dual narratives are the evidence that the mind is split because the psyche follows the structure of language which recursively interacts as a part of a gestalt or of the whole system, which includes the brain-mind and language [+senses]. For this reason, language and mind share the same property, i.e. duality. Language, for Lacan, acquires meaning due to the twofold function [absence/presence] of the signifier, which is also observed in dual narratives.

In order to assemble a new model of the mind, my opinion is that there is an equivalent internal system in the brain, which is reflected onto the mind, matching the external situation described by Freud in relation to an absence and its metaphorical articulation. This is also comparable to the fact that patients present in the clinical setting with a dual narrative system supported by a *dyadic functioning process*. The absence [linked signifier] that facilitates action is between the two narratives, presenting the *problem and the solution formed scenarios*, which are conjugated within the subjective production of the patient. As a consequence, we construct our realities based on a lack that becomes a presence via substitutions, using a *dyadic functioning process*.

From here on, I have observed that there is an organ transfer (Sharp, 2006), representing the mind that conveys the functions of the brain onto the psyche by a property, which I believe is *reflection*. This characteristic has been previously stated by Lacan in “The Mirror Stage” (Lacan, 2006 [1966]). It is here, where Lacan takes into consideration the idea of the mirror as an external object that allows introjection of identifications [imagos].

It is important to state that, at first, Lacan attempted to correlate the presentation of the mirror stage with the optical field, and then, he left this by

inconclusively saying that the mirror stage is not a real mirror but a conglomerate of identifications. Yet, Lacan mentioned that in the mirror stage there is a “symmetry that reverses” (Lacan, 2006 [1966], p. 76), a “reality ... [that] duplicates” (ibid, 75), and that the “role of the mirror apparatus ... [is] the appearance of the doubles” (ibid, 77). This portrays that “the person is a mask” (Lacan 2006 [1966], p. 562), the image of a mask that has been split, which is not symmetrical (ibid).

In addition, in the arrangement of the optical effect of the “inverted vase illusion” (ibid, p. 569), in which the subject constructs from a reflection an inverted mirage of reality, he postulated that the experience of analysis allows a new construction of the inverted illusion of reality. It is interesting how Lacan presents these ideas of an inverted, non-symmetrical and reflected illusion of reality by the use of the mirror as an analogy of the subjective structure.

All these ideas are in parallel with the presentation of certain thoughts expressed in quantum dynamics. Vitiello also mentioned that subjective reality is a time-reversed copy of an un-present mirror. The thought of a reverse copy, which is a representation of a double mirror for Vitiello, introduces an analogy of the brain’s functions. This is because subjective reality is articulated, as a representation of the brain “by living neural tissue” (Yasue et al., 2001, p. 138), in a vacuum space by the conjugated tilde and non tilde universes, offering to my model of the mind a support to the dual functions of the brain, which is equivalent to the framework of the *dyadic functioning process*.

As a consequence, the interaction between the brain, mind and language [+senses] supports a structure that is articulated as a self-organizing system (Turing, 1951), in which recursivity is at stake. This is because the *dyadic functioning process* via duality of structure is allocated in each of the subsystems of the model of the

mind. In other words, the functional process repeats itself in each part of the sub-layers, acting in a different way but producing the same effect, via the interaction of distinct components. For example, duality has been observed to be present in the brain as “dual electric chargers” (Stern, 2000, p. 88) or in the form of *conjugated [tilde] ~ and non [tilde]~ domains* (Globus, 2003, Globus, et al., 2004, Globus, 2005). As well as, duality in language is seen as *dual narratives*, which is observed in the clinic during the *problem and the solution formed scenarios* of the discourse of the patient and also as the twofold presentation of the signifier (Lacan, 2006 [1966]). And duality in the mind is related to the splitting of consciousness as presented by Freud (1894a). In other words, as two very different properties of a state of mind, which cause two actions [agency]: one rational and another one irrational (Ahumada et al., 2006).

It is here that the support of the neuroglia by following the ideas of scaffolds or patterns of connectivity of the brain (Chklovskii, 2005) connects the scaffolding model or mind, via reflection, from the internal organ [brain] and from the external, or outer circle of others. Therefore, the mind is affected by a dual reflection facing the internal organ [brain] and the external others, who are mediating the Other [place of language]. Dual narratives, here, are transmitted by the others in an exchange of absence-presence, which represents the place of the Other [language] and the absence or “locus of the Other” (Lacan, 2006 [1966], p. 561).

Absence is also a repetitive pattern of the sub-layers of the structure. An absence is an original moment that relates to the fact that language was born based on a gap (Lacan, 2006 [1966]). This is compared to the linked signifier that in dual narratives intercepts the *problem formed and the solution formed scenarios*, as a link of the subjective discursive moment that recapitulates the analytical experience. In the

brain, the vacuums in the microtubules [low energy levels of water molecules in the neurons] could be structurally represented as the gaps [vacuums] observed in language. This is because both concepts of vacuums [in the language and in the brain] allow [subjective] activity. A vacuum, for quantum biological dynamics, is the represented space in which dual charges conjugate, creating a topological space that underpins the elaboration of thoughts which are defined as knots in the spectral domain (Stern, 2000). In the mind the absence represents the original moment of the un-present mother that allowed the elaboration of the game in the child of the Freudian Fort-Da.

Yet, the most important thought is that absence is an insistence, a power, which is not equivalent to the wrongly translated concept of *Instanz* for agency in Freud's works. Agency is not the parts or components of the psychical apparatus but something that is a "real" agency of the subject. It is also the Lacanian idea of object *a*, which is a part [rest] left over from the introduction of the subject into the symbolic world. Absence is the agency of the subject, which, in fact, shows the ambivalent position of him/her, a subjective scission, which places him/her in a doubtful place, triggering the question: Am I this or that? Am I a man or a woman?

However, as a result the main properties of my framework, the scaffolding model, are: the dyadic functional process, quality, which includes duality, and absence. These characteristics, which facilitate the structuration process via recursivity, offer an idea of agency and structure that is a proposed solution to the dilemma of structuralism and functionalism against hermeneutics. This is because recursivity unifies approaches instead of splitting them. Agency and structure conjugates within the brain, mind and language [+senses] system, in which the duality of structure allows articulation based on a manufacture of a *dyadic functioning*

process. This mechanism facilitates activity by a vacuum or absence, which is the agency of the dual structure, repeating a running order in each subsystem along with the *dyadic functioning process*, which is seen as quality and duality.

This thesis adds that as a consequence of the *dyadic functioning process* within the structure of the brain, mind and language [+senses], the subject is organized as an ambivalent subject. This is due to the fact that the subject is structured within dual elements supported by the *dyadic functioning process*. The ambivalence, at times, becomes exacerbated due to certain causes, such as early lack of emotional containment, traumas, etc. Therefore, the *dyadic functioning process* becomes affected, creating contradictions and conflicts to the subject. Here, the ambivalence becomes exacerbated. This thesis proposes a new way to treat patients who are ambivalent and in conflict by the use of a dual narratives approach, which is a tool to work in a therapeutic manner preventing risks while exploring the subjective position of the patient. This aims to recover patient's well being, avoiding risks and facilitating insight to service users in a short period of time.

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