

*“External reality”, its construction and its psychic composition*, by Rene Roussillon

The author examines the question, crucial in psychoanalysis, of the statute of the concept of reality. Referring to perception and his investment psychosocial it focuses the relationship between perceived reality and mechanisms of defence of ego, in the field of dynamics pleasure displeasure, at the end of the construction of the concept of reality. Referring to the designs of Freud and the post-freudians authors, and with Winnicott in particular, the author concludes that there is only one manner of building the internal concept of “external reality” according to psychic organizations' and moments' of the subjective history.

*Getting real in analysis*, by Owen Renik

A detailed clinical example is used to illustrate how reality testing can create rather than foreclose opportunities for analytic investigation. It is proposed that effective analysis of transference within the treatment relationship requires close and explicit attention to considerations of reality. The author reconsiders certain conceptions of a special psychoanalytic reality, of re-

gression in clinical analysis, and of the nature of free association, suggesting that they tend to discourage the realism necessary to productive psychoanalytic work. He underlines the importance of ongoing reference to therapeutic outcome as an aspect of reality.

*Affect and representation: some psychoanalytic declensions*, by Tiziana Bastianini

In this paper, the author offers a reflection surrounding the origins of certain forms of thought, for example, what delusional thought and imaginative-creative thought share in terms of deep psychic experience. The author also considers the emotive matrixes underlying the giving and taking that goes on between the analyst and analysand in the analyst's room, and in particular with respect to the transference dimension of this issue. The perspective of this research can be found in the endeavour to trace and put the focus on an area of psychic functioning and thought that get their origins from perceptively emotive, pre-symbolic, pre-linguistic and pre-representative levels.

*Where the patient is. The analyst in the patient's room*, by Giuseppe Riefolo

The theme of the *domiciliary visit* to the patient can suggest some important considerations for the dynamic psychiatry and also for the psychoanalytical technique and theory. This method is largely used in psychiatric mental health services. It underlines the theme of the use of concrete reality to determine therapeutic transformations. The concrete element of the reality indicates the communication level and the code which are necessary for meeting the patient. Then, the holding of the patient in his place of life, sometimes can represent the only possibility of finding a field in which the psychoanalyst can operate. The rigourism of the psychoanalytical method is strictly connected with the necessary elasticity of the technique.

*Ferenczi's clinical and theoretical conception of trauma: a brief introductory map*, by Franco Borgogno

Based on a thorough re-reading of Ferenczi's writings and on many years of clinical experience, this paper traces a map of the principal points in his thinking concerning trauma. The richness and originality of Ferenczi's ideas on the dynamics of trauma (pathogenic introjection, dissociation and inability to psychically represent what has been experienced or not experienced), the aetiology of trauma (the relevance of environmental repercussions: caregivers' misunderstandings and omissions) and the treatment of trauma (which has to be centred on the affective and sound involvement of the analyst, and on his thorough and lengthy working-through of what is being repeated-reproduced in the intersubjective analytic relationship) show how crucial a contribution he has made to the understanding of this fundamental cause of mental pain and severe pathology.

*Revising our life stories: the roles of memory and imagination in the psychoanalytic process*, by Ethel Spector Person

This paper delineates the differences between declarative autobiographical memory and procedural memory and their different roles in shaping the psyche. It also focuses on how the role of fantasy, situated as it is, in the realm of the imagination, combines with memory to create paths to psychic change.

*Couple dynamics and health: unresolved trauma in spouses as a risk factor for myocardial infarction in men*, by Luigi Solano, Maria Bonadies, Francesca Pecci, Massimo Santini, Carlo Pignalberi

**Objective:** Psychosomatic research has mostly examined links between individual psychological features and health risks, while the possible effects of the quality of intimate relation-

ships, interacting with individual features, has seldom been investigated. Type A Behavior Pattern (TABP), as characterized by irritability, hypercompetition, time urgency and denial of difficulties, is known to represent an increased risk for myocardial infarction (MI). A woman who experienced severe trauma or loss in infancy, and who then had difficulty in completing processing of this event, might choose a husband with TABP and unconsciously reinforce this pattern, in the effort of denying childhood loss experiences. Aim of the investigation was to confirm some parts of this hypothesis by assessing the presence of a) a more frequent history of severe loss and/or trauma and b) higher levels of alexithymia in wives of individuals with myocardial infarction. **Methods:** 20 wives of patients with recent, non-lethal, MI and 20 wives of patients with mild orthopaedic (Orth) problems were administered a Childhood Traumatic Events Scale and the TAS-20. **Results:** MI wives ( $m = 0.70$ ) showed higher ( $p < 0.02$ ) scores in the CTES than Orth wives ( $m = 0.15$ ), while 10 MI wives as against 3 Orth reported a history of very severe childhood trauma ( $p < 0.02$ ). TAS 20 scores were higher ( $p < 0.005$ ) in MI wives ( $m = 50.35$ ) than in Orth ( $m = 40.55$ ). 4 MI wives and no Orth wife showed TAS-20 scores  $>61$  ( $p < 0.04$ ). **Conclusions:** Results support the hypothesis of a more frequent history of childhood trauma or loss and of higher levels of alexithymia in the wives of patients with myocardial infarction.