Psychology

Volcanic Situation of Lebanon and the Hyperactive Child
Psychic Transmission and Hyperactivity

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ABSTRACT
In Lebanon, the consultations in child psychiatry for hyperactive children are multiplying. It is few years ago that parents had heard of this disorder. Since, everything changed. The media seized the issue, disseminating information and promoting the application of diagnosis and care. This is the evil of our society. In this article we will give another explanation for hyperactivity, we will make a reflection on the transmission of psychic trauma of war on the Lebanese hyperactive child as well as the societal changes and family functioning, revealing the maternal and paternal role in the genesis of hyperactivity. We highlight the fact that hyperactivity is manifested by a compulsive and obsessive periodical return of the same symptoms. Volcanic trace that is transmitted over generations by building a silent ghost that moves by an unbinding with parents. Its appearance reflects the effects on the child of what had been, for the parent, an injury, seen as a narcissistic disaster.

KEYWORDS : hyperactivity, ghost, psychic transmission, volcanic situation.

Introduction
We cannot talk about the role of the mother and the role of the Lebanese father without mentioning the situation in Lebanon that is rather special compared to other countries.

Violence never left Lebanon or its capital, Beirut. This small country, which extends over 10,452 square kilometers in the Middle East, resembles to a volcano sometimes with explosive eruption sometimes calm, and the Lebanese dancing all over the volcano.

The history of this country is rich in civil wars, violence and destabilization. History books are filled with pages that tell the suffering of the Lebanese, a path which forms a blend of identity conflicts, political rivalries between religious communities, civil wars and regional wars.

Beirut is a city full of ghosts where portraits of the dead mark out areas. In downtown you can find the martyrs square. In the southern Shiite suburb controlled by Hezbollah, there are the martyrs of the July 2006 war with Israel. In the Christian streets of Achrafieh, there are the martyrs of 1980 or more recent assassinations. The huge crater left in front of the St. George Hotel is due to the explosion that targeted the former Prime Minister Rafiq Hariri in 2005. All is still present. Beirut is haunted by what is not.

A panoramic view of the history of Lebanon allows us to explore how the Lebanese continue to struggle for existence and to form their identity that they cannot find. The lack of agreements between the Lebanese parties led to a civil war that lasted fifteen years (1975 to 1990). This war has caused 150 000 deaths, thousands of injured, 17,000 missing and one million displaced.

The volcano calmed down for a few years, the Lebanese sought refuge in denial and flight forward; with the will of oblivion, the unspoken settled not to spoil the happiness of peace. The people are led to repress, not to remember everything, to leave space to the instinct of life and enable projection into the future. They hide their trauma in their joyous vitality. But memories are heavy and anxieties are terrible.

After this period of security and calm, the volcano awoke again, the specter of fear returned in 2005, after the big assassination of the Prime Minister Rafik al-Hariri.

Since then, Lebanon is going through a succession of troubled periods that never end. The Lebanese-Israeli conflict in 2006, the war in Nahr el-Bared in 2007, the car bombings and the suicide attacks with explosives. Currently the Lebanese are terrified by Daech (“the Islamic State”) that threatens the territory and the military. The scenario of continuous death, fear and insecurity. No war is the same, each has its nature and characteristics, but the feelings that result are always the same: Impotence, hatred and anguish.

In these moments of insecurity; fears and traumas resurface individually and collectively.

For my part, I would like to share with you the experiences I’ve had during periods of crisis. I vividly remember my childhood; I was terrified, locked in the shelter with everyone in my neighborhood without electricity, with candle lights, closing the ears to reduce the voice of the bombsheells. My parents had only one concern: Ensure the bread
and water. Unfortunately these are our childhood memories.

With fashionable car bombings, the scene has changed; I was terrified to take my children with me in the car. I preferred to lock them up at home. When I read the newspapers, I was watching the news and I saw these attacks multiplied and the floor littered with charred corpses, broken glass and concrete, I was deeply disturbed, I thought, "It is happening to others, it can happen to us too." My anxiety reflected the anguish of all Lebanese people who could die because of a car bomb, with no right to walk away or deny this fatal destiny! We felt powerless in front of the forces of hatred, the strength of the violence.

The Lebanese have lived forty years of war, forty years of death anxiety, negativity and trauma. Lebanese children are holding with no doubt the weight of their parents who have just passed them everything, they inherit this raw emotional, detached from the representation and experience of events.

1.1. Trauma, impulse and agitation

Any "life event of the subject that is defined by its intensity, the inability of the subject to respond adequately, the upheaval and sustainable pathogenic effects it causes in the psychic organization" is considered traumatic. It arouses, in general, in an individual an intense fear, feelings of helplessness, horror or a reaction of misery. Lebanese goes from a traumatic event to another. Moreover, these events experienced by many people may have very different traumatic effects from one person to another.

These events are traumatic because they represent a threat, a danger to the integrity of the Lebanese, beyond their possibilities of reaction, occurring suddenly and unanticipated, and accompanied by a feeling of terror, distress, and dread.

The successive wars, trapped cars and terrorists have a deadly nature that shakes the homeostasis of the psychic apparatus of the Lebanese and inner balance. That is the inescapable evidence of death; it is a conscious or unconscious correlate of a rupture, a discontinuity, a loss.

The violence of war deprives the Lebanese internal forces confrontation. For he is amazed, he is lost between its internal personal conflicts - unresolved threats and agitation - and the destructive outside.

Faced with this problem, the Lebanese focuses on the incorporation of anxiety, because all possibilities of confrontation and adaptation are minimal. Which induces a huge difference between the inside and outside, and focus on him the entire negative outcome without illusion and without mark? This war is like a moving psychological drama, which cancels any ability to think; the fantasy helps to ensure the danger of shortage in the other; the hyperactive is plunged into a state of stupor staggering, persistent and full of the other, that war did nothing but strengthen it.

The psychic level, the break between the system of internal benchmarks and reality, which created in the Lebanese a lack of fantasy and reality, negativity and trauma. Lebanese children are holding with a rupture of the protective shield. The psychic system is forced to bind excitements, and thus overwhelmed me with its liaison role, it is stunned and unable to react as if it was paralyzed, mutilated and castrated, causing a deep narcissistic wound.

The traumatic reality among Lebanese is always evident on specific dates. The date marks the nature of the intensity of traumatic shock (war, accident, loss of a loved one, etc.). During the war, no Lebanese has escaped the anguish of loss. We find confirmation in the book Inhibitions, Symptoms and Anxiety, where Freud considers trauma in another aspect, different than that of the traumatic neurosis; he emphasizes on the decisive condition of trauma: The loss of the object.

We note that the instinctual impulse among Lebanese turned to burglary instinctual due to the reality in this confliction and this exposure to losses suffered: loss of identity, loss of traditions, loss of needs, and loss of loved ones. The trauma of war creates and imposes a reactivation of all subjective unassimilated traumas, making remediation difficult.

The Lebanese lives a double dependency. The first is the dependence unliquidated from its childhood, the second is the dependence on needs that are threatened by the war situation; there is always a round trip between subjective issues of childhood and the reality of war. The Lebanese are living non-discrimination between the past and the present, making subjectivity very fragile and indiscriminate between fantasy and reality. In this situation, we notice that for the hyperactive, traces of the experience are part of an afterthought; something happens, dimly sensed that arises and marks its impregnation the psyche.

Hyperactivity would be the return of the repressed. This afterwards, independent of wartime remains an important symptom that manifests deliberately in the experience. We can say that it is an unspeakable suffering that is communicated by parents.

The symptom of repetition characteristic of the hyperactive trauma is also directly linked to the manifestation of the unconscious, the return of the repressed in and by the time. Sometimes, a traumatic event that doesn't stop for the subject, take the form of a treaty repetition of action within a circular time. The hyperactive, by his agitation, has a goal of "amnesic memory 'to refer to this repetition that replaces recollection, this reproduction which replaces representation. Indeed, the more I wish to forget, the more it recalls its bad memory. The only memory that remains is that of instinctual overflow that impulse and that goes to the extreme level of the psyche. This is the "acting out". It is primarily in the behavior of the subject, something that shows the focus of any demonstrative acting out, its orientation to the other, must be met". The hyperactive would be this acting out which is a demand without words, a way to be heard without asking.

We can say that the continuous movements of the hyperactive act as the repetition compulsion, it must be understood as an inability to give up instant gratification and violent expulsion of psychic space, on the proper mode of the act, because no relay has been provided by the object supposed to transform the situation; it must be made tolerable by a reduction of suffering. This transformation sends in the hyperactive to create a gap between accepted the illusory and reality, that the reality of the war in Lebanon does not allow.

After the concept of "time", the notion of "castration" weaves a solid relationship with the trauma.

In the case of external unpredictable situations that cause the subject to experience an intense feeling of dread and the threat of death - accidents, war, operation, disaster - the trauma experienced in childhood causes a feeling of "imminent dissolution, impaired person, so an experience that cannot fail to have consequences on the development of body image. Under these conditions, it is likely that the time of the threat of castration will come in as afterthought, reviving these early anxieties (...). The problem of castration is then updated in excitation whose traumatic appearance is obvious" writes Brette.

Various reactions refer to this traumatic experience:

a) The child in a war situation can live as castrated: castration has
Agitation in hyperactive remains a binding against all traces transmitted from parents to children - traces veiled, distorted and sometimes sources of non-aggression accepted by tradition and standards - because, in Christian communities, the forgiveness process removes any kind of aggression, which leads parents to repress their unconscious in any event of inadmissible aggression in the rituals of the communities. The Lebanese remains silent and refuses to represent images of violent war; he denies part of this past tortuous. Only the hyperactive child will be the continuity, reflective agitation before this parental silence. And where silence reigns, a multitude of ghosts take place.

It is important to distinguish intergenerational transmission and transgenerational transmission. Intergenerational transmission relates generations in direct contact with each other. It is done through the verbal and non-verbal speech and behavior. Transgenerational mission respect to distance generations, where the psychic material is not symbolized, that is to say where there is neither development of fantasy nor suppression. In our work we focus on intergenerational transmission.

As we have seen, when the traumatic event that broke into the hyperactive life, the functions of the psychic apparatus are disturbed: a disturbance at the level of the function of the protective shield, of the function of the intra-psychic and intersubjective link and of the function which is to transform sensory tests in psychic experience. The familial impregnation of the trauma is so similar to the intrapsychic trauma.

When one parent is overwhelmed by the intensity of a psychic trauma, the whole family is involved in an experience of suffering and crisis, each of the family members will feel the psychic repercussions. This impact is likely to be of intergenerational dimension which may involve family members in direct contact, or a transgenerational dimension. This leads us to reflect on the issue of intergenerational transmission of mental trauma.

Generations, as Freud points out in his book Totem and Taboo (1913) can be linked together by symptoms that express suffering. The challenge of this suffering remains mostly unknown because the transmission is beyond our will and all representation activity. The Freudian perspective explains the communities of symptoms that can be faced in some families. This community is based on symptoms, for R. Kaes, H. Faimberg and coll., on an early identification process. The subject will identify the object by appropriating some of its qualities, like the symptoms, and this to maintain and sustain an emotional privileged connection: “The Symptom retrieves by identifying the link with the person loved.” We’ll see how the psychic transmission is done at the level of the hyperactive child.

1.2.1. Hyperactivity is a societal parental symptom

The symptom draws a psychic transmission path; the hyperactive cannot go through primary identification defined as follows:

“Psychological process by which a subject assimilates an aspect, a property, the other and transforms, wholly or partially, on its model. The personality is formed and is distinguished by a series of identifications”

We are more in an introjective process of failure and in the psychic intergenerational inclusion.

In the hyperactive child, identification is not normal; it will be an introjection and introjection is this link meeting of with an outside object. The external object is connected to the interior of the psyche, and yet this introjection will bring the hyperactive child to have a relationship with his parents. This link will be a kind of psychic intergenerational inclusion. In addition, the hyperactive child will be the mean of symptomatic connection in the home, the hyperactive will ever in this binding assay and discontinuity in relation to his parents.

Introjection usually allows the hyperactive child to bear the loss of the object when it occurs. The child can give this external object gratification provided it has been able to establish an internal gratification object. Similarly, the hyperactive cannot project the good things unless he has been introduced enough security and calm during early and privileged interactions with his mother. By internal gratification
object, we mean an object having certain qualities: Physically and mentally present, creating a place of comfort of a sensory standpoint (heat, gentle voice, etc.) and emotional (stillness, serenity, availability), create an intimacy in the relationship and share an exclusivity, which gives the child the feeling of being unique.

The containing function of the object, which authorizes the establishment of a beneficial introjection is a process involving several conditions:

- The intrinsic qualities to the object, such as porting, support, holding, presentation objects, maternal reverie capacity, the alpha function, the activity of symbolization and integration of bisexuality;
- Soliciting, since the object is to attract children to levels of presence, integration, organization and higher emotional experiences;
- Rhythmicity experiences that allows the anticipation and gives the illusion of permanence and continuity.

Introjection cannot therefore occur in a positive manner if the environment and the surroundings prove anxiogenic and, therefore, unable to have the features described above. That is why we would like to say that the Lebanese hyperactive child, there has been failure of introjection.

Indeed, the hyperactive child introjects early in himself, events such as war, which it must give a psychic equivalent by symbolizing. This symbolization occurs in four distinct ways that are:

- Images, which require participation of perception (war violence);
- Positive affect (joy) or negative (anxiety or anger);
- Actions, completed or not;
- Verbal language.

The psychic disturbances occur if an object is represented in a modality of being banned in another, because the child is forced to cleavage and denial, mechanisms that do not promote the reduction of the intensity of anxieties. This case may occur when a parent has a massive anxiety. His words may want to seem reassuring for the child, but his actions and affects can be incongruent and concealed.

The failure of introjection in the hyperactive causes a psychic inclusion.

The inclusion is manifested through four modes:

- Mode of mental, missing, excessive or incongruous representation;
- The mode of affect, missing, or excessive incongruous;
- The method of body condition;
- The behavioral mode.

This failed introjection manifesting through the mode of affect can indeed promote the emergence of a massive anxiety that does not promote peace. It can also and at the same time appear on the mode of body condition, thus causing a stir.

Children adopt defensive behaviors under stress because of parental defensive strategies. The lack of reassuring answer from the mother would come from its own defenses against the recognition and understanding of negative emotions like itself. It can only be empathetic, and this incapacity may be the result of his own developmental history. When the mother is unsettling, it becomes unable to respond to signals of distress of the child, and he in return experiences anxiety and anger. To overcome the deficiency of his mother, the child, who has a psychic apparatus still unstructured, cannot resort to repression and it will therefore implement simple behavioral strategies: avoidance, agitation, etc. The child introjects the reactions of his mother facing his own emotional signals, reactions that can sometimes translate maternal anxiety.

1.2.2. Transformation of the violence of war

The hyperactive child has a negative representation of himself, he could not pass the grieving of the negative image owned, transmitted unconsciously by his parents to the filter between individuation and the otherness of the other, which makes it a real threat. What remains permanently, it is a symptom of hyperactivity in outsourcing as it conveys negative images of rooted aggressiveness.

The projective identifications become binding and pathological when parents force children to identify with the images projected on him to cancel the grief they fail to do.

Parents project a negative image of themselves on their child. Hyperactivity develops in two aspects of projective identification (defensive identification and another with communicative purposes) and develops the idea that it is related to the need to use the object as a psychic container in which expel distressing content or by deadly unrest.

This inheritance occurs in a movement of overhaul and ownership by the child who, cluttered by the ghost, is hampered by a load that is not his, but he will be bearing.

1.2.3. The creation of illusion

The hyperactive founded his first primary relationship on impressions experienced in a system of intersensoriality; this system is considered a primary process of psychic functioning. In this operation, it follows a developmental and investment delay to discover the nature of the external environment and the nature of the mother. This non-differentiation from the mother is reinforced by impressions, which lead to illusory impressions of each other. And the fact that no investment of the child by the other or relational foundation explains that the child remains on the hallucinatory. These are the premises of the failure of narcissism that create the illusion hallucinated. The hyperactive works psychologically in the hallucinatory activity that underlies its immediate area between his identity and the outside world. We thus find the basics of what Winnicott develops later about the "illusion" once integration is acquired, the experience of illusion contributing to set up "the initial relationship with the external reality".

Winnicott confirms this process that the hyperactive undertakes “from the perspective of the child and the mother’s womb”, without claiming that the breast is essential as a mean of transmission of maternal love. The child in search of satisfaction "comes to the breast in a state of excitement and ready to hallucinate something that is likely to be attacked" and that will satisfy it.

As for the mother, she “has a breast, the power to produce milk, and the idea that she would be attacked by a hungry baby” When the mother breastfeeds the baby, links are established between on one hand the actual sensory tested due to the sight, smell, touch, and on the other hand this thing that was likely hallucinated to be attacked. In other words, the child creates the breast while he finds it and it is this paradox of "found-created", which constitutes the experience of illusion. Now when the child will be subject to any new state of tension sparked by need, he may use a new hallucination enriched traces left by the first satisfaction which was known hitherto in the hyperactive by negative hallucination. Where this is done, found-created paradox that does not reach its peak for the hyperactive remains at the stage of this negative hallucination.

The illusion is a first possible release, to reduce the absolute dependency to the object. As long as the hallucinatory presence of the object compensates the momentary lapses of the environment, these are no longer systematically encroachments, and continuity of the sense of being hyperactive baby is thereby spared.

If the mother of the hyperactive is good enough, she adapts to the needs of her child, allows him to have the illusion that her breast is part of him. The child is then in a position where he believes omnipotence magically controls the outside, what he creates really exists. Through these multiple experiences of illusion, the child integrates a good enough internal object.

If the mother of the hyperactive is depressed, her depression overthrows the distortion of links, and the child’s difficulty in thinking outside of his mother will create a feeling of internal insecurity and a lack of narcissistic solidarity, which will result in massive separation anxieties and builds an obstacle to the process of individuation.

The hyperactive child is a disinvestment of the object, its instinct is not the discovery of the mother, and he will undergo depression.
1.2.4. Ghost in the unconscious

Words, feelings, sensations and parent's gestures have an impact, positive or negative, on the child's psyche. Indeed, it is from the psychic apparatus of the parents that the child develops and matures. The child, by virtue of his love for them and especially the psychic apparatus of the parents than the child develops and matures. The child is receptive to capture not only the influences that help him build mentally, but also those which foil its development. When parents were traumatized by painful experiences, while giving rise to an unspoken weight in a significant and lasting weight on their ability to feel, to think and act, these traumas create transgenerational influences therefore help not the child develop and appoint appropriately his own emotions and thoughts. Facing this unspoken, in front of what escapes him in the behavior of his parents, the child has no psychic resource to distance or indifference to evidence, the more he perceives often that parental anxiety, this originates a secret suffering. This child under the influence of non-overcome family tragedies seeks more solutions to the suffering of his parents to assimilate and enjoy directly from his own life experiences. The child will be a "ghost", he will develop behavioral symptoms that clatter his desires and inhibitions marked relations, inexplicable anxiety, subtle or spectacular hatred, incomprehensible acts for him and for his entourage and a vague feeling of not belonging, not being himself and basically suffering like his parents. The hyperactive founded his first primary relationship of narcissism failure by creating the illusion hallucinated. The illusion is a first possible release to decrease the absolute dependency to the object. As long as the hallucinatory presence of the object compensates the momentary lapses of the environment, these are no longer systematically encroachments and continuity of the sense of being hyperactive baby is thereby spared. Through these multiple experiences of illusion, the child integrates a good enough internal object.

If the mother is overloaded by the hyperactive oppressive memories, his condition overwhelms the distortion of links, and the difficulty of the child to think outside of his mother will create a feeling of internal insecurity and a lack of narcissistic solidarity that will result in massive separation anxieties and build a barrier to the process of individuation. The hyperactive child is a disinvestment of the object, its instinct is not the discovery of the mother, and he will undergo a depression that can result in phantom identity.

1.2.5. Hyperactive child, child ghost

Lebanese children are carriers of symptoms referring the transmission of the unspoken, not symbolized in the family history. Children are like sponges, they capture what is there an as encysted tension, as anguish in the air, spoken or unspoken anxiety related to current or past events in the history of their parents, the child removes and reveals persistent anxiety that does not belong to him directly. Very few parents talk to their children about their experiences during the war, as if they were afraid of them transmit these indelible moments of anxiety and fear. They prefer silence to speech, forgetfulness to remembrance. But this oversight, this repression find several ways of expression: the mums of the children of our research are anxious.

The Lebanon unstable child becomes a “ghost” because he sticks in reality to what the mother and father could not manage form their own history with the country's situation.

The concept of “ghost” is defined by Abraham and Torok, as “an unconscious process, resulting from the passage of the unconscious of a parent to that child”. Its function is different from the dynamic repressed where the conflict reappears disguised, symbolic (symptoms, lost acts, slips). The symptom is manifested through compulsive periodic form of obsessive object, and opposes libidinal introjection, that is to say the apprehension of words as they involve them unconscious. Over generations, “the ghost of the work continues in the silence of his work unbinding, and its appearance reflects the effects on the falling of what had been, for the parent, injury value, even narcissistic catastrophe”. However, this “shortage of speech” seems to transform the structure of the subject. Intergenerational transmission concerns unrepresentable psychic objects, images, in other terms, the negative of the legacy in form of secrets, unspoken.

1.2.6. Psychic traces of the hyperactive

The psyche, unable to appropriate the event, Abraham and Torok consider that “inclusion” is done in the ego in the form of incorporation (magic and not progressive inclusion of thoughts, images and traumatic situations affects). As a result, the discharge is not dynamic, that is to say in the form of a back-and-forth between narcissism and object relationship, but conservative, that is to say the event is repressed once and for all. Then we are dealing, a particular point of view, the “crypt”, instead of Conservative repressed. It is the ego of the child that is the custodian of the cemetery. Family traumatic past is there, present in the subject, as a reality block.

When a child finds something odd is happening emotionally in one of his parents, it is insecure for him, something escapes him, and he feels that the parent does not want to talk. Then he is silent. The parent does not want to talk to spare her child the emotional charge he imagines too heavy for him, he saw himself as a child was overwhelmed by a traumatic incident. But given the unsaid, the child has difficulty understanding and to imagine what is happening to his parents. For him, it is blurred such as around the ghosts. The child is dealing with a riddle, a ghost that he cannot identify but which challenges him. He then tries to make an internal representation to make sense of the inner world of his parent and his but he does not feel to have the right to think, given the ban that the parent poses more or less explicitly. Sometimes, to understand, it is called to act on what he guesses to be the secret of his parent. This ghost may guide the behavior of that child later, even if he does not remember specific situations during which the ghost was formed. The child holds the secret of his parents.

These children that appear much like “possessed” not by their own unconscious, but by the unconscious of the mother, the father, carrying an indescribable and unspeakable trauma of war. These are the repressed affects that make up the relationship from parent to child, parent projecting on the child the suffering that he lived and that he repressed, thus suffering in return. It is therefore of not integrated elements in the personality that resurface without the knowledge of the subject in the relationship he establishes with his own child.

The trauma transmitted over generations is particularly loaded with anxiety. These are children who, through their symptoms and actions, make us live the war that their parents lived but on another level. The war of the children is between them and those around them, they replace the weapons with motions. The traumatic event that parents have lived and which was linked to the loss of an object (house, car, a loved one) broke and hit their lives. This order the event of an abrupt and violent reality for the psyche has not had the opportunity to be welcomed, and the trauma has affected in the psyche, destroying the “I”.

The trauma of reality therefore generates the denial of experience. The memory of those moments of war and words that embody and express who should have found themselves buried alive, but in the self transpires anxiety, depression, and fragility.

Based on these reflections, we issue our hypothesis:

The Lebanese unstable child becomes a “ghost” because he sticks in reality to what the mother and father could not manage form their own history with the country's situation.
a surface mark that will eventually fade and disappear with time. But the transmission of negative is the “present-absentee” undisclosed, and that is a transmission that will be recessed through incrusts, up to change the very shape of the device psychic.

The incrusts is the raw material produced in the confrontation to the Real, they are like foreign bodies that would occupy the hollow but at the same time would be grafted into the whole. Here we find the notion of crypt, all at once “to me and not for me”, which is involved in creating in the person confronted with the trauma a dys-regulation of derealization, dissociation, which could be understood as psychosis but also as a possible reconstruction in the imagination. These psychic materials “present-absentee” undisclosed, unmetabolized, not symbolized that transmits across generations.

The print marks the passage of the object “present-absentee” by altering the setting, the container which receives it. In this, the print is a container. It is a transmission of psychic containers, created in return from reality passing in small ways genealogical psychic containers. Clinically, this transmission is manifested by symptomatic expressions of unstable behaviors.

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