PERSONAL TRUTH IN THE SHADOW OF RELIGIOUS TRUTH

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***Abstract:** In this article I have chosen to approach the topic of personal truth, always subjected to repression, therefore being unconscious. This truth governs the choices in our lives, the attitudes and desires. Repression shows that this truth is unacceptable, unutterable – it must not be exposed, presented, or even consciously represented. When we discover it and manage its integration within the ensemble of our personality, we achieve the capacity to truly love and live, in an authentic manner.*

The process towards uncovering this truth is difficult and involves many reorganisations on the level of psychic reality, of self-image, of relationships with others as well as with one's self. The reaction when faced with this discovery is fear, and the reaction towards psychoanalysis, which facilitates the discovery of this truth, is hatred. When personal truth is repressed and its attempts at breaching the conscious are obstructed by perversely imposing a religious truth which excludes it and confers absolute power onto the

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superego before the ego, the analytic endeavour must lead to a reinvestment of the patient's ego, so that, later on, the analyst can become the partner of this ego in the pursuit of personal truth.

Keywords: authentic, personal truth, transformational object, superego, reparation, analytic setting.

Personal truth and authenticity

The term *authentic* means true, irrefutable, something whose existence cannot be doubted. In the definition of the term, I was not able to find any standards which make something true, or how these would be established – things that make something true, tied to human subjectivity. *Authentic* is not a psychoanalytical concept, although Freud dedicated his entire work to the search for truth. In *Sigmund Freud Index thématique*, Alain Delrieu identifies eight directions in which we can follow Freud's interest in the topic of truth (A. Delrieu, 1997, p. 1697):

1. Subjective truth found at the origin of unconscious projections and cultural productions;
2. The pertinence of reconstructions and interpretations of the psychoanalyst;
3. The lie, denial or ideological hypocrisy;
4. The need for authority and obedience;
5. The phenomenon of illusion or faith;
6. The adaptation of theoretic models to their object;
7. The incidence of the unconscious in knowledge processes;
8. The secondary effect of truth.

When we refer to the authentic, we refer to an agreement between what we think, feel and express. The situations and contexts where we cannot be authentic with ourselves, but instead have to act in accordance to a certain etiquette, a way of being, imposed in a certain situation in order to be authentic, it is necessary to know our unconscious truth. Additionally, the unconscious adaptation to an imposed model, to a system of values that the child cannot metabolise psychically, instead introjecting it as imposed by the parents, can lead to narcissistic-identity disturbances and perverse functioning. Psychoanalysis, both as therapy and as a method of probing the unconscious, offers a path, through the analytical process, to discover personal truth, repressed within the unconscious in the early stages of our psychic life.

This search stems from a need to improve our psychic state or from the desire to become analysts. Not all people are aware of their inauthenticity, not all are concerned with personal truth, yet when we truly wish to know ourselves, we cannot gloss over our unconscious and what we have stored within it.

The issue of the authentic and of truth in the field of psychoanalysis makes us think of the analyst, the analysand, the discourse of the two, the transference and countertransference taking place in the cure, but also the relationship between psychoanalytical theory and its clinical applications. Often we hear talk of significant differences between the theory Freud elaborated and his practice, as found in his clinical presentations, but especially in the descriptions of his patients.

The incapacity to bear our personal truth, repressed in the unconscious, is caused by our fear to discover that our unconscious desires are against our morals, social rules and self-image. This fear of the truth becomes a defence against psychoanalysis, and we encounter it

throughout psychoanalysis' evolution, no matter the country or political regime. The discovery of this truth requires a difficult and complicated psychoanalytical working-through. In 1915, in "Observations on Transference-Love" Freud remarks: "...psycho-analytic treatment is founded on truthfulness. In this fact lies a great part of its educative effect and its ethical value" (Freud, 1915, p. 173). Personal truth, once uncovered, produces an "earthquake" on the level of the person's subjectivity and involves a reorganisation of psychic life in its entirety. The existence of this truth is signalled by dreams, lapses, slip-ups, symptoms. Its discovery allows change, the amelioration of the state of the person who dedicated himself/herself to this search and to regaining the capacity to love maturely and live authentically. The truth, being repressed, can only be disagreeable, at least in the moment when it was repressed. Although, repressed, it continues to be active, to strive towards the conscious. In order to access it, it must avoid censorship; it has to wear disguises, to trick, to take on forms the conscious deems acceptable. Therefore, for the truth to come out, it must transform in its opposite – a lie. We can notice this in dreams. The truth present in the latent content of the dream presents itself under a disguised form, symbolised, in manifest content. The slip-ups represent in fact a success for the expression of the truth without disguises. The truth is therefore hard to bear, and repression remains always active. The symptom, even under the guise of delirium, is also an expression of this truth which is searching for a means of expression. The continued and repeated manifestation of the symptom is how the truth lets us know we need to discover it, that we need to uncover our own unconscious desires. Even in delirium we come across a truth once repressed in our unconscious. "There is a grain of truth concealed in every delusion, there is something in it that really

deserves belief, and this is the source of the patient's conviction, which is therefore to that extent justified" (Freud, 1907, p. 92). Perversion is another form which, for some people, truth can disguise itself in when repression is not enough to keep this truth away from the conscious.

Personal truth is unbearable because of interdictions and norms imposed from the outside. Sometimes, as is the case of the patient I will refer to in this article, the truth imposed by the parents – a truth taken on from religion and worked over on a subjective level by the parents before being passed on/imposed onto the children – inhibits or attempts to replace the personal truth. These impositions become impossible for the subject to fight against. The subject, in order to avoid shame or guilt, utilises repression or even self-denial. The narcissistic wounds thus produced by impositions mark the entire construction of self-identity and leans towards the construction of a false self, in Winnicottian terms. However, sometimes the repression is incomplete – small fragments of persona truth, of unconscious desires, find ways to access the conscious. Even imposed interdictions help identify unacceptable desires precisely by naming them in the formulation of the interdiction. Yet these fragments of desires aren't sufficient to entirely reveal this truth, and the subject's ego continues to obey a truth that the superego dictates. Yet, the ego notices that what reaches the conscious is not the complete personal truth and, sometimes, manages to doubt it or deny its authenticity.

This denial plays a major role in the analytical cure and allows the probing of the unconscious to begin, in search for those unconscious desires which make up the personal truth.

We may question which psychic instance holds personal truth? How many personal truths are there? What is repressed is the content with which the ego was in contact, however, under external exigencies or

demands from its own superego, when the latter is well-outlined, content it was thus forced to repress. The superego, which we know comes to be under the influence of the parents' superegos, in this situation, is the one that imposes a truth, and the ego incorporates it along with the object carrying this truth. This truth external to the subject is imposed since the early stages, before language is acquired, when the relationship with the mother is a fused one and the mother isn't perceived as a concrete object, but as a transformative process, as C. Bollas underlines in his article *L'objet transformationnel* (Bollas, 1989).

Religious truth and the superego

“Our knowledge of the historical worth of certain religious doctrines increases our respect for them, but does not invalidate our proposal that they should cease to be put forward as the reasons for the precepts of civilization. On the contrary! Those historical residues have helped us to view religious teachings, as it were, as neurotic relics, and we may now argue that the time has probably come, as it does in an analytic treatment, for replacing the effects of repression by the results of the rational operation of the intellect” (Freud, 1927, p. 207).

We know that Freud considered religion a curable obsessional neurosis, which made him believe humanity would renounce religions once scientific discoveries would allow us to control nature and produced the required goods. His optimism in this regard did not become prophecy, and today we are witnessing a significant development of religions, an increased interest from the part of humankind towards these forms of explaining life and dealing with the anguishes people encounter. “...many instinctual demands which will later be unserviceable cannot be suppressed by the rational operation of the child's intellect but have to be

tamed by acts of repression, behind which, as a rule, lies the motive of anxiety” (Freud, 1927, p. 207).

The transformational object has the role of offering experiences to the child, while letting it live these experiences in a personal manner. When this object imposes both the experience and the way in which it must be lived and felt, the child’s ego becomes deformed, de-structured, reduced to a narcissistic need of the mother, caught in a perverse scenario of the parents. The reconstruction of the ego is performed in analysis, parallel with the discovery and integration of personal truth.

“In just the same way, one might assume, humanity as a whole, in its development through the ages, fell into states analogous to the neuroses, and for the same reasons — namely because in the times of its ignorance and intellectual weakness the instinctual renunciations indispensable for man’s communal existence had only been achieved by it by means of purely affective forces. The precipitates of these processes resembling repression which took place in prehistoric times still remained attached to civilization for long periods” (Freud, 1927, p.207). On the level of the family, we can often come across various methods of instinct-repression, in fact ways to educate children, based on the inoculation of a fear that would determine the child to repress its instincts.

In the case of the patient I considered for this article, the relationship with her parents was marked by the identification with the aggressor. It was not a relationship based on love. The patient said she was brought up according to “traditional” rules: children may only be kissed when asleep, they must know to fear their parents; girls should be virgins when they marry; the wife must be at the beck and call of her husband. When she describes these rules, the patient expresses certain

ambivalence, saying that, although she does not agree with them, they “served her well” because they helped her build a strong relationship with God. The relationship with God, the patient was saying, was not a smooth, ascending one. In puberty she went through episodes of rage difficult to conceal, not having the right to express these feelings. She said she was under the impression God prevented her from reaching her parents. The attitude of her parents forced her to invest her relationship with divinity. However, since pre-adolescence, the patient was searching for a concrete support onto which to project the image she had formed of this God imposed by her parents, trying to strengthen her conviction that all her and her parents’ faith was not based on an illusion. The differentiation between illusion and reality was noticeable. “Thus we call a belief an illusion when a wish-fulfilment is a prominent factor in its motivation, and in doing so we disregard its relations to reality, just as the illusion itself sets no store by verification” (Freud, 1927, p. 194).

Through the common submission, both the children’s and the parents’, before this absolute authority, the differences between sex and generations were annulled. The children became the phallus of both parents, their power, as well as their instruments in obtaining pleasure (salvation). This allowed the manifestation of the parents’ incestuous tendencies, in a masked way, through the fusion, the lack of differentiation between them and their own children, before divinity.

The lack of an authority figure, a role that the father refused to take on in the relationship with his children, as well as an intrusive and dominant mother, produced panic in the patient and made her seek refuge in the magical universe of the parents. “I had a choice, with a great risk of making the wrong choice, between remaining in my relationship with God and a childhood rebellion that would have driven me away from

God. Religion saved me from making many mistakes”. Such moments of doubt correspond to spikes of impulses, emerging in the normal growth process, that impose a contact with the reality in which drives seek an object for satisfaction, moments that impose a choice onto the ego between following the demands of drives or obeying the interdictions of the superego.

“Religion would thus be the universal obsessional neurosis of humanity; like the obsessional neurosis of children, it arose out of the Oedipus complex, out of the relation to the father. If this view is right, it is to be supposed that a turning-away from religion is bound to occur with the fatal inevitability of a process of growth, and that we find ourselves at this very juncture in the middle of that phase of development” (Freud, 1927, p. 208).

The perverse environment and the annulment of personal truth – a clinical approach

The patient was 37 years old when she began her cure, presently nearing the age of 41, a social worker and teacher of religion, married to a priest, without children, coming from an extremely religious family. Her father had been a priest, her mother a teacher, but who gave up her profession, dedicating herself to raising the children at the suggestion of her husband and in accordance to her views on the woman’s role within the family. Both parents, in their turn, had parents who were priests. Since an early age, the patient was taught to pray, to abide by religious rites, sometimes strongly amplified by the parents. The amplification of the parents’ “devotion” to God was accompanied by increased demands regarding the children’s religious practices. The parents considered that the moral duties were the same for them and the children, the latter being

obliged, either directly or through emotional blackmail, to be just as devoted to divinity. This annulment of the difference between sexes and generations creates a perverse familial environment that disturbed the normal development of the child. The parents' control became increasingly rigid as they grew older. When she was 8, the patient was placed under the supervision of a priest who played the part of a confessor. She went to confession weekly, along with her siblings, and the parents would accompany them. To the patient this was perceived as a step into the world of adults, hoping to find the pleasure forbidden by her parents in the relationship with divinity, but it was just another perverse way for her parents to satisfy their sadistic impulses and incestuous tendencies. After the conclusion of confession, her parents seemed very happy. So, the parents' joy, presented to the children as the result of having satisfied God, became in a short while the major objective of the patient. The love towards divinity was, to the children, a manner for them to "fix" their parents. She was advised at home to say all she did or thought wrong. She perceived something threatening in her father's tone when he urged her to say everything. Much later she noticed that after each confession, in the evening, she would receive beatings for the most insignificant things, which made her believe that the confessor told her father what she had confessed to him. Her mother exercised a strict control over the patient's sexuality, asking her to say if "she put her hand in dirty, sinful places". Thusly, the discovery of her own femininity, the construction of feminine identity, took place on a background of a negative image of her own body, her own sexuality being perceived as something bad, sinful, that required purification.

This self-image was also present during the first sessions. The patient had an unkempt appearance, a kerchief covering her head, which

gave me the impression she was much older than the age she declared. Her facial expression was sad, she avoided looking me in the eyes. She always hid her fingers, probably so I wouldn't notice her fingernails weren't maintained. Gradually, the patient became more careful with her external appearance. In one of the sessions during the second year of therapy, the patient showed me her hands, saying she had been to a nail salon, even if her husband had been against it.

All this control and limitations, imposed by the parents in the patient's childhood, were justified using "the will of God". The parents, in order to avoid the risk of losing their children's love, assigned their authority to divinity. So, since an early age, the patient was forced to absorb the idea that God asks them to punish her should she make mistakes, even if they, her parents, did not want to. The parents' avoidance in assuming parental roles led to the establishment of a perverse game between parents and children, which focused on the presence and absence of parents, and implicitly, of authority. Through their intrusive manner of becoming involved in their children's lives, trans-generational borders as well as the children's corporal boundaries were breached. The transgression of these limits in the name of a supreme authority served to satisfy the parents' incestuous tendencies, and these tendencies grew increasingly visible in the children's behaviour. Authority was invisible, yet omnipresent and omnipotent, which caused feelings of helplessness and humility to take shape in the patient, feelings she managed in a perverse manner. In the patient's mind, the absence of a clear representation of divinity left room for different phantasms where sexual pleasure was sublimed and discharged in the love for this all-powerful, harsh, yet loving, authority. "I would always dream of the image I'd formed after hearing the expression *"the bride of*

Christ". I imagined that would be me, and when I would be a bride, everyone would admire me. I was very silly", the patient said when expressing her regret at having wed a man chosen by her parents.

When she felt dominated and threatened by this invisible presence, the patient lied to her parents about her siblings having committed forbidden acts so they would receive beatings. Sometimes, even though she would accuse them, she asked to be beaten in their place to save them. The acts of sadism alternated, depending on the perverse functioning of the patient, with feelings of guilt and attempts at reparation through the pursuit of corporal punishment. The fantasy of the beaten child that Freud spoke of, in the case of my patient, became reality. Her masochism searched for a concrete satisfaction, not just a fantasy. The eroticisation of received beatings and the pleasure of fantasising about the violent scene between her and her parents or one of her siblings were later taken over by her relationship with God. The eroticisation of this relationship manifested itself in the rituals she would perform with total abandon and strict regularity, sometimes until exhaustion. She considered that divinity would be satisfied by the sanctioning of children, and she would escape, or God himself would be pleased and would develop a better relationship with her than with her siblings or parents. We find in this behaviour obvious similarities to the sacrificial rituals practiced by primitive peoples, in the name and for different deities, with the purpose of avoiding their wrath.

At the same time, neither her nor her siblings, a brother two years older and a sister four years older, weren't allowed to "display the happiness they received from God on the street", or to wear clothing that was too nice. Oftentimes, when they received new clothing, these were torn and stitched by the mother, to "defeat the pride" of the children. The

patient recalls nothing from her childhood vacations. She only knows that, until the age of 15, she'd spend all her holidays at her grandparents, who lived in the same village, and after she turned 15, she'd stay home all summer, having various administrative tasks to fulfil at the church. Even in the absence of her parents, she still recited all her prayers and went to confess. To the patient, the abidance by this ritual represented a proof of love towards divinity, a reparatory love for her parents. This love for divinity to her was a symbolising meeting ground for her and her parents, of mutual knowledge between them.

She continued to do so until the age of 35, when she found the courage to refuse her husband, who had been imposing it. The patient was "tormented all her life" by the fear of upsetting God and, at the same time, by the drives she felt, the impulse demands of doing anything to cross the parental-divine interdictions. When she allowed herself to swear, even in her mind, the fear for what she had been presented with as being the supreme judge, made her tell her parents, and the punishment would be swiftly applied. She remembers that in days when all the family was at home, she was plagued by thoughts of running away from home. She felt she couldn't breathe without making a mistake, reason for which she would always read prayer books. She'd say: "Although I believed it was not my parents who were punishing me, but God who was making them do it, I felt towards them hatred and a pity that, at one point, disgusted me. I had stomach aches and sometimes threw up". The violent environment and frequent beatings were eroticised by the patient. In his 1919 work, *A Child is Being Beaten*, Freud mentioned that the fantasy of the beaten child does not feature the one who fantasises as a protagonist. In what concerns the patient, not only was she the one who fantasised, but she also looked for ways to make the scene come true, sometimes

being the beaten child herself. The beatings confirmed the bond between her and divinity. Even more, she considered that by receiving the beating, she was noticed by divinity, in the detriment of her siblings. During puberty and adolescence she masturbated almost daily, and she felt very bad after every time. Masturbation often took place after she was beaten by her parents. This custom continued into adulthood, after her fights with her husband. She had come to the point of considering herself a devil out to hurt the family. She despised her body and thought she should tell her parents so they'd stop her. She calmed down when a schoolmate told her she also masturbated, but felt good after. "It was like a breath of fresh air for me. I prayed to God for him to give me a sign, something, anything to make me understand if what I did angered him. I considered myself sick. At confession I sometimes admitted what I did, but the confessors' scolding frightened me some. My colleague's stories were, to me, the sign I'd been waiting for", the patient said in one of our sessions.

All these interdictions, all these sanctions, the religious education her parents would disappear behind, don't seem to have formed an optimal familial environment for the construction of an identity, for the formation of a balanced self, capable of making its own decisions. The patient was unable to protect herself against the perversity of her parents, from their subjective truth, in order to discover her own truth. The psychic unavailability of her father produced identification difficulties within the patient. The image of the father was the image of a man emasculated by the authority of divinity, which determined the patient to idealise the image of divinity. "Behind the image of the denigrated father, equally split, lies an idealised father (the role is frequently attributed to the mother's father, a priest, or even God himself); we also find the fantasy of an ideal phallus with which the subject cannot identify, but

which plays an important structural role, despite its split character”. (J. McDougall, 1978, p.54) The patient incorporated parental images and the truth they presented; it was assimilated and assumed by the patient. In the first sessions the patient proclaimed herself as being very devout and could not bear losing her faith, her goal in life being to secure salvation.

The therapeutic approach, a journey from illusion to personal truth

This superego induced by her parents through the perverse manner of control over the patients’ life, and also that of her siblings, remained active even throughout the first year of therapy. At the beginning of the cure, she would cross herself and ask divinity for forgiveness for any “lying words she may utter without wishing to”. To her, truth was the one imposed or expected by God. All she felt, thought or dreamed, if it went against what she’d learned and assimilated as being absolute truths, was considered bad, something that had to be repressed. In the first year of therapy she always quoted from the Bible or various theologians. She’d bring me icons that she kissed before offering them to me, like a reproduction of the religious ritual practiced in church. I saw these gestures as attempts to pass onto me the truth which to her had become too much to bear, to see how I would relate to it. I interpreted her offers of icons or crosses as a gesture of care towards me, of “presentation in small doses” of the object that was a persecution object to her. It was maternal transference, where her care, in fact her fear to harm me, was disguised as a transmission of divine concern. “I have something for you, they are blessed so that God would take care of you. I hope you don’t mind, but God loves us all. You can pray to them in the evening”. Kissing the small objects she’d offer and which, in her fantasy, I would also kiss in prayer, was a perverse attempt at seduction, at

sharing something erotic, forbidden, with me, but masked by the objects' blessed nature. She thus reproduced, in therapy, the context of how she'd discovered her own sexuality and how she could manage this part of her identity. After such introductions came the retelling of memories focused on unpleasant experiences, various moments when she was punished by the parents or beaten for menial reasons, for example for listening to music other than Christian, recommended by her parents, or for the icons on her bedroom table being in disarray.

She remembers that when, as an adult, she asked her mother if she'd been wanted, her mother told her she'd never wanted anything aside from all being as God wished. After this reply, the patient went through a period of delight and happiness, considering herself a divine gift. When she found out she could not have children, the patient felt deep hatred towards her mother, viewing her, without knowing why, as guilty for her infertility. Following different specialised medical investigations, the patient was presented with a possible solution – a psychotherapy program, suggesting that the issue may be psychological in nature. These hypotheses will be approached in the therapeutic process, knowing that dominating and castrating mothers can invalidate their daughters' femininity or maternity.

Also during the first year of therapy, at the end of the sessions, she'd ask me if she'd upset me or if she'd said anything wrong. She treated therapy like a confession, waiting for penance at the closing of the session. Thus, in transference she placed me in her father's role. The absence of penance, of punishment, made her transfer onto me the idealised part of the split image she had of her father. She spoke rarely and only superficially about her feelings. In many sessions she would only recount events. It was not clear to me whether what she recounted

delighted or revolted her. When I'd ask what she felt about what she'd said, she told me: "What do I feel? What God wills, us humans can only feel his love and mercy".

The patient's ego was suffocated, inhibited ever since its first phases of formation. The object worshipped by the parents and imposed onto the patient as supreme and omnipotent judge over her life and all humans, overwhelmed her ego, blocked it in its development. The patient's demand from this therapy was for me to help her be firmer and more sure of herself, to help her know what she wants and wishes, to liberate herself from a physical sensation she described as "a tightening of the skin", like a blouse too small, too tight. "I don't know exactly what I'm looking for in therapy, but my confessor and my husband told me it'd help. I have the feeling I lose myself in front of anyone. It's like something is wrapped tight around my body, squeezing it and making it smaller. Like a constraining top. I want to become what my parents taught me to be. I don't know exactly how they wanted me, but I don't know how to be any different. Point me in a direction, give me a landmark. I have no idea what I'm like as a woman, how much of a woman I am. I am still grateful for how they've raised me, but I want you to show me how I am, who I am, how you see me". She always felt dominated by a form of authority, parental or divine, yet could not renounce this model, this objective, which had become experienced by the patient as being her own choice. Her relationship with divinity served to repress her sexual drives, perverse tendencies that are in contradiction with the set of morals imposed by her parents. "Some part of this instinctual repression is affected by its religions, in that they require the individual to sacrifice his instinctual pleasure to the Deity." (Freud, 1907, p.23) She waited for me to see in her what she felt, but she could not take

credit for it. She transferred the image of her parents onto me, but in an improved version, looking/waiting for other models to obey. She waited for me to mirror an image of the self, adequate for her actual situation, meaning an image where her femininity would be reflected as an ensemble, without producing sentiments of shame or guilt.

In incorporating the parents' truth, the shadow of this truth made the complete discovery of the patient's deepest desires, of her personal truth, impossible. The patient took on the object of the parents' fantasised omnipotence and tried to deny any impulse demand or personal desire. The marriage itself was decided by her father, who chose her partner. Parental interdictions, precisely formulated: "You are not allowed to touch yourself in certain areas of the body!", "you're not allowed to show anyone your body!", "you're not allowed to swear or have relationships with boys!", "It's lent! No eating!", alongside the consolidation of a tyrannical superego, also had a positive role for the patient, drawing attention to those impulse demands she had to repress.

What preceded the decision to come to therapy was the increasing lack of tolerance for her husband and episodes of rage towards her parents, a strong sexual drive as well as a significant impulse to break any barrier she had imposed all her life. These produced sentiments of guilt and a reduced capacity for work. She couldn't bear sitting in the office, working.

In short, the patient was a child raised in a perverse environment, under the pressure of beliefs and interdictions imposed by parents who never assumed their authority and parental roles. Exercising their roles and authority in a perverse way, it led to the formation of a fragile ego of the patient, dominated by a superego formed by incorporating the

parental figures, a superego which manifested tyrannically in relation to the patient's ego.

When the ego is suppressed and dominated by a tyrannical superego, a coalition is established between the two instances, one that, although is in the detriment of the ego, allows it to survive. Survival of the ego becomes possible by using denial as a mechanism of defence.

The ego represses the pursuit of pleasure, preferring submission and assuming the superego's impositions. Thus the truth of the superego inhibits the unconscious truth and prevents the normal development of the ego, possibly causing major narcissistic-identity disturbances. The patient is incapable of accepting her unconscious desires even when, in therapy, these rose to the surface, when they were evident in the transference setting. Only after about 18 months did the patient become able to speak of how much she'd suffered in childhood because of "aberrant and absurd" interdictions of her parents, towards which she always preserved an unspoken disapproval.

"I've always felt like a sort of soap bubble, I didn't know what I wanted, or what I was allowed to want. I don't know how to want things. I considered I shouldn't want anything, but only receive what God wants to give me. Compared to others I felt inferior and told myself that I meant something to God, that I was someone important. I simply didn't know what my life was. I felt glad when mother said God loved me, yet, to keep this love, I wasn't allowed to do anything. I even ate sweets with fear, terrified of doing something wrong. Salvation became the ultimate purpose. We weren't allowed to sleep with dolls or stuffed teddy bears. Our parents put icons in our beds so our guardian angel would protect us".

Practically, she cancelled her own life, hoping that divine reward will follow. In the sexuality of the perverse, as J. McDougall points out,

“castration is the very condition for enjoyment.” (J. McDougall, 1978, p.63) All the restrictions that were encountered were withstood in order to later benefit from the ultimate pleasure, which, in the perspective of religion, is salvation. Much later, without rejecting her religious convictions, even using them, she managed to offer herself a narcissistic gratification she had been denied her entire life, finding her purpose. She frequently had thoughts of not having made the right decisions, that she has no rights, but these thoughts were banished and in their place, increasingly often, emerged the idea of divorce – abandoning all sexual and social interdictions.

The reconstruction of the ego, its strengthening within the cure, must be achieved in parallel with the discovery of unconscious truth. Only when the patient became capable of accepting then integrating some unconscious desires, without feeling culpable, did she manage to deal with her professional situation, even finding pleasure in what she did. She was pleasantly surprised to discover her colleagues sympathised with her and that they’d ceased avoiding her.

As R. Roussillon states in his article *Ombre et transformation de l’objet*, the ego is confronted with the objects whose shadows it carries. Through narcissistic identifications with these objects, the ego becomes a double of the object. In this confusion between the worshipped object, God, and the purpose set after imposition, salvation, the ego is annulled in narcissistic identifications with the parents. The stakes being high, though illusory, determined the permanent repression of personal truth. Only after the motive for repression lost value (V. Tausk, 1913, p.79) did the patient become capable of evacuating her incorporated parents and of getting involved in the discovery of her own unconscious desires. The parents refused to see her as an autonomous person, with a personal

rhythm and desires. They treated her like a task they'd been given by God. The more intense impulse drives grew, the more invested the illusion offered by religious education became.

C. Bollas shows, in the article *L'objet transformationnel*, that in the precocious period of the child's development, the mother is perceived more as a process of transformation than an object in itself. The way a child lives this process influences how the object will be searched for in adulthood. Bollas says the object is pursued for its quality as an agent able to modify the self.

The interdiction of the transitional object chosen by the child, its replacement with small religious icons, cancelled primary creativity and blocked access to the first constitutive experiences for its subjectivity. The object with which the child's transformation was identified, in fact the deformation of its self, is an abstract object that could not be perceived, with which a concrete relationship was impossible. It was an absent object, but always evoked as being present, a negative of the father who, though physically present, was absent in what concerned emotional evolvment and exercising paternal authority.

In the case of my patient, the transformation was a brutal one. A model was being imposed, one that didn't allow her to discover herself first so she could later transform in relation to this object. She does not have a subjective relation with this object, instead annulling her own ego, voiding it in order to incorporate this object. Oftentimes she felt hatred towards this object imposed by the parents, then felt guilty. Guilt was an almost permanent fixture, and the only conditions in which she could submit to it.

Paul Denis, in his article *Sujet, surmoi, culpabilité et utopie*, said: “If the object is known in hatred, the subject discovers himself in culpability...” (Denis P., 1991, p. 1546).

Imposing restrictions constitute the superego, and ulterior interdictions will be assimilated by it. The assimilation of these constraints transform the superego integrated in the psychic apparatus into a tyrannical superego that terrorises the ego trying to annul any form of manifestation which does not conform to these constraints.

Paul Denis shows in the previously mentioned article that the process of subjectivation involves the introjection of the superego, namely the elements that compose it are integrated parts of the psychic apparatus and will become independent from exterior elements.

When the superego isn't integrated there is a process of de-subjectivation, and the superego is replaced by an “order of the superego”, a system of restrictions and interdictions considered as external to the psychic apparatus.

Such restrictions include religious truth. In exchange for these restrictions, or to more easily convince the ego to accept them, religious truth contains the promise of a reward, of a continuous benefit, which serves as narcissistic satisfaction compensating for the ego shackled by interdictions and frustrated by all it has been deprived of. When the solution promised by religion is no longer sufficient, or can no longer be expected, the patient chooses another transformative path – psychotherapy. The sentiment of void with which her ego is confronted can no longer be bared, and its denial and the denial of the reality that caused its appearance lead to an inclination for the total annulment of self-identity. So, the anguish of castration invades the conscious, and when defence mechanisms utilised by the patient's ego cease to be efficient, the risk of psychosis runs high. Bollas claims that “In secular

worlds, we can see how the hope invested in many objects (a new job, a move to another country, a vacation, a change of relationship) may be both a request for a transformational experience, and, at the same time, a continual 'relationship' to an object that signifies the experience of transformation" (Bollas, 1989, p. 1183).

"In adult life, the search for such an experience may generate hope, even a sense of confidence and vision, but though it seems to be grounded in the future tense, in finding something in the future to transform the present, it is an object-seeking that recurrently enacts a pre-verbal ego memory" (Bollas, 1989, p. 1184).

Neglecting her ego or denying the Id's impulse demands, the patient always felt like a victim. In childhood and adolescence, she lacked the courage to abandon this victim position, preferring to invest the illusion for a future divine reward. Her chosen profession too, that of social worker, places her at the disposal of others, to whom she must always be available and open to perform certain things. With respect to these people, the patient said she discovered within her a voice who said life must be lived differently, and the resources God has given her must be mainly used for others.

When the transformational object becomes a tyrannical superego, the ego voids itself, making way for the incorporation of the object. In its turn, unconscious truth is subjected to permanent repression, and imposed truth, the superego's truth, one which is not integrated within the psychic apparatus, instead remaining a set of external constraints that the ego must obey, under the watch of the object carrying the imposed truth. In our case, the imposed truth is an "untruth" that in fact hides the incestuous tendencies of the parents, their perverse functioning held under control by severe interdictions masked by religious truth.

In transference the patient spoke of herself as being "a humble servant of God", who accepts her condition, in exchange receiving the love of God. Throughout her entire speech I felt something was waiting to breach the surface. When she presented herself as a humble servant of

divinity, her voice expressed a certain rebellion, and verbally she expressed her anticipation for me to see something else in her, to free her from that state. This narcissistic transference existed in various stages of the therapeutic working-through. Additionally, maternal and paternal transference helped her express and search for what she had lacked the courage to express before her parents. I was both mother and father, but in a humanised version, without tyrannical manifestations, who saw in her an autonomous person, with persona wishes and ideals. “I am but a humble servant of God. Maybe I am not even worthy of this, am I? What should I do? This is who I am and the world must accept me as is, no? There is no other version of me, is there? I couldn’t become different, could I? I don’t even want to think about how I’d be different? I think you couldn’t imagine this different either. I don’t know, if I were one of the women who only think of fashion, clubs and pleasure. Would you see me like this? I don’t, and I wouldn’t want to be different. I thank my parents for raising me right”.

When I tried to encourage her to say what version of her she imagines me seeing, she’d tell me: “Well, sometimes I think I look wild, shell-shocked. Maybe you imagine what I’d be like at a party, perhaps you imagine I want riches and a lot of fun, but I don’t see myself in this image. I don’t understand women who do not fear God”. All these descriptions were, evidently, versions of her self-image, but also unspoken, disinvested desires. Throughout the therapeutic approach, therapy became a transformational object to her, from which she expected not to be transformed into something else, but from “something else” to become her authentic self. In other words, she wanted to discover her personal truth and free herself of what had been imposed. Before deciding to go into therapy, the patient thought that in assuming religious truth she’d manage to transform herself – to be her own transformational object, something that, as Bollas demonstrated, creates a predisposition for psychopathologic manifestations.

Throughout her development, the patient's relationships were relationships with objects that, although physically present, were psychically absent, cancelling themselves, as was the case of her parents, but also with objects physically absent yet psychically omnipresent and omnipotent – divinity. As Freud had claimed, the relationship with divinity is determined by the relationship with the father. In the patient's case, the relationship with the father absent from the paternal role served as model in her relationship with the absent object, divinity. Out of the two authority figures, the patient was trying to form a complete object, composed of the physical presence of the father and the psychic presence of divinity. Divinity's presence was expressed through the religious truth imposed by the parents.

Conclusions

The object the parents imposed and to which they attributed an immeasurable worth did not facilitate identification with it, but only obedience, subservience, an annulment of the ego that, taking shelter in its shadow, did its best to please it, without however having a real knowledge of the object. When the object is grandiose, in fact put on a pedestal so grand that the child cannot represent it, it exposes the latter's ego to melancholy.

The lack of an authentic relationship with her parents made the patient confront ambivalent feelings towards them and what they worshipped. At the age of 13-14, the patient felt pity for her father, who she perceived as being crushed by this omnipresent, omnipotent God. "Often I pitied father so much I preferred to rise against God to save him. Other times I asked God, in my prayers, to take me instead and let him free. I had the impression my parents had been taken prisoners. I had the mind of a child. I hope I did not anger God".

The reconstruction of the ego, in the patient's case, was achieved in parallel to rescuing her parents. The search for her self took place at

the same time as the search for her parents' self. Her own self was charged with the role of her parents' saviour, who, in their turn, will bring along its own salvation. The decision to establish a relationship with God in a personal manner also expresses a first step towards autonomy, an attempt at exiting the fusional relationship with the mother without cancelling or competing with what was imposed. The patient tries to build a humanised relationship with divinity, one in which there is also room for her ego/self in its most authentic form. "I have to understand that God loves me as I am. Sometimes I try hard to be as beautiful as possible, not physically, but spiritually pure". The eroticization of the relationship with divinity, assigning divinity as a sexual object she in fact desires to seduce, maintains the perverse functioning taken on from the parents. Through this sexualisation, she regresses to the oedipal relationship with her real father, one which could not occur in childhood as her father was always distant, absent, difficult to reach.

The therapeutic approach gradually returns her capacity for symbolisation, allowing her transformation/liberation from constraints, in accordance to her personal truth, and the re-signification/symbolisation of her parents, who, through her delineation from them, will at least have an outline. In the therapeutic approach, the therapist became the earthly embodiment of divinity, who had to help her become a human being, free to discover her humanity and accept her own sexuality. In other words, help her become capable of representing her self and the world, assuming her own psycho-sexual identity.

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