

New Forms of Subjectivity: Between Identity and Dissociation

Webinar given by Maurizio Stupiggia, March 19, 2019



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ABSTRACT

We are in dialogue with ourselves and with others. Mental disorder is seen as the interruption of this dialogue through which we strive to build and maintain our personal identity and our position in the world: the disruption of a person's dialogue with the alterity³ that inhabits him/her, and with the alterity incarnated in the other, is at the heart of mental disorders. The webinar offered a reflection on the relation between self and other at a time of increasing dissociative conditions in the world. We are living with an increasing sense of solitude, of social and emotional isolation related to growing levels of social trauma in individuals, as well in communities.

Keywords: forms of subjectivity, identity, dissociation, safety, relationship, dialogue, pause, internal organization

I wondered where to start writing the summary of this webinar because I find it challenging to accurately convey another person's message and discussion without putting my personal filter on it. I decided to start with the keywords for the webinar – *dialogue, relationship, safety, and pause*.

As psychotherapists, we fulfill a number of key roles for our patients: one of them is to uncover and explore their many parts. In this webinar, Maurizio shared the example of a patient who believed that she was a man in a woman's body. Over time, he discovered that there was a lack of internal DIALOGUE and that the communication between her different parts had been broken. When the internal dialogue is broken, a person dissociates. We can look at *dissociation* as a lack of dialogue between a person's different parts, and at *association* as the presence of such dialogue.

³ **Alterity** is a philosophical and anthropological term meaning "otherness", that is, the "other of two" (Latin alter). It is also increasingly used in media to express something other than "sameness", an imitation compared to the original. **Alterity** is an encounter with "the other." <https://en.wikipedia.org/wiki/Alterity>

The world is changing. The experience of loneliness is increasing and social and emotional isolation is widespread. The number of single people is drastically increasing – the old paradigm of family is no longer the norm, and new forms of family are emerging. In this changing reality, our primary goal as psychotherapists, and the most important aspect of therapy *is to be with the patient* and tend to the repair of the broken internal and external dialogues. Our priority is to focus on the RELATIONSHIP – our relationship with our patients, and their relationship with their different parts.

We can look at the different parts of self as an organization – a company. In therapy, we work to restore the dialogue between the parts, to organize them so that a person's wise part can take charge as boss or leader, and an internal hierarchy can be set up and respected. Otherwise, any part can invade or take control of the organization.

Because of the ubiquitous presence of Facebook, Instagram, or Twitter, neither our patients, nor ourselves have privacy in our homes. People today suffer from *chronic exposure*. We live in a society without boundaries, where hyper-isolation, hyper-exposure, and hyper-stimulation are a constant. As psychotherapists, we endeavor to create, in our office, a place where our patients can have an experience of SAFETY. However, the privacy and confidentiality we offer may not be enough. As psychotherapists, we need to become softer and gentler – that is, increasingly receptive and attentive.

According to Steven Pinker in *The Better Angels of Our Nature: Why Violence Has Declined* (2011), although violence has decreased in the last centuries, social micro-violence, such as social competition or the fear of losing one's jobs, has increased. As a result, we are socially traumatized: isolation, exposure, and hyper-stimulation are the three characteristics of social trauma, creating situations of chronic stress that lead to the loss of body sensation. From this perspective, we live in a continuously traumatizing society, in which people are in constant states of anxiety and mutual hostility, battling feelings of threat and fearful vigilance that lead to cardiovascular breakdowns, strokes, and/or heart attacks.

This brings us back to the most important aspect of therapy – not technique, but rather, being with the patient: asking *how* rather than *what*. We can do this by paying attention to our attitude – mirroring, checking body distance, touching, etc. We ask ourselves: *How is the relationship between my patient and I?* Are we in resonance or in a mismatch situation? We seek to restore basic trust.

The last of the many key points I appreciated in this webinar was the idea of respecting the PAUSE – the focus on creating attunement. The pause helps us maintain a balanced rhythm between talking and being: for example, taking a ten second moment of silence, absent of stimulation or reaction, can regulate a patient's internal state and bring them back to organization.

And so, to briefly summarize the webinar's takeaways: be with your client, develop a relationship that restores basic trust, pay attention to the dialogue with self and other, and remember to pause.



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