

Acting in adolescence: Symptom or Developmental transition?

Luca Quagelli^a, Laura Balottin^b

^a *Centre for Research on Psychoanalysis, Medicine and Society (CRPMS, EA 3522) Paris-Diderot University*

^b *Interdepartmental Centre for Family Research (CIRF), Department of Philosophy, Sociology, Education, and Applied Psychology (FISPPA), section of Applied Psychology, University of Padova*

Summary. Adolescence is par excellence a stage in life characterized by the tendency towards acts, which includes both pathological aspects and common declinations of evolution: subjectivation during adolescence entails fluid articulation between external and internal reality.

From Freud's thoughts to Winnicott's, along with other psychoanalysts who study institutions, acts finds their place at the crossroads between the internal and external. According to an interpretation that is no longer solely intrapsychic, but also relational, the response given by the object (therapist or institution) acquires the value of becoming a repetition or elaboration process to the patient's communication, though primitive and acted out.

It is therefore essential for professionals and institutions dealing with adolescents, especially with those who have psychopathologies, to work on the meaning of acts, thus creating a well suited relational space which the adolescents can use during their development.

Key words: adolescents, acting, psychoanalytic psychotherapy, institution, day hospital.

Correspondence concerning this article should be addressed to Laura Balottin, Department of Philosophy, Sociology, Education and Applied Psychology (FISPPA), University of Padova, via Venezia 8, 35121 Padova (Italy), e-mail: laura.balottin@studenti.unipd.it.

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Introduction

To juxtapose adolescence and acting may result in scenarios and typical disorders of the adolescent process that is problematic or stuck: personality and behavior disorders which may include antisocial behavior, problems with dependence, rooted in , undelayble and compulsive, acted-out conduct (it may even include the ever more common eating disorders), hetero-aggression within or without a developmental breakdown, all levels of self-aggressiveness and self-harm and may even stem in serious suicide attempts.

Nonetheless, acting can be regarded as a cross-cutting dimension in the physiological process of adolescence between continuity and crisis, childhood and adulthood. In fact, one of the particular traits that distinguishes adolescence from other stages in life is acting as a preferred means of expression: "Children play, adolescents do, and adults speak (a colleague suggested - think)" (Goisis, 2013 p. 192).

With Winnicott (1968 p 211), "acting on impulse" came to be regarded as a fundamental need and right of all adolescents, as is the "freedom of having ideas". During such transition period "acting" and "having ideas" therefore do not represent a polarity but both are instead useful and perhaps necessary in fulfilling the individual subjectivation processes (Cahn, 1998), that is appropriating both subjective experience and the capability to think about this experience. This self-creation process, so pivotal in adolescence, has complex connections with action: far from simply being in opposition to symbolization, in this adolescent period it is a central aspect of it. If children have the ability to act by means of a representative activity what they cannot accomplish in external reality, as still too immature, the problem seems, to some extent, inverted with the advent of puberty and sexual maturity which marks the beginning of the adolescent process. The paradox for adolescents is that they have to symbolize what they can act on and to symbolize it in order not to be forced to act on what is now possible in concrete reality (Roussillon, 2008).

Sexual development, strong drives, the different physical and mental abilities acquired by the adolescent unfold a series of new previously unknown options, which are exciting and frightening at the same time. The adolescent's capability to represent is therefore confronted by the impact of new forces. An agonizing doubt on whether representative organization can withstand these massive transformations is mirrored by the use the subject makes of the outer world, in his/her relations and in groups: that is, where the adolescent's preconceived values and those that

have been handed down by the family or socially are constantly being put to the test (Roussillon, 2008).

The response given by the environment, challenged and involved in the adolescent's inner conflicts, plays a crucial role. In adolescence, references between external and internal reality, between the real parents and the internalized parental imago are still fluid and open; the process of subjectivation itself, the evolution of the adolescent's inner world is at play in this complex articulation. If the sometimes chaotic and tumultuous contact with the inner world is experienced as dangerous and potentially traumatic, the adolescent will tend to externalize and project his/her inner representations on relationships and on objects of the external world. This projection mechanism, often carried out by means of the real action, requires a sometimes urgent and immediate response from the external object that is the family, in primis, but also from those who are involved in the therapy of an adolescent patient. This response can affect the inner world of the adolescent in a transformative manner (Jeammet, 2004).

In this area, experiencing prevails over thinking and requires that anyone who is professionally involved with the adolescent allows himself/herself to experience affects and emotions. This can be achieved only by accepting and taking on the role that the patient attributes, which at times may be that of an object who lacks or fails in its subjectivation function to provide continuity to the nascent self, thus enabling the individual to take possession of his/her own experience. The experience itself lived with the therapist is thus transformative and can even help to reshape the inner representations of the adolescent: it is the object's response that confers the value of rough repetition or instead of transformation and even elaboration to the patient's communication, though primitive and acted out (Cahn, 2014).

The care and treatment of adolescent patients should not disregard the delicate incessant relationship between inner and external world that weaves representations and actions in their mutual interaction, often almost stemming in spontaneous psychodrama. As in the case of this particular treatment technique, each therapeutic tool for adolescents should entail, among its guiding principles, a special focus on not forcibly and artificially separating the chance to symbolize from the act. Passing through the act does not necessarily imply acting out impulsively and violently but rather at times it is a physiological way of experiencing and making experience one's own.

The Statute of the act in psychoanalytical theory

From the very start psychoanalysis has been structured on a rigid opposition between acting and thought. Psychoanalytic treatment, based on the dream model, shuts off access to perception and motricity, in order to facilitate the expression in words of the images, experiences and bodily states a patient experiences or remembers when he/she lays down on the couch. This configuration of the setting stems from a specific theoretic option that intensifies the capacity for thought, together with forms of sublimation related to the language field and to culture (arts, literature etc...), allowing a possible waiting time, a tolerable gap between desire and satisfaction, whereas activities directly involving the body and motricity would instead convey an inclination towards evacuation in which deferment, absence result as intolerable.

Act as “mise-en-scène”

In general, the historic-conceptual framework which defines the first psychoanalytical theory of acting, was formulated by Freud (1914) in his paper entitled Remembering, Repeating and Working Through.

It is clearly stated therein that the analysand repeats, rather than remembering, “everything that has already made its way from the sources of the repressed into his manifest personality - his inhibitions and unserviceable attitudes and his pathological character -traits” (Freud, 1914, p.151). Only by enabling the patient to live his transference as an exercise in which repetition can express itself in an almost absolute freedom he/she may subsequently overcome it, transforming it into a memory.

From such perspective, the act therefore leads to a return of the repressed; the repetition of material which, after initially having access to the representation, is subsequently repelled from the conscious as intolerable.

This perspective has been dominant for a long time in psychoanalysis and continues to be pivotal in clinical work with neurotic-normal patients.

Act as “discharge”

Since World War II however, extensive practice on borderline organizations, somatising patients as well as children and adolescents has led to a reconsideration from a new light of the concept of act.

M. de M'Uzan (in 1967) was the first to systematically draw a line between this perspective and the more "traditional" ones on acts. The author states that in the acting out forms that are traditionally highlighted by psychoanalysis, elaboration "is a truly condensed, highly symbolic story that involves the imaginary participation of at least three people. [...]Defense against recollections do not simply occur through a displacement in the present and the repetition of a situation acted out in the past; but rather, it entails the come back of a forgotten, overlooked story, which once again presents itself in a disguised and almost theatrical form"(p.81). The relation between the current and the old scene is therefore only indirect (the two involve a certain amount of psychic work) and repetition is organized under the pleasure principle. There is however a second more archaic form of repetition which instead has to do with acts that are "mechanical, iterative, [...] disorganized when not paroxysmal" (p.78). They do not correspond to memories, but to the coming about of senseless forms (without any transformation) of blind discharge that reproduce experiences which cannot be historicized.

These experiences have to do with situations where the Id perceives danger at its frontiers, due to its difficulties in organizing the boundary between self and others. To prevent the breakdown of the entire psychic apparatus, the subject has to protect itself, at a very early stage, from an event or a series of traumatic, unbearable events which forced him/her to deform, to amputate some unbearable previous experience. To survive, he/she is constrained to resort to more primitive defense mechanisms compared to repression (splitting, denial, rejection). This creates "black holes" in the psychic texture, encysted areas full of excitement and empty of representations. Whenever a current experience presents elements that may resonate with the original trauma, instead of attempting to symbolize it, to avoid overwhelming suffering which it may trigger, the patient reactivates ancient protective mechanisms in a blind race to discharge, whose sole aim seems to be to reduce psychic tension to zero.

Such position has allowed better understanding of the dynamics of repetition in non-neurotic functions while, at the same time, being limited: the economic viewpoint takes up the whole scene; psychism is considered only from the intra-psychic perspective; opposition between act and thought remains intact, whereas only the second, not the first, implies an attempt of subjective appropriation of the experience.

Act as "potential communication"

The shift Winnicott (1968) proposed takes into account the symbolizing potential of acting and motricity.

Since its inception psychoanalysis has argued that thought comes from experiencing absence. Thanks to the perceptual absence of the object, and through reinvestment of previous experiences of satisfaction, the subject can begin to build a representation.

Winnicott approached primary emotional development starting in the clinic by observing severe narcissistic and personality disorders. He questioned and overturned the foundations of the psychoanalytic model, demonstrating that only through presence (holding, handling function and object presenting) and rhythmic alternation of the mother's presence-absence (mother-environment) the infant can develop the representative function.

In reflecting on the construction of reality, that is, on the transition from the subjective object (found-created) to the objectively perceived object, the author says: "whereas the subject does not destroy the subjective object (projection material), destruction turns up and becomes a central feature so far as the object is objectively perceived. "Generally the reality principle involves the individual in anger and reactive destruction, " But my thesis is that the destruction plays its part in making the reality, placing the object outside the self " (Winnicott, 1968 p.91).

In order to have the ability to place the object outside the area of the subject's omnipotent control, recognizing it as other-similar subject, the individual should have the possibility to destroy it. On its part, the object allows itself to be destroyed and survive to that. Thus, contrary to Freud's view, "not only the subject destroys the object because the object is placed outside the area of the omnipotent control. It is equally significant to state this the other way round and say that is the destruction of the object that places the object outside the area of the subject's omnipotent control" (ibid, p.144).

Symbolization of the "other-subject" requires that the object is "destroyed-found" (Roussillon, 1991). Destroyed in fantasy and found in reality. In particular, there are four basic characteristics (Golse & Roussillon, 2010) which identify a mother who is able to face her child's ruthless love. First, she is "struck" by the child's destructiveness. She is touched, emotionally penetrated. She feels the strength of the infant's movements within herself which can be demanding. Secondly, the mother does not withdraw from the relationship nor does she make any reprisals or retaliations. This is crucial, but it is not all. She simultaneously retrieves

and enhances whatever creative potential there is in destructiveness, allowing even destruction to come into play, to be adjustable. In this way, she breaks free from the orbit of destructiveness and re-establishes contact with the self, showing herself to be creative and alive. Only then can we say that the object has survived.

The object's capacity to be used, to be malleable, to digest and transform, firstly, at the sensorimotor level, as well as at the emotional level, the primary psychic material enables transitional spaces and transitional phenomena to be created, thus the symbolizing function.

In parallel with Winnicott, E. Pikler (2003) and the Lóczy School have conducted extremely interesting studies on the role of " free and spontaneous activity " in infants to represent reality and construct the boundary between inside and outside, self and other. According to Roussillon (2008, p.43), this sort of action and manipulation of small objects, which takes place in the first weeks of life, corresponds to an original transitional phenomenon of " free association " in which the infant "attempts to reappropriate [...] his real experiences with maternal objects or substitutes."

These processes subsequently merge in playing with a pliable medium (Milner, 1952; Roussillon, 2008) that, thanks to its symbolizing capacity (ie through the act of playing) help to develop a representation of what happens in the encounter with the primary object, and at the same time help to begin representing the representation itself, the process of representation (the mind's reflective function).

Some of these functions will be transferred to verbal language, although never fully. There will always be forms of symbolization of the experience that will be expressed through mimes - gestures - posture: consider the importance of gestures, mime, and emotions that accompany and enliven the content of every speech, or even to the value of prosody, tone, rhythm of the voice in conveying messages.

Such sequence of events and processes can occur at the dawn of psychic life when there are no particular problems. Winnicott's theory however, equally affects the concept of meaning and destiny of traumatic experiences. From this viewpoint, what is considered traumatic is not the excess of excitement of compromised messages (Laplanche, 2007) that the adult transmits to the child, nor the (physical) absence of the mother, but rather what she fails to do (psychic absence) when she is (physically) present. The experience generating identical repetition is in fact a non-experience, "nothing happening when something might profitably have happened" (Winnicott, 1974, p.106). A depressed or narcissistic mother is often unpredictable. Being unable to identify with her child, she forces the

pace or abandons him/her, because she cannot bear that he/she is not her narcissistic double, her self-object. Such unpredictability causes a break in the continuity of being, which cannot be symbolized and remains as negative, as void, in the mind.

Trauma is failure to encounter the primary object. From a phenomenal perspective, this generates the situations which have been described by de M'Uzan, but divergence may arise on the significance that is attributed to them. Moments of psychic atrophy (Racalbuto, 1994), of phobia of thinking (Green, 2000) or affect foreclosure through the body (McDougall, 1989) are not (only) ways to discharge, but can also be seen as forms of "primitive communication" (McDougall, 1978). An unconscious appeal to the therapist (inexpressible in words), hoping that he will be able to resonate at-one-ment (Bion, 1970) with the patient's suffering and identify with it.

The patient "uses" the analyst for his/her hollow (Winnicott, 1974). Checkmating treatment, pushing the analyst to feel impotent in the full sense of the term is paradoxically, the only way, by reversal (transfert par retournement, Roussillon, 1991), that analysts of this kind can "communicate" something about the nature of their original trauma. Communication is only virtual, potential. Should the analyst be willing to accept into his own countertransference the opaque nuclei of suffering put in by the patient, then they can perhaps be transformed; becoming thinkable (for the first time).

Act thus has a new position at the crossroads between inside and outside, once it is no longer read merely from an intrapsychic perspective but also from the relational one. The fact that acts give rise to evacuatory discharge or may instead have symbolizing potential depends not only on the nature of the patient's experiences in his/her personal history, but also on the object's response. The quality of the encounter with the primary object (and a posteriori, with the analyst) becomes fundamental in determining the destiny of each person's psychic development.

Acts in adolescent treatment

Impulsive acts in adolescents can be analysed from both an intrapsychic perspective (discharge of tension, inability to elaborate) as well as from an interpsychic and interpersonal one. Yet for all therapeutic contexts (Barnett et al, 2002) or transformative ones, the interactive side should never be overlooked. The unconscious relational intention conveyed by the acts leads the clinician to the place where the object's trace of the

first relation was registered and where perhaps the patient, in repeating his original trauma, attempts to find a different response of the object, a new chance to elaborate.

The specificity of adolescent years involves reworking previous development stages with the adolescent which often implies finding oneself in the experience area where experience predominates over thinking. From the classical perspective of psychoanalytic psychotherapy, the analyst must be able to accommodate (contain) within himself/herselves the patient's primitive communications, often conveyed through real actions and at times impulsive acts, often being the only way to access material which still cannot be expressed otherwise.

Acting is perhaps, to some extent, a resistance to the therapeutic process while at the same time being a necessary and unique step in elaborating more primitive nuclei (Ponsi, 2013). The analyst should let affects and emotions he/she experienced personally move across, and should accept and take on the role the patient attributes to him, even though it may at times be that of the deficient object that fails in its subjectivation function which gives continuity to the arising self. By really becoming "the object caught in the failure of the environment" the analyst can affect the adolescent inner world in the delicate *après coup* of separation between the self and the object. (Cahn, 2014 p 51)

The environment, the family in particular, provide external support to the adolescent's projections, and sometimes can even be a sort of extended psychic space which contains some functions of the individual's psychic apparatus (Jeammet, 2004, p 21). It is perhaps in the families with great suffering that this mechanism becomes more evident, where critical issues transcend the boundaries of individual psychic apparatuses and intertwine in an often inextricable way. In such cases the changes that affect the subject, for instance an adolescent with a psychic symptom, can deeply upset family balance. The clinician nonetheless has to focus on the whole family context, even when treating the adolescent alone who is inevitably caught between the dialectics of internalized parental imago and real parents (Robert, 2014).

"If the family is still there to be used it is used in a big way; and if the family is no longer there to be used, or to be set aside (negative use), then small social units need to be provided to contain the adolescent." (Winnicott, 1968 p 203). Our experience demonstrates in particular that an absent family or families that need support, beyond the significant dynamics of individual psychotherapy reported herein, require institutions, in the broadest sense, to play a pivotal role. Theoretical thought on the meaning of acts in adolescence, outlined herein especially from the the

relational perspective between the adolescent and therapist, can be regarded as a key factor in understanding and in providing a transformative answer to the adolescent acting out within a therapeutic setting. On this topic, worth noting is the deep reflection on the therapeutic response of institutions for adolescent patients, conducted by authors such as Philippe Jeammet (2004), the author we will be mainly referring to below.

Several institutions are currently called upon to assume full responsibility of the adolescent whenever the family is no longer available or when the relationship with the environment or with the family of origin is, for whatever reason, temporarily suspended. This may be the case for adolescents who are entrusted to therapeutic communities or residential units for a limited period, although the same can happen in wards with hospitalized adolescents where their relationship with parents is temporarily, to a greater or lesser extent, weakened. Consider for instance the hospitalization model for anorexic patients which removes them from their parents for a certain amount of time.

The above mentioned considerations are important especially in contexts where the family role is not a full surrogate for the institution, but is only partially supported, resulting in relief for parents from some of the most burdensome aspects of managing adolescents with psychopathology, as for instance in semi-residential services and day hospitals. In this type of unit the work performed is not solely directed to the adolescent but it is also aimed at the patient's living environment, the family in particular, being the one that supports the adolescent's growth and development process. Recently, Jeammet's group (Godart et al, 2012) has provided quantitative evidence that supports this type of intervention, pointing to the improved effectiveness that results treating both the anorexic adolescent patients separately and within their family. It is all the more interesting considering that the results come from studies on an eating disorder, anorexia, known for its relational implications at the family level, and also for the important questions asked to the family and to those treating the patient, in relation to acting out, implying in this case self-harm and sometimes even suicide (starvation).

In these forms of disorder, which considerably affect the concrete level of acting out (Barnett et al, 2002), the relationships established at the institution can have considerable transformative effects on the personality even of severe patients, provided that they are used in the Winnicottian sense of the term (use of the object). That is, only as long as they do not affect the sense of identity, autonomy and inner continuity. Especially, in adolescence, when the subjectivation process is still underway, the patient can suddenly feel that his/her identity and autonomy are threatened by the

relationship with the object which, still not fully separated from the subject, can easily be perceived as intrusive and controlling.

Even in cases where the boundaries between the subject and object are blurred and confused and psychopathology is more severe, the institution can play an important role in facilitating the recovery of exchanges and relations within a secure environment with clear boundaries. Investments and relations, in the more serious cases, impoverished or deteriorated in order to avoid the threat posed to the subject's identity, can recover in institutions. The many figures involved in treatment along with the presence of other patients are elements that mitigate the danger of investing in relations, and they provide safe limits and borders. The programmed activities, done jointly, help to establish an important mediation, gradually introducing verbal communication, based on the patient's ability to put up with it.

From this viewpoint, institutional spaces tend to represent an extended auxiliary psychic space which supports "from the outside" the fragile boundaries between the self and the object. The limit (rule or prescription) becomes a fundamental means of separation, inserting a third party in the relation which prohibits the realization of the desire for a longed as feared total and undifferentiated relation. The conflict that may arise in terms of limits, on the rules that have been set also allows the patient to express his/her own aggressiveness in a tolerable, not destructive, manner, with the gradual introduction of potential separation.

Within the institutional framework the transgression of limits, deviance, and more generally acting out therefore take on a specific relational meaning. The act, intended as behavior enacted impulsively, because of the heteroaggressive and deviant nature or as an escape or discontinuation of treatment, not only represents a discharge of extemporaneous and sudden tension but conveys unavoidable communicative meanings that have to be read and interpreted.

For example, the acting out within the institution, which usually follows an overly intense and dangerous relational approach for the subject, can serve to restore a safe distance from the object. The object, the clinician involved in the relationship, suffers to some extent the violence of the patient's act, who in this way releases himself from the object, perceived as intrusive and controlling, suddenly restoring the boundaries and control of the situation. To merely consider the rupture conveyed by the acting out, ignoring its meaning of being open to relations, would leave, or better abandon, the patient at the mercy of mere repetition, leading him/her back to familiar attack on linking and divestment of relations. It is important to work on the communicative meaning of the act, working on adjusting

relational space to make it more tolerable and stable, which allows the patient to feel reassured in terms of the stability of limits and tolerability of one's aggressiveness.

Institutions must therefore continue to fulfill their functions, performing their regulatory activity and serving as a limit, at least until the patient is able to internalize such functions and make use of them, firstly within the institution itself (alone, but in the presence of the object) and then also outside. "To do without the object, or the institution is certainly to be able to destroy it in one's fantasy, but surely not in reality. Such phantasmal destruction is only tolerable since the object survives in reality." To those treating an adolescent or his institution, as well as for society as a whole, what Winnicott states for parents of adolescents holds true: "the best way to help them is to survive" (Jeammet, 2004 p 177).

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