

Notes on the internal dyad: exile/migration

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SUMMARY: Migration has become an integral part of contemporary working conditions, as well as a survival tool, for a large part of the population due to ongoing wars, poverty and increasing social inequality. This paper explores the conscious and unconscious emotional experiences associated with migration. The different mental states we describe are not always present in similar ways and actual experiences are multi-determined by prior history and psychic profile, as well as by the external circumstances that inform each decision.

KEYWORDS: Migration, psychoanalysis, unconscious phantasy, projective identification, language.

This paper will describe my clinical experience working with patients that end up, temporarily or permanently, living in unfamiliar surroundings away from the place they considered to be home and speaking (or being unable to speak) an alien language.

It will also suggest that the conceptual dyad names are an important component of the structure of our internal world and, as such, are worth keeping in mind when we work with any patient.

These notes are not a comprehensive psychoanalytic view of migration and I wrote them with some reluctance given the precedent of an excellent paper on the same subject by L. and R. Grinberg (1984).

The ideas throughout this article are very much grounded on Freud's paper "Mourning and Melancholia" (1917/1951-1974) and Klein's research,

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particularly: “A contribution to the psychogenesis of manic-depressive states” (1935/1975) and “Mourning and its relation to manic-depressive states” (1940/1975). This article has also been shaped by my personal migration-exile experience since I ended up practicing as an analyst in three different countries due to circumstances beyond my control.

I will address some of the issues that had a particularly negative effect on the process of integration of new experiences as they appeared in the analysis of a number of patients I worked with. I will not address questions related to massive migrations that seem to have been part of the human experience since prehistoric times. This paper will explore the more lonely experience, in which individuals or families leave behind their closest relationships and most of their lives up to the moment of migration – their network of meaningful object relationships (the primary source of their subjectivity, that is to say their identity).

I also found this exploration a useful model to understand certain moments in the analysis of patients without any history of migration. In several of these cases I could also share the emotional experience of being a stranger with no sense of belonging or of possessing a shared mother tongue.

Jaqueline Amati-Mehler’s (1993) “The Babel of the unconscious. Mother tongue and foreign languages in the psychoanalytic dimension” work on the subject of language is probably one of the best ways to understand the pervasive nature of the language problem, even when it is shared by both analyst and analysand. Her contribution is particularly relevant regarding the private meaning that words acquire through life. It means that we can never assume that we know what a patient means, even when using a shared mother tongue.

Some other thoughts and concepts that operated in my inner world as background during the writing of this paper are:

- Bion (1967), in his “Notes on Memory and Desire”, invites us to encounter each psychoanalytic moment with “no memory and no desire”, indicating that there is a developmental potential in the human experience where past, (memory) and future (desire) are felt to be eliminated from life. He invites us to become strangers to the patient and to our own preconceptions. A “Tower of Babel” experience.
- The Old Testament tradition contains several references to migration associated with foundation myths. In the Middle Eastern tradition, God tells Abraham to migrate from his country and the country of his parents to the land He will show him; there, Abraham should “father” a new

religion and a new people. This is one of the foundation myths of monotheism, in general, and Judaism, in particular. My understanding of this Bible passage is that God asked Abraham to turn himself into a stranger to himself and to others; in return, he would “father” the “chosen people”. This myth’s importance can hardly be overemphasized. Most family analysts are aware of the traumatic effects of disrupting the continuity between generations. This process demands an act of faith and suspended judgment with no concern for the price to be paid. The culmination of this process that finally sealed the pact with God was the demand to sacrifice Abraham’s son Isaac. Only when God had evidence of the willingness to sever continuity by eliminating Abraham’s son, did God close the deal and the covenant was established.

- The spirit of the circumstances in which the birth of a new people takes place is one of loss of all that is well-known and familiar; a breakdown of the sense of identity and the demand to sacrifice the family’s future. It also breaks down generational and cultural continuity, since Abraham had to renounce his parents’ and their polytheistic religion.

I would like now to share some of my clinical experiences with patients that migrated. The common feature of these analyses is how, in every case, as the analysis progressed, we could identify a dialectic shift between two psychic entities with different emotional and ideational components: migration and exile.

I had the opportunity to analyze patients with a wide range of differing external circumstances. Some migrated to improve their economic condition and others for educational reasons, while some of my patients left their countries to save their lives or that of their children.

In all cases, intense anxiety was associated with a sense of entering an uncontained (Bion, 1959/1967) world. The following passage from Bion’s “Attacks on Linking” expresses beautifully the transference I am trying to address and some of the predominant psychic mechanisms: “In the analysis, the patient feels he is being allowed an opportunity of which he had hitherto been cheated; the poignancy of his deprivation is thereby rendered the more acute and so are feelings of resentment at the deprivation. ...” Thus, the link between the patient and the analyst, as well as the preservation of an internal psychic balance when primitive anxieties predominate, is primarily achieved with the use of projective identification. The excessive use of projective identification undermines the relationship by increasing persecutory fears. Patients’ survival is then based

on attacking the analyst, who is perceived as the external source of suffering. When this modality of object relation predominates, developmental processes are impaired, such that both Bion (1959/1967) and Klein (1946) thought of this vicious cycle as critical to understand psychotic states. Bion's description articulates projective identification, deterioration of psychic structure and external factors. The real qualities of the object (analyst, breast, country) are crucial regulators of projective identification and can consequently hold the balance between psychosis and neurosis.² This developmental model seems to be closely related to my observations regarding immigrant-environment interactions and their effects on adaptation to new circumstances.

My observations are very similar to the ones presented by L. and R. Grinberg (1984) in their paper "Psychoanalytic study of migration". I found particularly useful their suggestion that the new environment follows patterns that correspond to the links with grandparents and other family relations.

When the known external world disappears from daily experience after migration, patients communicate unconscious phantasies and manifest material that oscillate between the terrifying vanishing of the primary objects, attacks and disintegration of the Ego and its functions, and damage to internal and external good objects with intense guilt and fear of retaliation. The new situation appears to be the realization of their most terrifying phantasies, due, in part, to a damaged sense of the difference between internal and external reality. This lack of containment at times expresses itself in behavior and phantasies that have a psychotic quality. Some of the clinical material in such circumstances made me think of the anxiety and terror described by Freud (1919/1961) in his paper, "The Uncanny", where he describes a terror that has no name, that is unknowable yet at the same time familiar.

Mr. A is an immigrant from a Muslim country that was referred to a clinic in London by the courts for repeatedly touching women in a threatening manner in the subway. He did this in a state of almost total detachment, in a hypnotic-like state. Even when questioned in his own language he was unable to provide any explanation or make any comment about the situation and he had intense acute anxiety during the interview. He did not have any significant previous behavioral disorder and the compulsion to touch women developed

2. The external object can actively encourage the projection, or as in good-enough mothering helps to buffer and modify persecutory anxieties.

a few weeks after arriving in London. During the therapy, a strong belief that he was 'invisible' to others – his personal version of environmental indifference – seemed to have contributed to the transgression of acceptable rules of social intercourse that led to the intervention of the authorities. The usual environment of this patient was membership in an extended family and his daily life was very gregarious.

Mr. B, another patient of mine, started to have severe anxiety attacks after arriving in the UK. He was a young man that, at the beginning of treatment, could not articulate any thoughts in relation to his almost unmanageable anxiety. Fortunately, we were in a setting that allowed me to see the patient as frequently as necessary and refrain from using medication. In his analysis, we arrived at the puzzling conclusion that his anxiety was connected with the fact that everybody in England wore shoes. It eventually transpired that, in his country, men used sandals that allowed him to see their feet and the case turned out to be an interesting specimen of fetishism of the foot.

These two cases very dramatically show the rapid deterioration of the symbolic function following migration that I previously mentioned. These cases are extreme and there were indications of previous emotional problems. However, moments of extreme uncontrollable anxiety and loss of ego structure and functions are always present in the process of adaptation. During these phases of the analysis, the reappearance in patients of primitive defenses, like projective identification, shows a mental functioning in which thoughts become what H. Segal calls symbolic equations.

From my clinical experience, I came to believe that migration, even when voluntary, seems to be unconsciously processed as an environmental failure and as a disruption of the containing function. This is specially striking in those cases where migration is the only chance for survival. The intense feeling of having been abandoned by internal primary objects is always present and is a source of intense hatred against the adoptive country, a feeling that, secondarily, elicits guilt and a sense of being ungrateful. The shift away from symbolic representation towards symbolic equation (Segal, 1957) is usually present, creating a vicious cycle in which the deterioration of the symbolic function increases the experience of lack of containment and the damage to internal parental objects.

Some of the deeper connotations of this state of affairs are addressed by the word exile. Its meaning is closely linked to banishment, deportation, expulsion and, in relation to identity, outcast and fugitive. The last two are particularly important because they address the connection between migration and guilt.

In this link, exile is a punishment, or in other words, the notion that one has caused the migration to happen – a just punishment.

An environment that has lost the familiar elements that help us to build a sense of the continuity of life and identity creates a semantic breakdown that resembles the psychotic experience. The link between migration and psychosis is that both are marked by a disturbance of the subjective experience. Subjectivity allows us to connect meaningfully with reality and establish the links that allow sublimation. In other words, it provides a frame in which the understanding of others and us can take place.

Physical removal from the hostile environment contributes to the magic of the migratory journey. The initial manic sense of freedom and excitement that follows many migrations is related to a phantasy that migration is also a cleansing ritual of our internal world, in which bad internal objects are exorcised. The new external world is then equated with a new internal one. The dynamic is similar to the phobias that also require actual physical removal from the designated persecutory external object.

Manic defenses impoverish our ego resources, fostering a splitting in which we pay the price of psychological deterioration for the sake of biological survival. Working through these defenses brings intense depressive feelings. The reality of loss and loneliness settle in the void previously occupied by the illusion of an ideal world free from bad objects. Like all manic defenses, it is accompanied by a sense of increased psychic energy while it lasts.

The increased contact with the tragic loss is felt, at a very primitive level, as a robbery of the sources of security that gradually, as I mentioned before, it shifts towards an experience of expulsion/exile that generates resentment. The daily experience of the new circumstances becomes a daily “evidence” of the irreparable loss and damage inflicted on primary objects. Consequently, patients shift towards perceiving themselves as exiles and outcasts. This process can also become intolerable and can trigger defensive organizations aimed at avoiding contact with pain.

I will now present some clinical vignettes.

Mr. C a professional man in his mid thirties, whose mother tongue is Spanish but is also extremely fluent in English and French, signaled his sense of alienation from the environment by finding it inconceivable to have analysis in English. So it took some research on his part to get to me (a Spanish-speaking analyst living in the USA). The event that triggered the consultation was the death of his brother in South America after a prolonged agony due to cancer.

The “geographic” issue took up a significant part of our initial sessions, in which he described how he had traveled back and forth to South America for many months until his brother died. As the manifest theme of the actual death subsided, the material moved to themes more directly related to himself, especially the deterioration of his marital life. In this area, as with his brother’s death, the material frequently expressed irreparable damage.

After several years abroad, he now felt that his marriage was no longer meaningful to him. He did not divorce his wife because they only had each other. She also felt that it would be helpful to return home, while he categorically rejected this as a solution, because he did not feel that he had a home any longer. We then spent time reviewing the process of exiling himself first in Europe and then in the USA. With nostalgia, he described how wonderful and exciting the first years abroad had been for him and his wife. It was such an overwhelming experience that nothing else really mattered. He was in love with the concept of ‘being away’. As the analysis progressed, it became apparent that the decision to leave his country was an attempt to reverse the psychic pain that had dominated his life as an exile in his own household, in which he had felt himself to be a human outcast for having homosexual phantasies since his childhood. He felt intense envy of his siblings, whom he saw as those that had received from the parents all that is necessary to be ‘normal’. He unconsciously conceptualized the world outside his country as a cure to the illness of ‘having to spend the rest of his life with himself’. In a concrete way, the new country stood for the new him, the one he loved, in contrast with the old him that he hated. An interesting turn in the transference occurred when I became, in his mind, identified with home. He then started to feel that an Argentinean analyst was a very bad choice.

I will deliberately oversimplify the scope of the material we actually analyzed. My interest in presenting this condensed piece of clinical material is to show what I believe to be the deterioration of symbolic function, resulting in phobic ‘solutions’ within the realm dominated by symbolic equations. One example is trying to contain anxiety about moving from one country to another and speaking in a language that no one else in his family of origin could understand. Eventually, the migration prevented him from even further expanding his understanding of the painful experience of loss and irreparable damage that dominated his life from very early on. Since his solution did not involve a change in the nature of the object relations, although it looked as if it did during the initial manic phase, the anxiety generated by migration reinforced his more disturbed behavior (intense homosexual phantasies and masturbation) in an at-

tempt to control his now increased sense of helplessness. The death of one of his brothers made his life unbearable and seriously impaired his capacity to work.

Another patient, Ms. A, regulated many of the anxieties related to the breakdown of the containing function through her relationship with food. She was constantly in search for the reassuring feeling elicited by eating certain foods from the 'old country'. Food was central in her manifest content and a pretext to meet other immigrants. A detailed analysis showed how eating acquired the status of a ritual in which the lost parental object was being recaptured. She could always regenerate the maternal food, the good mother that protected her from the bad taste and toxic elements of her everyday life.

Some of my patients blamed the change in eating habits that different cultures and working styles inevitably introduce for their depression and general sense of ill being. Eating certain foods did indeed change their mood. Ms. A. regularly organized meals for her country's expatriates, excluding all strangers. The food she served there, she would not eat alone. This food was called Real, and the quality was achieved by only speaking in their mother tongue.

Mrs. G provided me with a striking example of how the combination of migration, reactivation of paranoid schizoid defenses and intense unconscious guilt can severely disturb contact with reality and jeopardize adaptation. As she was trying to settle down in the new country, her memories about the period prior to her migration started to lose emotional significance. She could obsessively remind herself about why she left her country, but had lost her feeling that those memories reflected the truth. In her analysis, we found that the memories of the reasons for her migration were felt to be a cover-up of the truth. She no longer 'really' believed in the motivations that had led her to migrate. However, her life, as far as I could tell, had been in great danger, and she had probably assessed the danger to her life correctly. Nevertheless, her survivor's guilt expressed itself as an accusation that her memories were an attempt to cover up her the abandonment of her siblings to the persecutors. In this case, she had reasons to believe that some of those 'left behind' had indeed been murdered.

Mr. N also started therapy with me because of the possibility of conducting the analysis in Spanish. However, after a while, he developed an intense negative therapeutic reaction. He thought that it would be impossible for him to overcome his sense of fragility and helplessness, since I was myself a foreigner pretending to have the strength to help him, which he 'knew' that was not true. In the transference, I became another lost child pretending to be a parent, a copy of him. In his more insightful moments, he could get in touch with the

fact that this phantasy was the result of his projections and that it was a defense against the thought that he had irreparably damaged his primary objects, which were the source of his internal sense of security. This patient felt that he had to pretend to be in control in his job and was constantly in fear of being dismissed if his boss found out about his sense of fragility and vulnerability. This perception was aggravated by the fact that he was himself a professional who had to deal with people in distress.

I think that the manic defenses are inevitable components of the process and that the fear that the self will collapse seems to be inevitable. Klein's ideas about the tendency to fragment and the defenses set in motion seem to provide an adequate model to work with these patients. My patients felt particularly terrified by the possibility of a break down away from home. As outcasts, they might find themselves without help and rejected. Language plays the magic role of parental benign containment.

The treatment of patients in a language other than that spoken by everybody else has obvious advantages for immigrants, but there is a price to be paid. I found that it could foster a phantasy that I was more capable of understanding than other analysts. This creates an uncomfortable and defensive feeling of 'us versus them'. It becomes part of a manic system of defense against psychic pain.

The ideational content of the interpretation can easily become irrelevant. Only the 'melody' mattered. One of my patients was literally paying me to speak to him in Spanish. The melody he could hear in the session was enough to generate an illusion of being at home.

The processes that I have described are a source of difficulties to adapt to new circumstances, since reparation and gratitude for the new options require first a reasonable degree of mourning of losses and then reconnection through the symbolic substitutes. Regression generates a conviction that only concrete original objects can provide Real food, resulting in a diminished capacity to recognize any positive aspect of the new circumstances.

A successful migration operates in the register of the depressive position, since no new life is recognized if the mourning of losses does not take place. Patients that cannot work through these difficulties remain in a permanent exile that never becomes immigration. In exile mode, resentment predominates and a variety of primitive defenses make thinking and connecting very difficult.

One of my patients that showed a very good disposition to settle down and regained the zest for life and creativity in her analysis went through phases of conscious attacks of rage. These usually followed clear awareness that she

was growing new roots in her new country. Like Mrs G, she had emigrated due to political persecution and felt her migration as an abandonment of siblings in danger. Her understanding of the 'here and now' followed the blueprint of the Cain and Abel Complex, a murderous triumph over her siblings. She felt constantly interrogated and tortured by her superego regarding the real or fantasized death of those left behind, replying with a variety of versions of Cain's reply to God: 'Am I my brother's keeper'?

Survival was evidence of guilt in her superego's court. All this was worsened by the substantial improvement in her professional and economic situation after leaving her country. Some of the most painful moments in the analysis were those in which she could not control her anger towards some of her closest friends, some of whom had been instrumental in saving her life.

At other times, she would openly attack her new circumstances, unconsciously trying to appease her abandoned siblings. In this way, she was letting them know that they had nothing to envy. However, the rage was also genuine, because she envied them for being strong and loving children who stayed together and protected each other.

Another patient spent a significant amount of time in his analysis talking with great excitement about Nazi organizations in the new country, becoming in his mind a potential victim. In the sessions, however, I noticed and pointed out that the information he was giving me did not seem to worry him. On the contrary, it seemed to produce excitement and pleasure. Eventually it became clear that this was one more way in which he was appeasing his brothers out of guilt. His interest in Nazis was part of an internal dialogue in which he appeased his siblings, telling them that he was also at the mercy of powerful enemies and that they had nothing to envy.

As in every case in which, to a greater or lesser degree, patients move from symbolic thought to symbolic equations, the analyst's interpretations can also be perceived as lacking symbolic meaning. At such moments, they are interpreted as attempts to control, manage and manipulate the patient. In some cases, this fear was a disguised wish to turn me into an omnipotent dictator that would tell them what to do and relieve them from the internal accusations. This is a moment of risk for the analyst, who can feel tempted to act this role, in what Racker (1968) called a complementary countertransference. In the particular analysis I have in mind, we engaged in the not uncommon transference countertransference dynamic in which I seemed to be always wrong. He hated me when I was an analyst and not the real father, and when I was not an analyst and

acted out a parental role. It was not hard for him to make me feel that I became a liability in his life. During those moments in the process, I could easily fall into a concordant countertransference (Racker, 1968), and feel intensely resentful. This expressed itself as frustration at not being able to provide the relief he wanted and feelings that I did not know any more how to conduct my business. It was at times irritating to see how my interpretations were never understood in the way I wanted them to be understood. I felt that was being constantly misconceived, to a point in which I sometimes felt that perhaps my presence was irrelevant and that I did not mean anything to my patient, or worse, that I meant all the wrong things. Grinberg (1962) also contributed to my recovery from my (fortunately) reasonably transitory loss of sanity with his concept of projective-counter identification. In this situation, I became the victim of a deterioration of the symbolic function and the capacity to think. A number of circumstances contributed, but mainly, I believe it was caused by the establishment of a relationship in which I was temporarily unable to digest the frustration of the assigned transference role, a real transference indigestion, which affected my capacity to differentiate his projections from my reality. It was a moment of loss of the necessary separateness to preserve the analytic function.

When patients construe the interpretation as a suggestion, they also resent the fact that the new circumstances have rendered them so impotent that they actually become helpless babies in need of parents to tell them what to do. Particularly with patients that wanted to speak Spanish with me, sometimes sessions became painful when they realized that even our shared cultural background did not eliminate the experience of difference, separateness and loneliness. The analyst still represented a different perspective. The analyst's words, perfectly understood by virtue of being in Spanish, only made the sense of separateness more acute.

One of my patients expressed the tragic side of migration saying: 'things were wrong even when they were right'.

The capacity to move out of the exile mode depends on a very complex set of circumstances, internal and external. Immigrant and exile operate as part objects in the patient's internal world. Those structures interact and 'converse' with each other. The exiled part of the personality looks at the immigrant part with resentment and suspicion. In the journey towards mourning the lost objects and reconnecting with life, analysts struggle with the notion that they have no reason to feel gratitude, even while experiencing progress and new opportunities. This aspect of their inner world can become a source of emo-

tional vulnerability that, I believe, can never be totally worked through, since anti-life instinctual configurations are part of the human condition, as Freud (1920/1955) suggests in "Beyond the Pleasure Principle".

The subject of this paper is of increasing clinical importance, since many of the processes that I observed in immigrants also show up in patients that have incorporated migration as a normal cultural pattern. I have observed similar patterns in college students in the USA, where the educational system promotes premature separation of adolescents from their families with intense, frequently unrecognized, experiences of loss, and linked to manic-depressive defenses in the adolescents and the parents.

Similar processes are associated with an increasingly uprooting job market. So now, we have a situation in which successful, functional people are going through processes that are similar to those of patients who were the victims of wars, poverty or political persecution.

I will here only mention in passing the need to explore the issue of language and its relevance to the immigrant patient or analyst. The relevant issues can only be touched upon here.

To live in translation is part of psychoanalytic history and what happened when Freud's papers were translated remains a subject for research. To mention just a few issues, there is the analyst working in a foreign language, the patient having analysis in a foreign language, the patient having analysis in his mother tongue in a foreign country, the analyst and the patient doing analysis in a second language etc. etc. In addition, there is the private meaning of a shared language, which creates an area of miscommunication when both speak the same language.

The material I have presented shows that the unconscious perception of emigration is, irrespective of the preexisting personality, almost always perceived as an abandonment by primary objects and an irreparable loss, which triggers, to a greater or lesser degree, manic defenses to diminish the psychic pain and guilt. An important feature of this process is the interference with the symbolic function and efforts to repair the damage to the internal objects through concrete actions, in an attempt to restore and bring them back to life. The primitive defenses I observed belong to the paranoid schizoid modality and tend to increase the patients' sense of vulnerability. The processes I have described are a source of difficulties in adapting to new circumstances, because reparation and gratitude for new opportunities require first a reasonable degree of mourning of losses, and connection with the symbolic plays a substitute role.

The regressive mode and its loss of symbolism generate a conviction that only the concrete original objects can provide 'real' food, damaging the capacity to recognize and introject the positive aspects of the new circumstances.

Notas sobre la diada interna: exilio/migración

RESUMEN: La migración es en nuestro tiempo una parte integral de las condiciones de trabajo de una gran parte de la población, así como una herramienta para la supervivencia debido a las múltiples guerras, pobreza e incremento de la desigualdad social. Este trabajo explora los experiencias emocionales conscientes e inconscientes asociadas a la migración. Los fenómenos aquí descriptos no siempre se presentan ni tienen siempre la misma intensidad. El cuadro clínico surge de una multideterminación en la que confluyen la historia personal, el perfil psicológico previo y las circunstancias externas que motivaron la decisión.

PALABRAS CLAVE Migración, psicoanálisis, fantasía inconsciente, identificación proyectiva, Idioma.

Notas sobre o intervalo da diáde: exílio/emigração

RESUMO: Migração se tornou uma parte integral das condições de trabalho contemporâneas, assim como uma ferramenta de sobrevivência, para uma grande parte da população por conta de guerras em curso, pobreza e desigualdade social crescente. Este artigo explora as experiências emocionais conscientes e inconscientes associadas à migração. Os diferentes estados mentais aqui descritos não estão sempre presentes da mesma maneira e as experiências são multi-determinadas pela história pregressa e o perfil psíquico de cada um, assim como pelas circunstâncias externas que impactam em cada decisão.

PALAVRAS-CHAVE: Migration, psychoanalysis, unconscious phantasy, projective identification, language.

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Recebido: 28/11/18

Aceito: 03/05/19

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Revisão: Maria de Lourdes Sette