Scientific Research Publishing

Psychology, 2025, 16(8), 982-1003
https://www.scirp.org/journal/psych
ISSN Online: 2152-7199
ISSN Print: 2152-7180

A Metaphor for Going Backwards: Existential Hysteria

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How to cite this paper: Galli-Carminati, G., & Carminati, F. (2025). A Metaphor for Going Backwards: Existential Hysteria. *Psychology, 16,* 982-1003.
https://doi.org/10.4236/psych.2025.168055

Received: July 10, 2025
Accepted: August 17, 2025
Published: August 20, 2025

Abstract

This paper introduces the concept of *existential hysteria* to describe a clinical configuration marked by a fixation on an idealized past in the aftermath of psychic trauma. Through a series of clinical vignettes, we explore how certain patients—though potentially classifiable under categories such as complicated grief, post-traumatic stress disorder (PTSD), or identity disturbance—exhibit a unique subjective position in which symbolic work is impeded by a nostalgic clinging to what has been lost. Their psychic life is structured around a refusal or inability to mourn, accompanied by a silent demand that "something must be fixed" before life may resume. We articulate this structure using Freudian and Lacanian frameworks. For Freud, hysteria is grounded in the persistence of unelaborated reminiscences, while Lacan's discourse of the hysteric entails a demand directed to the other that obscures the subject's desire. We interpret existential hysteria as a form of subjective arrest in which trauma is neither fully repressed nor symbolized but instead transformed into a frozen ideal. The symptom thus functions both as a memorial and as a protest. This theoretical proposition is not intended to displace existing diagnostic frameworks, but to name and explore a dimension of psychic suffering that cuts across them. This structural fixation renders the subject incapable of re-engaging with their own temporality. We propose that identifying this configuration can offer clinicians a valuable lens for understanding patients who remain affectively and narratively bound to the past in the wake of trauma.

Keywords

Existential Hysteria, Trauma, Complicated Grief, Symbolization, Hysteria (Freud/Lacan), Psychic Temporality

1. Introduction

According to Freud, hysterical neurosis stages an unconscious psychic conflict through a regression to an infantile configuration which, according to the patient's unconscious, allowed the resolution of an analogous conflict (Breuer & Freud, 1895; Freud, 1926b). This regression corresponds not only to a stage of libidinal development, but to a logic of repetition of what once "worked" (Freud, 1920). The hysterical symptom, a compromise between desire, defense, and memory, condenses both the repressed content and the subjective inscription of a structuring scene, to which the subject remains fixed to preserve their position in the field of desire (Laplanche & Pontalis, 2009).

By analogy, we propose defining *existential hysteria*, a psychic regression marked by an imaginary return to and a fixation on an earlier period of life, perceived as happy or restorative. This regression, often triggered by trauma or crisis, can be interpreted as an attempt to restore a sense of identity coherence.

Indeed, the symptom of existential hysteria, as we define it, is not a physical symptom of classical conversion (paralysis, pain without an apparent somatic basis), but rather a series of behaviors that do not consider the objective reality of the subject and their surroundings. In this sense, it would seem to be situated in another psychic dynamic, closer to the concept of foreclosure, as defined by Lacan: foreclosure designates a mechanism in which a psychic element is not simply repressed (and therefore likely to return), but radically excluded from the symbolic field. Thus, this psychic material does not exist for the subject at a symbolic level. It does not return as a symptom directly linked to the unconscious, but rather in behavioral reenactments or time freezes. These acts express a partial detachment from reality, even if they do not rise to the level of psychosis, and they can be unconscious, as in the case of somatization.

We use the term existential in reference to Sartre's maxim that "existence precedes essence" (Sartre, 1976), which holds that human beings are not defined by a predetermined essence, but must invent themselves through their actions and choices. In existential hysteria, this process of self-definition is short-circuited: the subject's existence—their actual behaviors and attitudes—is governed not by present choices but by a fixation on a fantasized past. Paradoxically, they live out an essence – a preassigned, idealized identity anchored in an earlier phase of life—at the expense of confronting their current reality. Thus, the Sartrean frame highlights a central contradiction of existential hysteria: while the subject appears to act freely, their "existence" merely re-enacts a past that no longer holds symbolic value. Their refusal to redefine themselves in the aftermath of trauma amounts to a denial of existential freedom.

These behaviors and attitudes express a desire to return, albeit illusory, to a supposedly golden age. However, fixating on this position may prevent the subject from adapting, leading to marked personal suffering and difficulties in social integration. The "existential hysterical fixation" then constitutes both a defense and an obstacle, revealing the depth of the underlying psychic conflict.

2. Existential Hysteria: The Weight of the Past in Identity Crises

The idea of existential hysteria as a defense mechanism in the face of identity crises offers a metaphor for understanding certain human behaviors in contexts of trauma or existential rupture. Unlike the classical hysteria described by Freud, which depends on intrapsychic conflicts and infantile sexuality, this metaphorical form that we propose emphasizes the individual's conflictual relationship with time and their identity, especially in moments of crisis.

In framing "existential hysteria", we draw on various psychoanalytic paradigms (Freudian drive theory, Lacanian structural theory, object relations perspectives) not to mix them indiscriminately, but to show that this phenomenon touches on fundamental issues identified across these models: regression, unsymbolized trauma, and identity fixation.

Existential hysteria arises from a psychic dynamic where the individual, faced with a debacle (such as a serious illness or accident, a disappointment in love, a rape, a lawsuit, a divorce, a job loss or a major transition), tries to mentally "return" to an idealized phase of his past. This return is not simply an act of nostalgia, but a deeper fixation, a kind of blockage that stands as a refuge from the uncertainty or pain of the present. This regression is not conscious and is therefore scotomized by the individual who does not realize it. Sometimes, denial has an almost "theatrical" aspect in the eyes of the therapist, if the therapist has been able to see it, because the person in front has done everything possible to hide it, unconsciously, of course. For example, the patient may omit mention of a key event, mix up dates or contexts, or even "forget" certain family members.

In this perspective of fixation and blockage, the individual rejects the constraints of their age, condition, or current social norms to cling to an idealized image of a previous self, a "me" experienced as still having open potentialities.

This temporal fixation can cause tension with reality. The lack of consistency between one's attitude and age can generate additional psychological suffering, including a feeling of inadequacy or rejection by current social norms. The individual could find themselves caught in a spiral of social dysfunction, unable to adapt to the present life while not being able to abandon this fixation, which remains for them a form of psychic survival in the face of trauma.

Broadening this perspective, we can consider existential hysteria a widespread phenomenon. Anyone facing a major crisis could manifest similar symptoms to varying degrees. We can interpret this mechanism as a desperate attempt to preserve the integrity of the identity in the face of existential ruptures that risk endangering the balance of the psychic structure. However, unlike the "normal fixations" linked to mourning or nostalgia, existential hysteria plunges the individual into an insoluble conflict between his idealized past and the present reality, condemning him to a form of immobility.

3. Existential Hysteria and Foreclosure

It is worth revisiting Lacan's vision of hysteria here, because we have defined existential hysteria as the response to a trauma and—at the same time—to a desire. Lacan, in Seminar I (Breuer & Freud, 1895; Freud, 1917, 1926b; Lacan & Miller, 1998) and more systematically in Seminar XVII (Lacan & Miller, 1998), reconsiders this definition by structurally requalifying it: the hysteric is not merely someone who regresses, but someone who occupies a particular subjective position vis-à-vis the knowledge and "desire of the Other"[1]. It stages the symptom to elicit a response from the master, while maintaining desire as a desire of the Other, unsatisfied, untenable. Indeed, desire is not our desire "for" the Other; it is the desire that the Other feels, the desire "of" the Other. We find ourselves in the position of two mirrors facing each other, endlessly reflecting desire back and forth like in a barber's shop. It is noteworthy that "the desire of the Other" contains an inherent ambiguity in the preposition of: the Other may be the object of desire (I desire the Other), the subject who desires (the Other desires), or the subject who desires me (the Other desires the subject)—as in the case of a mother's desire for her child, or a lover's for the beloved.

If we remain in a Lacanian register, we can say that the driving force behind existential hysteria is the desire "for" the Other. This Other, who remains unsymbolizable, is identified with a period in the past that the subject tries to bring back by an incantation. In this case, the subject's Ego-Ideal[2] comes from the internalized Other lodged in this past scenario. The patient assumes the semblance of this desired past and hopes it will return. This attitude is similar to that described by the "Cargo cult"[3] (Worsley et al., 1977) itself a form of magical thinking. In the situation of the "Cargo cult", the pre-technological population of an island wants to bring back the great silver bird (the plane). Having understood that a radio operator played a part in the aircraft's arrival, the island's inhabitants built a straw mannequin with two half coconuts on its ears and placed it in front of a box: they reproduced the appearance of a radio call in a magical setting. The Other (the big silver bird—the plane) will magically return, but their way to bring it back is not practical.

In the situations we describe as existential hysteria, the hiatus is not as radical as in Lacanian foreclosure, and the link to reality, in the ordinary sense of the term, is preserved. However, the person concerned—if they do not fully retreat into a psychic "cyst" detached from reality—nevertheless continues to live in a state of psychic desynchronization with the present, where part of their psychic

[1]L' "Autre" in Lacan. In French the desire felt for an object is designed as "desire of the other" rather than "desire for the other". We retain the Gallicism to reproduce Lacan's insightful ambiguity.
[2]The Ego-Ideal is the internal image of what one strives to be, shaped by parental and societal expectations, against which the self is unconsciously judged.
[3]The "cargo cult" refers to a set of rituals that imitate the appearances of modern technological or economic practices, without understanding how they work, in the hope of reproducing the same beneficial effects. The term comes from anthropological observations in Melanesia after World War II.

life has stopped. Strictly speaking, this is not the structural foreclosure defined by Lacan, where the Name-of-the-Father[4] is excluded from the symbolic register, producing a psychotic structure. We use *foreclosure* as a clinical metaphor, to designate a partial cleavage—a form of symbolic disentanglement affecting specific psychic functions, without a breakdown of the overall relation to reality. Still, there is a detachment that, under a veneer of normality or—at most—innocent "oddity", remains both profound and persistent. As in foreclosure, we do not observe the return of the repressed in the form of classical symptoms, but rather a structural absence—the trauma's effects manifest indirectly, organizing behavior and identity without symbolic elaboration. It would perhaps be more rigorous to speak of a halt in psychic time, an identificatory freeze, or a neurotic regressive fixation, to avoid confusion with Lacanian psychosis. Nevertheless, the foreclosure metaphor emphasizes the unsymbolized and unreachable nature of the traumatic element—a blank spot that cannot be integrated, and around which the subject's psychic life becomes organized (Lacan, 1966a; Lacan & Miller, 1964). A comparable mechanism is observed in chronic hallucinatory psychosis, often seen in the elderly. Unlike schizophrenia, it is non-dissociative, often coexists with fabulatory thinking, and may preserve social integration. This clinical picture supports the notion that a foreclosure-like psychic structure can exist without full-blown psychotic disorganization, further justifying our use of foreclosure as a metaphor in the context of existential hysteria.

On the other hand, existential hysteria is not the return of a repressed, but a deep cleavage between the person and reality, marked by a fundamental inadequacy. The symptom is not a "voice" of the repressed who seeks recognition, but an embarrassment, a tension between a subjective posture (anchored in an idealized past) and an external world that no longer corresponds to this image. In his work on the work of the negative (Green, 2011), Green introduces the notion of negative or blank in the psyche, which well describes how these patients have a blank spot in their life story that they refuse to fill with meaning, causing a pathological fixation. For example, the attitude of a mature woman dressing like a teenager or seeking "young" relationships is not the expression of a return of repressed desire, but the effect of a disjunction between her imagination and the social codes that surround her.

In existential hysteria, the individual may perceive existential rupture as an infringement of the Ego-Ideal, often inherited from the father figure (or the symbolic structures that represent him). In classical hysteria, on the other hand, the father's law is often implicitly at stake, the symptom reflecting a conflict with this law or an attempt to circumvent it.

In classical hysteria, as we said, a frame of reference, a law, must be circum-

[4]In Lacan, The Name-of-the-Father (Nom-du-Père) is the symbolic function that introduces the law, prohibition, and the structuring of desire. It marks the paternal metaphor that interrupts the imaginary fusion between mother and child, enabling the subject's entry into the symbolic order (language, culture, law). Its foreclosure results, in Lacanian theory, in psychosis.

vented. Classical hysteria is, therefore, possible only with the inclusion of the father. In existential hysteria, there is no stopping point; this law has not been promulgated, so this regression, this desire to go back in time, knows no limit (Frélechoz, 2025).

For example, after a debacle such as a divorce or a significant social loss, the individual may perceive themself as no longer "up to the task" of ideal expectations (their own or internalized). This inadequacy with the Ego-Ideal can result in efforts to regain a previous state where this adequacy seemed to exist, even if this remains an illusory attempt.

In existential hysteria, the fixation on an idealized past is based on an unconscious fantasy, understood as a defensive scenario that allows the subject to maintain psychic coherence in the face of an existential rupture. This fantasy, as defined by Freud (Freud, 1908) and described by Laplanche and Pontalis (Laplanche & Pontalis, 2009), does not reflect a real memory but an imaginary construction invested with desire. It serves as a Symbolic refuge, but at the cost of a fixed repetition: the subject locks themselves into an imaginary temporality, incompatible with the evolution of their subjective position. The therapeutic work then involves unfolding this scenario to free the repressed affects, when this is possible and not harmful.

Existential hysteria could thus be expressed as an attempt to compensate for the absence of a sufficient symbolic reference, a way of compensating for an existential loss or failure that has shaken the identity structure. Through its articulation with foreclosure and the Ego-Ideal, this concept opens up a rich reflection on modern identity crises and their manifestations in social and personal attitudes (Galli-Carminati & Carminati, 2025).

The symbolic reference point here would therefore be the absence of any reference other than to oneself. The individual who fails to define themself after failure finds no internal support, consequently no transmitted support, and no reference provided to them. There has been no inscription of the Father's law, the establishment of a Superego that forces one to grow up and not remain an infant (Frélechoz, 2025).

We will now introduce some clinical vignettes to illustrate our hypothesis.

4. Clinical Vignettes

Here we present some examples of "existential hysteria" that we have encountered in our clinical practice. These vignettes do not refer to a particular patient and are "summaries" of different stories.

4.1. Serious Illness or Accident

Martial was a young man, a seasoned skier, on his way to becoming an elite athlete when, following a typically trivial training mishap, he tore the cruciate ligaments in his right knee, which ended his promising (or thought so) sporting career. This trauma had caused, we say this almost thirty years later, a symbolic regression to

a period of his life perceived as "intact" or "happy" before the accident. This moment could be the period of his youth, when he felt he was on the verge of becoming a champion, with a whole host of options in terms of success, not only sporting but also economic.

This former young man, whom we meet at fifty, continues to practice sport to "prove himself and others that nothing is lost".

And in fact, it is with this sentence that he opens the first consultation. He admits that he is starting to tire and get tired of his own need to stay in shape. Recently, he had to wear a brace on his right knee since it began to hurt again. That knee never stopped bothering him, but he had to take time off and ask to work from home this time.

A handsome sportsman, he certainly appealed to women, but he was unable to find someone with whom to settle down and start a family. He says that "the time has not yet come", but deep down, he feels that the ironic gaze of others is not out of place. It is as if he had to catch up with this impeccable physical shape he definitely lost thirty years ago, before "resuming" his life.

These relentless efforts to stay in shape at all costs reflect an unconscious attempt to recreate a reassuring symbolic framework (Green, 2011) and escape the pain of the yet-undone mourning of his bright sporting future. The accident was not only a physical and psychological trauma, but a real "existential rupture", a temporal cleavage of the self, between an idealized past and an unbearable present (Abraham & Torok, 1978; Kaës, 2014). His life has branched off: on the one hand, his future as a great sportsman, waiting (forever), and on the other, the reality of his everyday life, which he lives with the hope of returning to the fateful crossroads to have a second chance.

Above all, it is important for him not to do anything "definitive" that would risk anchoring it in the present. For Martial, meeting a woman who would be his wife and with whom to start a couple and a family means leaving behind the youth and the promised glory for good, and accepting becoming an adult, an ordinary adult, and not the great sportsman he thought he could be. This refusal of structural emotional commitment reflects an impediment to identifying with the symbolic adult position (Kaës, 2014).

He remains a prisoner of an illusion of heroic eternity, oscillating between grandiose and derisory. He says he is not sure he can be a good father—going from one idealism to another—and that he will find the humdrum "work-and-sleep" routine too insipid (once again illustrating his tendency toward all-or-nothing extremes). In truth, he feels the weight of a certain loneliness. The women he dates are necessarily less young and show less interest in his intense sporting activities, preferring quieter pastimes.

The last sports accident had likely occurred because he was exhausted and misstepped during a mountain descent. All this had cost a helicopter transport, required by his conditions, stinging comments from the mountain rescuers, a week's hospitalization, and a long and complex surgery. Moreover, it took him some time

to explain this whole adventure to us. While arriving at the consultation with a splint and a crutch, Martial minimized and even hid his condition. Only after almost a year, a considerable number of physiotherapies and a few injections, when he was finally free of the splint and the crutch, but with the threat of a total knee replacement, he could describe his personal crucible.

Martial's therapeutic journey could only begin once he found himself "backed into a corner", facing an existential impasse that weighed heavily on him—preventing him from starting a family and freeing himself from the "sporting" constraints that now endangered both his health and physical integrity. And suddenly, he had glimpsed the anachronism of his situation. By wanting to remain young and valiant, he risked becoming, if not handicapped, very greatly diminished. Martial realized he had to make a heartbreaking and terrible choice: leave his distant dream of becoming a champion to remain a valid person. The therapeutic path was arduous but not without hope.

4.2. Disappointment in Love

Mrs. Salis, a widow in her fifties, with a 15-year-old daughter, is trying, as best she can, to move on from the mourning of her husband, dating back about ten years. While having married for love, she lived with her couple in a context of great reciprocal autonomy. Mrs. Salis admits that she has always lived more with her daughter than her husband, almost as a single-parent family. Her husband had to deal with a very problematic divorce from his previous marriage, and Mrs. Salis, while being married, had played more the role of a mistress than a spouse. With a slightly more in-depth analysis of the situation, Mrs. admits that she never had the feeling, nor the desire, to be a married woman throughout her life, except before her breakup with a former fiancé. He had been her first love, from whom she had separated in a rather traumatic and painful way because of his infidelity. Mrs. Salis told me that she felt like the sky was falling and that she had never again dared to dream of the "classic" ideal of the family: father, mother, and children for life.

Mrs. Salis can't make a new life for herself. She can have healthy romantic relationships, sometimes quite satisfying, but not a real love story. Love life in its fullest sense has remained on the margins, distant like the memory of the unfaithful fiancé, and so far away in her souvenirs.

Faced with the collapse of her dreams, Mrs. Salis cannot progress with her life. She avoids settling into a new life because life—the real one—is what she should have lived with her first love. The rest is waiting, but waiting for the past to return, not for the future she could build. But precisely, nothing solid must be built. In a way, she must live with "her bags packed" because if he were to return, nothing should prevent her from "leaving everything" and following him. This sentiment is Freudian melancholy: not the mourning of an object, but the identification with the loss itself. The lost object is never abandoned because it has never been introjected as a separate entity (Freud, 1917, 1926a). Sometimes, these attitudes are

straightforward to the analyst but challenging to communicate. The person understands that something is wrong with their life, which is not "normal", but they integrate it as a choice, without perceiving that it is a masked renunciation.

The awakening is sometimes brutal. When the patient realizes he has spent years imprisoned in a memory, the therapist must be very careful to prevent a severe depressive fall.

In this clinical situation, we again encounter a person "backed into a corner," on the threshold of her fifties, beginning to experience profound loneliness just as her daughter is gaining autonomy and entering adult life. Mme Salis, caught in this existential position, has virtually no alternatives left and must engage in a therapeutic process to preserve an acceptable quality of life.

4.3. Rape

Annabella is a 40-year-old Norwegian woman who attended college. Fifteen years ago, she decided to continue her professional path by staying in Geneva. In fact, she never returned to her native country. Her reasons are more than reasonable; she is better off here, has been able to resume interesting studies, and start a career as a translator.

She rarely sees her loved ones and does not seem to appreciate her rare visits to her family back home. Annabella says she is very lonely, very demanding of a male partner, and very autonomous economically and emotionally. One wonders, if everything is going so well, why she consults.

As the therapy progresses, Annabella begins to confess to the feeling of emptiness and a great fear of the other, friends, even more so of a possible boyfriend. She admits that her intimate life is almost non-existent; she feels uncomfortable and afraid to let herself go. She speaks in a stilted manner, and something seems off to us. Finally, to the direct question of whether a traumatic event had taken place in connection with her departure from Norway, Annabella admits that she had indeed been raped, on a party night—the classic story of the guy taking advantage of a young girl who has drunk too much. Her rigid attitude is the refusal to symbolize the attack, replaced by a pseudo-normality, "a surface rigidity" (Ferenczi, 1932).

Annabella hadn't said anything to anyone; she was too ashamed. She didn't even know this person, but she nevertheless finds him in her nightmares, with a different face every time, still scaring her. It is a traumatic loss of symbolization: she has been unable to historicize the event, and the memory remains unnarrativized, dissociated (Van der Kolk, 2014). She admits to having hoped that "if she didn't say anything, nothing would have happened" and she fears that, if an emotional relationship begins, she will have to talk about this rape bringing back its painful memory.

Now that she has talked about it in therapy, she has broken the spell. She has to relive and work upon this submerged but poisonous and painful memory: Annabella can no longer miss out on her life.

Here, too, we find the desire to "stop the clock". This situation is what Kaës calls a "cleavage of psychic time" (Kaës, 2014). She was supposed to return to Norway and continue her life after the internship in Geneva. But that would have meant dealing with the "aftermath" of the rape. Annabella cannot go back in time to before the rape; what happened, happened. Still, she can try to remain the carefree student who discovers the new foreign city that she imagined herself to be before the fateful party. By staying in Geneva, there is "only" this horrible evening to forget; she is not forced to resume the thread of her life in the places where it happened, facing its consequences and its memory. Illusory hope. She is no longer that carefree young student. The weight of trauma is finally imposing itself, and she must face it. The therapy will be long, but finally, the clock is restarted, and she can look at the evil in the face.

4.4. Fear of the Police

Mr. Derden calls us for an emergency meeting, emphasizing the word urgency. We managed to give him an appointment the next day, which was quite difficult to arrange. Mr. Derden is a young man in his thirties, single and living alone. He works as a cashier in a shop belonging to a large chain of sports equipment stores. He is extremely worried because HR has summoned him and accused him of stealing from the till. Indeed, the accountant had found repetitive shortages of money, not large sums, but totaling almost 1500 francs. Given his delicate psychological situation, with morbid thoughts and severely depressed mood, we issued a sick leave note. Mr. Derden was then summoned again by HR and his superior, who threatened him with dismissal and denunciation for theft. Mr. Derden is formal about the fact that he has not stolen anything. Of course, there were mistakes in some payments; he hid these mistakes, and they had accumulated. Mr. Derden admits he is distracted at work, can't keep up, becomes anxious, and "loses his temper." He has often asked to be transferred from the checkout to the warehouse, but his employer disagreed, and now he admits to bitterly regretting not having insisted more for this change.

Without discussing with us beforehand, Mr. Derden found someone who loaned the amount the employer claimed from him, reimbursed the sum, accepted a reprimand, and told us that he wanted to return to work. On this last point, we remain cautious. Under Swiss law, given his seniority, he is entitled to a few additional months of sick leave before a possible dismissal. We suggest he rest a little more, as we feel him tired and tense.

Finally, much later, when he had already started his job as a storekeeper, he told us that he had experienced setbacks with the law as a teenager. He was impulsive and in bad company, as they say. He stole a motorcycle, they caught him, and he spent a night with the police. He was then brought in front of the juvenile judge, reprimanded, and sentenced to pay a fine that his sister, of whom he was the darling, covered.

He tells us that he already had a similar problem when working as a salesman

and preferred to pay out of his own pocket for a colleague's theft rather than go to court again.

Although the decision to pay to avoid problems is probably a wise one, we point out that it seems to us that he relives the situation of his adolescence. The "fear of the policeman" leads him to be unable to defend himself, to pay out of his own pocket for the mistakes of others or to hide his mistakes because he is stuck in the role of eternal culprit, as if an archaic fault, without a defined object, always came back to designate him (Green, 2011).

The therapy continues and accompanies him. Mr. Derden has had an attention deficit disorder since childhood, but this is only now clear. An adapted treatment can help him; however, the transfer to the warehouse seems necessary, as the contact with the public, especially during rush hour, exhausts him. We advise Mr. Derden, with our letter in support, to request the transfer, and he finally obtains it.

The therapy ends. Mr. Derden is calmer working as a storekeeper; his salary is slightly lower, but he feels much better and more serene. He has just met a charming young lady.

Mr. Derden has never overcome the trauma of contact with justice and the law, still encysted, without elaboration or narrative (Van der Kolk, 2014). The humiliation of police custody, the fear of prison, the trial, and sentencing are all traumas—typical of what Ferenczi (Ferenczi, 1932) called "humiliating break-ins"—which should not be lived again, a blind spot in his existence. This time it is not a return to an idealized past, but the desire to avoid reenacting a scene of radical self-loss. He refuses to experience a second betrayal of the bond to the law, whether guilty or innocent. He remained the child who hides from the father without being able to face a Law that he never symbolized, and therefore experiences the Law as a persecutory force (Freud, 1914, 1923). The evocation of trauma and the change of job allowed him to "unlock" the system and "reboot" his life.

In Mr. Derden's case, therapy helped him to work through a buried experience, allowing him to reposition himself at work in a less lucrative role that shielded him from excessive exposure to his anxieties. Here, the therapeutic process primarily supported achieving a more livable adaptation in his professional life.

4.5. Divorce

Ms. Pellin is a mature woman who went through a painful divorce more than twenty years ago. She asks to consult because loneliness weighs heavily on her despite a certain professional success and a pleasant social context. Her daughters are now more autonomous and, approaching adulthood, are inevitably distancing themselves from her, caught up in the whirlwind of their lives.

Mrs. Pellin tells us that after the divorce, she lived an "apparently happy" or, as she defines it, "necessarily happy" period where she had casually dated several men without managing to start a lasting relationship. Indeed, but this comes out much later in therapy—she flitted from one fling to another without any real com-

mitment. It was a way to get something to talk to her girlfriends, but these friendships, too, often with younger women and in a different phase of their lives, faded away, and the older friends, most of them divorced, were "unbearably sad".

After the "necessarily happy" period in which she felt free, without really knowing what to do, there followed a long period in which Mrs. Pellin had dedicated her energies to her work and her daughters. Of course, she would have liked to find a companion, but too demanding or simply too confused about her needs, nothing had come to fruition, and for almost five years, she had given up and accepted—without really accepting—her condition as a "free and alone" woman.

As the therapy progressed, Ms. Pellin realized that, faced with the collapse of her bearings after the divorce, she had aspired to go back to an earlier period, such as that of her youth, the time when she felt free and with many options, especially in terms of romance, and where everything still seemed possible, especially in the choice of a "good match". Mrs. Pellin had experienced a symbolic regression to a period of her life perceived as the golden age, a frozen time preserved from loss (Kaës, 2014).

In this freeze-frame state, she had developed a kind of fixation on "anachronistic" attitudes or behaviors related to her age, for example, by looking for platonic relationships that very often ended up becoming chaotic.

Mrs. Pellin admits that she wanted to stay young at all costs for a long time after the divorce by dressing like a teenager or trying any type of aesthetic treatment, such as Botox, facelift, or collagen.

Now the distance between the idealized past and her actual age is so great that all her strategies seem so out of step. She felt unhappy and, above all, distraught because she could no longer understand herself. It is as if narcissism is coming into conflict with the reality of the body (Green, 2011), and the reflection from the pond is unbearably different from her dreams.

When we asked her to return to the events surrounding her divorce, Mrs. Pellin seemed to offer a lot of resistance. She said that the past is past and that going back to "things so old" seemed entirely useless for her. She claimed her desire to move on, not to feel sorry for the past. This refusal to remember often signals unelaborated mourning, as Freud described (Freud, 1926a). We proposed a reflective break before resuming therapy.

In our practice, we often find this kind of situation. For many women, the golden age is the moment of the end of adolescence and the entry into adult life, when the power of female seduction reaches its peak and the woman has the impression of being able to choose among her imagined endless cohort of suitors. From a Darwinian perspective, we can suppose that the biological root of this behavior is to attract enough "parties" to choose the best father for her children, "before" taking reproductive risks. Indeed, for women, unlike men, each pregnancy is a hefty investment (Galli Carminati et al., 2024). The liberation of morals has partially changed the situation, but we can still identify the remnants of certain instinctive behaviors. Very rarely is the "young girl" aware of the stakes because many things

happen in the unconscious, such as falling in love. If the dream of love does not come true, if reality is too far from hopes, it is normal to hope for another chance. But for humans, this is complicated because a child requires the investment of a good portion of a woman's life (even if a man's investment can be considerable). And so here is Mrs. Pellin, who dreams of still being young and surrounded by suitors with whom she would like to "flirt" while adults of her age are looking for mature relationships. But mourning this reverie is, for the moment, impossible.

When leaving a reverie proves too difficult, it is often wiser to accompany and support the patient through attentive listening rather than push for a confrontation that could be too depressogenic. In such cases, supportive therapy remains the most viable option, while waiting for the patient to discover a path toward deeper—yet still bearable—understanding.

4.6. Job Loss

Mrs. Renens had a brilliant student life. During her PhD, she had an interesting job and a postdoc position of responsibility in the aeronautics industry. Intelligent and speaking several languages, she had always felt "at the heart" of working life. She had complete confidence in her abilities and was perfectly integrated into the large multinational company, of which she felt an essential cog.

Not very inclined to family life, she had nevertheless accepted a marriage proposal that seemed compatible with her great passions: The husband, also a careerist, loved sports and travel. COVID marked a turning point in her professional life, with decreased international exchanges in her company and reduced state subsidies. "Times have changed," her supervisor told her, but that didn't worry her either. Mrs. Renens felt sure of herself, appreciated by her colleagues, and was doing a remarkable amount of work.

The post-COVID situation caused a considerable reduction in activity for the aeronautics industry; there had been layoffs, and savings had to be made. Despite her husband's pressing request, Mrs. Renens was not in the right state of mind to start a pregnancy. Mrs. Renens' husband was also worried about her age, slowly approaching her forties.

According to her, the separation had been a surprise, with his suitcases quickly packed and a divorce request following immediately. Even more surprising, according to her, was that her ex-husband welcomed the birth of his first daughter not even a year later.

Mrs. Renens, after this breakup, put more energy into her work, even to the detriment of sport, but had made a few pleasure trips again. Mrs. Renens wanted to console herself on the one hand for the failure of her marriage and to invest, in her words, "in something solid", namely her career.

About a year after her husband's departure, Mrs. Renens, summoned for a "routine interview" by HR, found herself with a box full of her belongings in her arms, accompanied to the door after returning her badge.

Mrs. Renens had waited more than three months before consulting a doctor,

nor did she take any steps to report her situation and file for unemployment benefits. She was almost unable to do her shopping or eat, slept very poorly, and had lost 10 kg.

At the first interview, we had great difficulty getting an explanation of what had happened. Since her dismissal, the woman had been living on the three months' salary her employer granted her; she had not consulted a lawyer or asked for a medical leave, even though her psychological situation was already disastrous in the days immediately after her dismissal notice.

The idea of being unemployed was utterly surreal to her. She had never imagined herself in that situation. Ashamed and unwilling to face anyone, she hadn't even informed her family. When we suggested that she contact a lawyer to try to take steps such as negotiating a few more months' salary or contest the dismissal, if necessary, Mrs. Renens looked at me with an outraged look because she would never have betrayed her former employer.

After months, with her savings at half-mast, we finally managed to convince her to register for unemployment. The interviews with her counsellor were torture because the idea of looking for work elsewhere than "with her employer" seemed impossible to her: often she left the interviews in tears.

During the period of unemployment, we had to put her on sick leave because she could not do any job search, and even the counsellor did not know how to manage her rights.

Mrs. Renens continued to talk about her former job, which she lost, and the former colleagues she no longer saw. From time to time, she complained about her ex-husband's behavior, but in an occasional way, as if the marriage had been a detail in her life. Mrs. Renens could not see herself working anywhere other than in "her" large multinational; any reconversion seemed unthinkable.

On the psychological level, Mrs. Renens presents a picture of regressive fixation on an idealized phase of her professional life, which we could interpret as a state of dyadic fusion with the "mother-enterprise". She seems to be locked in a Kleinian schizo-paranoid position, refusing any form of symbolic separation, in which the object is divided between "all good" and "all bad" (Klein, 1996). She neither considered nor understood her husband's desire to start a family: the third element that should have separated her from the "good breast" represented by the company never intervened. Her surprise at the fact that her husband quickly remarried and had a child is proof of this. When this "good breast" is gone, Mrs. Renens fell into a depressive phase without elaborating mourning, typical of a cleavage of the ego in the face of loss (Green, 2011). She remained stuck in the "happy" phase of her life as a career woman. Her Ego-Ideal then functioned as a persecutory force in the aftermath of this collapse (Freud, 1926a). Any action that could anchor her new state in reality in an (for her) "irreversible" way was unthinkable: talking to her parents, looking for a new job, or contacting a lawyer. This last step was particularly unthinkable because to appeal to the law was to introduce the "law of the father" and therefore to risk forever breaking the dyad with the "mother-com-

pany" without the possibility of turning back. It was a symbolic break-in of the fusional bond, rejected as a threat of irreversibility (Lacan, 1966b).

The work with Mrs. Renens promises to be long because there is a significant amount of mourning to do and a broken self-image to rebuild. In this case, the danger is finding another job, and Mrs. Renens is well qualified for this, without having elaborated on the facts. This "success" would risk leading Mrs. Renens to "bury" the previous professional debacle and to reinforce her dyadic and divisive confinement, exposing her to new disappointments.

Mrs. Renens is profoundly attached to, and dependent on, her self-image—to the point that she cannot bear to question it, even partially, and even with therapeutic support. She remains convinced that the solution lies in finding a new job that would allow her to relive the "golden age" of her former company. Under the pretext of being too busy with job searching and training, she ultimately discontinues therapy.

4.7. Major Transition: Emigration

Mr. Rodrigues arrives at our office in Ricochet. We follow his son Paolo for a medium-severe anxiety-depressive state that makes it very difficult for him to finalize his studies and enter independent life as an adult. His mother and father are divorced but still on good terms, and they are worried about their son. The mother, with whom Paolo lives, asks for an interview with us and her son.

The mother says she is concerned about the attitude of her ex-husband, who, according to her, has always continued to "live in the past" and to apply the education he received in Latin America, an education that she considers, "very traditional", harsh and ill-suited to the needs of their son.

Mr. Rodriguez agrees to come to the interview. His son Paolo opts not to participate because his relationship with his father is very strained and distant. He fears feeling too uncomfortable, and says his father is in the same situation.

Mr. Rodriguez is almost 70 years old and has rebuilt his life with a woman of Peruvian origin after his divorce from Paul's mother. He immediately confirms that his son's difficulties worry and surprise him because "he has everything to succeed" and should, with a little effort, graduate and go to work.

Mr. Rodriguez finds it challenging to talk about himself and finds our questions about his family and past completely useless, even intrusive. The problem, he says, is his son, not him.

At the end, we more or less manage, with a lot of detours, to talk about his youth and his parents, whom he describes in an idealized, almost detached way, like fictional characters. He insists it was his decision to leave his native country and come to Europe. He was 18 years old, and yes, indeed, his father was rigorous, but it was their culture, and "two good slaps never hurt anyone". Mr. Rodriguez has lived his adult life in Europe, between Germany and Switzerland, and he has maintained very little contact with his parents and siblings. Finally, he says it with a smile, it's just the way it is.

Indeed, we feel that he never elaborated on the departure from his homeland and the separation from his family, nor the probable difficulties that led him to leave.

Mr. Rodriguez does not suffer from these separations because, deep down, they do not exist: a part of himself has remained there, he is still 18 years old today, and his parents, both of whom have been dead for more than 10 years, have never died. He himself has never aged. Mr. Rodriguez remained the son of his parents without ever becoming the parent of his child, which we can interpret as a fixed identification, preventing any subjective transmission (Green, 2011).

Mr. Rodriguez has worked, given well-being, and relative security, and this is how he sees his role as a father. We believe that he reproduced the ideal of fatherhood that he had imagined when he was 18 years old and never went back on it.

"I managed at 18, my son is 25, so let him manage too."

The trauma of leaving and the inevitable sadness of being away from his family have remained unelaborated throughout his life, and it is even more difficult to return to it now that he is moving towards old age. This attitude is a typical example of psychic encryption as described by Abraham & Torok (Abraham & Torok, 1978).

We consider proposing family therapy because we know that Paolo's journey towards adult life, which will arrive after studies, and towards which he resists, passes through the overcoming of the mourning of the family of origin and the father's native country, at least in part. The road will be long.

We find this situation in many immigrants of the first generation. Even if they have left their country of origin for serious reasons—insecurity, extreme poverty, political persecution—the feeling of betrayal is present. If the rational criticism of their country of origin is possible, they compensate for it with an emotional vision of a land "of milk and honey" that they left behind, as in the "compensatory idealizations of the self" described by Kernberg (Kernberg, 1983). The contrast, the contradiction of these two visions, has an expiatory role. They compensate for the "rational" reasons for their departure with a limitless emotional attachment. For the same reason, loving the land that welcomed them is unthinkable. They integrate as best they can, sometimes working hard to ensure a future for their children in their adoptive country, but they keep their loyalty to their origins.

Often, these contradictory feelings are passed on to the next generation as an unelaborated "mass" and in silence, like an "open" family secret (Tisseron, 2024). There is a paradoxical injunction to integrate and succeed but without betraying, typical of non-symbolized heritages (Kaës, 2014), without any explanation of the two poles. Often, as in this case, the result is great anxiety. The idealized past is their youth in the native land. But the blockage, the impossible synthesis, is not limited to the generation that has emigrated, and it can be passed on as an inheritance to children, who will find it even more challenging to untangle this knot because they do not have the codes of the parents' culture of origin.

5. Therapeutic Approaches

In the examples we have described, the consequences of trauma, which takes place when the psyche has already had a sufficiently successful period of development, can be concealed, voluntarily or involuntarily, by the individual from themself and others. The person "goes on with their life," and the existential hysteria goes unnoticed. Behaviors such as those briefly described above, after an accident interrupting a sports career (real or hoped) or a divorce, do not appear evident at first sight.

We acknowledge that many of the clinical presentations described in this paper could be subsumed under established diagnostic categories such as complicated grief (Prigerson et al., 2009), post-traumatic stress disorder (APA, 2022), or trauma-related identity disturbance (Herman, 2001). Our intent is not to replace these frameworks, but to highlight a specific clinical configuration: a fixation on an idealized past that functions both as a defensive retreat and as a barrier to psychic elaboration and reinvestment in life.

In our proposal, the phenomenon is "hysterical" in the Freudian sense of a subject caught in unresolved reminiscences that have not been symbolically worked through (Breuer & Freud, 1895).

It is also related to foreclosure in that the symptom functions as a subjective protest—a demand for meaning or reparation—consistent with Lacan's characterization of foreclosure (Lacan, 1958).

The phenomenon is also "existential," and in this light, the symptom is both remnant and address: it signals what has not been mourned or symbolized, and what must be worked through before psychic movement can resume.

While existential hysteria may emerge in the aftermath of trauma, it differs structurally from PTSD, complicated grief, and identity disturbance in both its core mechanism and clinical presentation. In PTSD, the psyche is haunted by intrusive memories and hyperarousal; in complicated grief, by a persistent yearning and inability to accept the loss; in identity disturbance (often seen in borderline structures), by instability in self-image and relational boundaries. Existential hysteria, by contrast, is marked by a fixation on an idealized past, resulting in anachronistic behaviors and attitudes that are out of sync with the subject's current context. Rather than intrusive symptoms or emotional dysregulation, the pathology lies in a frozen identification with a lost moment of psychic coherence. The trauma is not relived or mourned, but disavowed and bypassed through a behavioral simulation of "life before." This disconnect generates a symbolic desynchronization, which impairs adaptation without overtly breaking contact with reality.

It must also be admitted that our current society, strongly oriented towards a youthism under the deceptive appearances of hygienism (or well-being), tends to find quite positive behaviors such as those of the former elite athlete, supposedly very fit and eternally celibate, as well as that of the divorced lady always in search of the perfect body and the miraculous facelift. Taking care of one's body may be a sign of self-esteem and a healthy state of mind. Many attitudes and activities

once considered impossible or inconvenient for people beyond a certain age are now regarded as normal and even a right. There is nothing wrong with enjoying life and pushing the limits of senescence. The problem arises when these activities are not signs of healthy care for one's body and image, but, quite the contrary, of the refusal to accept them, resulting in dysfunction. The enormous social pressure to "stay young", fueled by the sports equipment and makeup industries, tends to mask the pathology of these behaviors and to consider them socially acceptable even when symptomatic of an underlying discomfort. Contemporary Western culture often emphasizes personal optimization, individual reinvention, and emotional self-sufficiency. While seemingly empowering, these ideals may paradoxically increase psychic vulnerability when rupture occurs, leaving individuals without symbolic frameworks to process failure, aging, or loss. In this landscape, the idealized past becomes a refuge from the impossible demands of perpetual self-overcoming. This context offers a fertile ground for some forms of existential hysteria to develop and progress before reaching an alarm threshold, where the seriousness of the situation cannot be ignored and the patient seeks help.

The problem is that the inadequacy of the Ego-Ideal blocks a considerable amount of energy in the attempt to return to a previous state where this adequacy seemed to exist. This fixation does not allow the person to use their psychic and intellectual capacities to continue living in the present.

As daily life is very demanding, the presence of increasing fatigue, the occurrence of burnouts at work, and conflictual situations in couples, which are often emotionally highly unstable, are not unrelated to existential hysteria. If the patient has children, conflicts often arise. The children are confronted with a parent who is "out of step"—essentially living psychologically in a different time, one incompatible with both the parent's actual age and the child's developmental stage.

As we have said, existential hysteria can be understood as a post-traumatic fixation, implying a symbolic "backsliding" to a phase of development that the subject perceives as "happy" or less conflictual. This mechanism makes it possible to avoid facing current psychological tensions or conflicts.

In these cases, the therapist's work is similar in many aspects to that of the detective, and as that of the detective, must be done with great discretion. If the culprit feels surrounded, he will escape notice, the culprit being, in this case, the mechanism that freezes the patient's psychic time. Whether this mechanism is more repression or foreclosure, it makes a certain difference, because in the case of repression, the patient's psyche will be a little more alert and ready to use the classical defense mechanisms. This tendency is almost absent in the case of foreclosure, since the patient really does not know that they have scotomized a part of their psychic space, and therefore, they will not be suspicious. As these traumatic situations take place in youth or adult life, the patient still has a certain ability to analyze them, if they can recover their memory. However, the therapist must be cautious during this recovery: forcing the patient to "remember" may be pathogenic and aggravate the situation with a subsequent blockage of psychic energy

that should be made available for less obsolete and disadaptive uses. In addition, the tendency towards "short therapies" must be taken with great caution because having to act quickly can, contrary to what one could expect, be the cause of the chronicization of the disorder.

In practice, therapeutic work should not address directly the inconsistencies of the patient's behavior but rather support them in their struggle to adapt to reality, being open and nonjudgmental even when confronted with glaring anachronisms. At the same time, the therapeutic work should concentrate on the patient's history, identifying the fault line in their life that caused the "frame freeze" we are witnessing. As we have seen in the vignettes, sometimes this is marked by a significant traumatic event recognized as such by the patient themselves. Other times, the gravity of the fact is underplayed by the patient, who comes to see it as relevant in their story only as the juncture between two different phases of their life. The critical point is not to make them fully recognize the nature and magnitude of the traumatic event, as this may lead to retraumatization and abandonment of the therapeutic path. The recognition that "something has changed" from that point onward is often sufficient to begin the healing. But the road may be difficult. The memory of the event may emerge with all the known consequences. However, perhaps the primary danger is that the patient sees the "frozen" period, which can last several years, as an unrecoverable portion of their life that they have "thrown away," which is now too late to recover. This feeling may hit the patient forcefully and lead to depression and even despair. The therapeutic work involves helping the patient re-inscribe the "frozen" period as part of their psychic continuity, rather than a void. This is not achieved by confrontation, but by symbolic linkage – connecting past identifications with present subjective coordinates. In some sense, the therapist should help the patient to feel the Nietzschean *amor fati*.

These general principles were applied differently depending on the patient's structure and context, as shown in the vignettes. In Mr. Derden's case, unlocking was facilitated by validating his fear of authority without immediately challenging its origins. By focusing first on his current work stress, we gradually opened space for the adolescent trauma to be named without reliving guilt.

With Martial, the therapeutic work centered on helping him differentiate between physical competence and symbolic identity. Using his recent injury as a pivot, we explored how the fantasy of becoming a champion had frozen his image of adulthood. Accepting ordinary aging became the symbolic threshold for mourning.

In Annabella's case, the turning point came when the therapist asked directly whether a traumatic event had occurred at the time of her emigration. Naming the rape aloud broke a decade-long dissociation. From there, the work focused not on retelling the event in detail, but on giving it a symbolic place in her life story.

Our society continues to celebrate diversity and integration, but looking more closely, the accepted diversities are finely catalogued and regulated. No doubt to better protect the "different". But sometimes the "recognition of special needs" of

a category is partly responsible for creating the category itself, and thus for one more cleavage and classification. Those who fall between two or more categories risk becoming unclassifiable, and therefore inaudible and invisible. For people suffering from existential hysteria, the box in which they have placed themselves with behaviors that are anachronistic, for example, in relation to their age and needs, risks defining and accentuating their diversity. The entourage, in turn, places them in a particular category, which, while understandable, can create further stigmatization.

The therapist finds themself in a double constraint, that of the patient, who does not see that they are blocked in a given moment of their existence, and the patient's reaction to their entourage, which has also been shaped around their blockage.

The central point is that the patient has to be reassured enough to accept that they have suffered or experienced the trauma and integrate it into their psyche. There is always a positive point in any misfortune. An illness or accident may have prevented an even more disabling event by alerting to a somatic vulnerability or preventing more serious accidents. A disappointment in love has saved us from a life with a person who is not compatible. Even in rape, one can still congratulate oneself on not having lost one's life, which unfortunately happens, or that it has not led to more serious health consequences. Having lived through difficult legal situations has given us a lesson in caution, and having divorced has freed us from an overly complicated partner. Losing a job may have saved us from an even more disastrous burnout, and leaving one country to live elsewhere gives opportunities for knowledge and sometimes economic improvement. In other words, we can help the patient to accept that they do not have to be perfect, strong, clever, and all-powerful, and that yes, sometimes destiny strikes us hard, a little through our fault but a lot by chance, and that in the end, we have to endure them.

Enduring them will allow, not immediately and not miraculously, but often with surprising resilience, to recover psychic energy and find new avenues, limited perhaps, but real, to move on in a psychic time that rejoins real time. Sartre said, "Man is what he does with what has been made of him" (Sartre & Elkaïm-Sartre, 1985). It may be a "Sisyphean happiness" (Camus, 1985), but this "raw material" we are left with after a traumatic event is often a reasonable basis for aspiring to happiness. And, in any case, it is all we have.

Our proposal is similar to other modern approaches to psychotherapy, particularly those that emphasize the integration of life stories and past traumas into a coherent and constructive framework. To overcome trauma fixation, we should help the individual to reconcile their idealized past with the possibilities of the present by valuing a vision of the future that is not an impossible return to a previous state.

6. Conclusion

Our job as therapists is to accept the moral suffering of our patients and, within our limits—often major—offer them ways to relieve it. And when this proves im-

possible, at least to accompany them during a part of their (and our) journey. We frequently meet patients as we have described them. Their difficulty in "resuming" a normal life after a "fall", sometimes very distant in their existence, challenged us and encouraged us to write this article. These are frequently individuals who, to use a colloquial expression, "have everything going for them", but who we see getting lost in their dreams and suffering from it. As we write these lines, we ask ourselves where the line lies between their "pathology" and the rigidity of those around them who have become accustomed to seeing and living them in a certain way of being and seeing themselves.

The purpose of this paper is not to invent yet another syndrome for nomological and nosological pleasure, but to prevent these patients from remaining imprisoned not only in obsolete roles that cause them a lot of suffering but also in "catch-all" diagnostic categories such as the anxiodepressive state, which is undoubtedly there, but which has little impact on therapy. A piece of advice for psychotherapists is to observe and investigate if there are any obsessive-compulsive type symptoms, such as obsessive rituals or thoughts, as they are focal points for trauma and can motivate the patient to consult, trying to alleviate them.

In our experience, these patients often have a long road to recovering their identity ahead of them, and, precisely, what we want to suggest is to accompany them in an identification of existential trauma, not to try to "cure" it too hastily, but rather to support them in mourning their ideal and in an acceptance of their present reality. To do this, we must first look at them as they would (still) like to be and, from there, bring them back to what they really are, here and now. This process, in the vast majority of cases, is a valuable step forward.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

Abraham, N., & Torok, M. (1978). *L'écorce et le noyau* (Ed. augmentée d'un préface de Nicholas Rand (2001)). Flammarion.

APA (2022). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR™* (5th ed., Text Revision). American Psychiatric Association Publishing.

Breuer, J., & Freud, S. (1895). *Studies in Hysteria* (A. A. Brill, Trans.). Legare Street Press, an Imprint of Creative Media Partners.

Camus, A. (1985). *Le mythe de sisyphe: Essai sur l'absurde*. Gallimard.

Ferenczi, S., & Harrus-Révidi, G. (1932). *Confusion de langue entre les adultes et l'enfant ; (suivi de) Le rêve du nourrisson savant ; (et d'extraits du) Journal clinique* ([Nouvelle éd.]). Payot.

Frélechoz, T. (2025). *Communication Privée*.

Freud, S. (1908). Creative Writers and Day-Dreaming. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 9, pp. 141-153). Hogarth Press.

Freud, S. (1914). *On Narcissism: An Introduction*. Read Books Ltd.

Freud, S. (1920). Beyond the Pleasure Principle. In Penguin Books Ltd. (Ed.), *On Metapsy-*

chology (145). Middlesex.

Freud, S. (1923). *The Ego and the Id* (J. Strachey, Trans.). Norton. https://doi.org/10.1080/1046171X.1989.12034344

Freud, S., & Ellmann, M. (1917). *On Murder, Mourning and Melancholia* (S. Whiteside, Trans.). Penguin Books.

Freud, S., & Richards, A. (1926a). *On Metapsychology: The Theory of Psychoanalysis : "Beyond the Pleasure Principle" "The Ego and the Id" and Other Works* (J. Strachey, Trans.). Penguin.

Freud, S., Strachey, A., Strachey, J., & Gay, P. (1926b). *Inhibitions, Symptoms and Anxiety* (Rev.). Norton.

Galli Carminati, G., Carminati, F., & Demongeot, J. (2024). A Gender-Related Interpretation of Human Reproductive Behavior. *International Journal of Psychiatry Research, 7,* 1-20. https://doi.org/10.33425/2641-4317.1206

Galli-Carminati, G., & Carminati, F. (2025). Foreclosure, Repression, and Neurodevelopmental Trauma: Revisiting Symbolization Failure and Its Organic Roots. *Psychology, 16,* 707-733. https://doi.org/10.4236/psych.2025.166039

Green, A. (2011). *Le travail du négatif*. Les Éd. de Minuit.

Herman, J. L. (2001). *Trauma and Recovery*. Pandora.

Kaës, R. (2014). *Les Alliances Inconscientes*. Dunod. https://doi.org/10.3917/dunod.kaes.2014.01

Kernberg, O. F. (1983). *Borderline Conditions and Pathological Narcissism*. Jason Aronson.

Klein, M. (1996). Notes on Some Schizoid Mechanisms. *The International Journal of Psycho-Analysis, 27,* 99-110.

Lacan, J. (1958). *Formations of the Unconscious* (J.-A. Miller, Ed.; English edition). Polity.

Lacan, J. (1966a). *Écrits*. Ed. du Seuil.

Lacan, J. (1966b). Fonction et champ de la parole et du langage. In *Écrits* (237). Ed. du Seuil.

Lacan, J., & Miller, J.-A. (1964). *The Four Fundamental Concepts of Psychoanalysis*. W.W. Norton & Company.

Lacan, J., & Miller, J.-A. (1998). *Les écrits techniques de freud, [1953-1954]*. Éd. du Seuil.

Laplanche, J., & Pontalis, J.-B. (2009). *Vocabulaire de la psychanalyse* (5th ed.). Pr. Univ. de France.

Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., Raphael, B., Marwit, S. J., Wortman, C., Neimeyer, R. A., Bonanno, G., Block, S. D., Kissane, D., Boelen, P., Maercker, A., Litz, B. T., Johnson, J. G., First, M. B., & Maciejewski, P. K. (2009). Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for *DSM-V* and *ICD-11*. *PLOS Medicine, 6,* e1000121. https://doi.org/10.1371/journal.pmed.1000121

Sartre, J.-P. (1976). *L'Être et le néant: Essai d'ontologie phénoménologique*. Gallimard.

Sartre, J.-P., & Elkaïm-Sartre, A. (1985). *Critique de la raison dialectique* (Nouvelle éd). Gallimard.

Tisseron, S. (2024). *Les secrets de famille*. Que sais-je. Presses Universitaires de France.

Van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books.

Worsley, P., Duval, B., & Panoff, M. (1977). *Elle sonnera, la trompette: Le culte du cargo en Mélanésie*. Payot.