

Left-Hand I-Like Personification and Body Image. A Neurological Case Study

C. Morin and P. Bruguière

Sorbonne Université

Patients with right acquired brain injury (RABI) and left arm paralysis may speak of their left arm as belonging to another person (somatoparaphrenia). A psychoanalytical reading of such discourses has been proposed. Somatoparaphrenia might consist of a breaking up of body image, together with the non-repressed object coming to the fore. We recently realized that RABI patients may also speak of their paralyzed arm as they do of themselves. In this paper, we address the question of whether or not this previously undescribed symptom that we called I-like personification of the paralyzed hand is a variant of somatoparaphrenia, in other words, whether patients with I-like personification of their paralyzed hand show signs of breaking up of body image and undue appearance of the object. We did so by analyzing the discourse and self-portraits of a young brain injured patient, during psychotherapeutic sessions and semi-directive interviews. This analysis showed that, although presenting with a RABI, personifying his left paralyzed arm and occasionally expressing raw oral concerns, the patient could not be considered as suffering a breaking up of his body image, a conclusion which implies a rather good psychological prognostic. Whether patients are brain injured or not, the main guideline for the analysis of their discourse turns out to be their subjective position vis-à-vis their symptoms.

Keywords: right acquired brain injury, I-like personification, body image

Body schema and body image disorders are often observed after a right acquired brain injury (RABI). The most frequent body schema disorders are anosognosia (apparent unawareness of the left hemiplegia) and left hemineglect (not taking into account the stimuli that come from the left side of the body or of the surrounding space) [Esposito et al., 2021]. Body image disorders manifest themselves in the patient's discourse, when they present with somatoparaphrenia. This spectacular neurological symptom consists of personifying the

We have no conflicts of interest to disclose. We thank Christine Picq for sharing her neuropsychological assessment data. We express our gratitude to the journal editor, Raymond Russ. His editing remarks aroused several fundamental questions and made our reflections much clearer. Correspondence concerning this article should be addressed to Catherine Morin, Service de Médecine Physique et Réadaptation, GHU Pitié-Salpêtrière, 75013 Paris, France. Email: cathjp@wanadoo.fr

paralyzed hand: RABI patients with left hemiplegia may affirm that their left hand is not theirs but belongs to someone else. This hand may even be somebody else. The hand is identified as being foreign, sometimes with a persecutory tone. Some characteristic body image disorders clearly manifest themselves when such patients draw their self-portraits and produce figures with disorganized bodies (Morin, 2018). Based upon interviews and self-portraits, we have previously claimed that such symptoms attest for a breaking up of body image in the psychoanalytical acceptance of the term (Morin and Thibierge, 2006). We have also suggested that the existence or not of breaking up of body image may be a critical point and may permit to distinguish two types of patients: patients with a breaking up of body image do not seem to consider themselves concerned with their symptoms, while other patients (wherever the location of their brain lesion) generally react to their deficiencies and the resulting altered self-representation in the same manner any individual reacts to a sudden loss.

We recently met an unknown form of personification of the paralyzed hand: a patient with RABI compared his hand to a “black sheep,”¹ the same expression he used to characterize his place in his family. We chose to call this way of attributing self-characteristics to one’s paralyzed hand, “I-like personification.” The status of this personification deserves discussion. Patients who present with somatoparaphrenia claim that their paralyzed hand belongs to someone else. Somatoparaphrenia thus exhibits two characteristics: (1) the paralyzed hand is personified, (2) the paralyzed hand is foreign to the patient’s body. This hand clearly does not pertain to the patient’s body image. In the case we describe here, the patient spoke of his paralyzed hand in the very terms he used to speak of himself (i.e., he personified it). However, he never claimed that this hand was foreign to him. The question then arises: Should I-like personification be considered a form of somatoparaphrenia or not? What might be the significance of this symptom? Here, we will address these questions based on the psychotherapeutic sessions (PB) and semi-directive interviews (CM) of this patient.

Matt’s Case

Matt came from an observant, upper-middle-class Jewish practicing family. He was the third of four children. He had a Master’s in Political Science. He had no

¹ We present this case in accordance with French bio-ethical principles for medical research involving human subjects. We have taken all reasonable steps to disguise the patient we present here. Factual elements of the case description have been changed; it has now become strictly impossible for the patient to be recognized. So, names, characters, businesses, places, events, and incidents are used in a fictitious manner. Any resemblance to actual persons, living or dead, or actual events is purely coincidental.

psychiatric history. He was left-handed.² At the age of 23, he found employment abroad in order to gain professional experience. There, he felt himself “lost and persecuted” and began to use various toxic substances. During a party, he jumped out a window after ingesting a number of drugs. He sustained multiple bone injuries and a severe head injury, with skull fractures, diffuse cerebral edema and right parietal and frontal subdural hematomas. A decompressive craniectomy and a temporal lobectomy had to be performed during the evacuation of the subdural hematomas. A cranioplasty and a ventriculoatrial shunting were performed secondarily. The coma lasted 22 days, a period during which a tracheotomy and a gastrostomy were performed. The awakening phase included aggressiveness and confabulations. Magnetic Resonance Imagery (MRI) performed six months after traumatic brain injury (TBI) showed a wide hypodensity in the right hemisphere, the right frontal and temporal lobes being the most damaged regions. There were also left lesions and moderate axonal lesions.

When admitted in the rehabilitation department, two months after his TBI, Matt presented with left hemiplegia. His left upper and lower limbs were paralyzed and hypertonic; he also lacked sensory discrimination in his left hemibody and visual perception in his left visual field. He had a pusher syndrome, i.e., he used his right arm to actively push away from his right side and resisted any attempts to correct this tilted body posture (Babyar et al., 2009). He also suffered cognitive deficits. These deficits included executive dysfunction, memory and attention disorders, the intensity of which he was not fully aware. Matt presented with left hemineglect. He bumped into obstacles on his left, did not eat the bread when placed at his left and omitted the first words in each line when reading. Post traumatic amnesia persisted for three months.

The Psychotherapeutic Work

The psychotherapeutic work (PB) included one session a week. Sessions began two months after TBI and continued for a year. In addition, CM performed a semi-directive interview 14 weeks after TBI. In this interview, Matt was asked to make a drawing that represented himself. Written notes were taken throughout psychotherapeutic sessions and interviews. We have presented the main traits of the psychotherapeutic work at length elsewhere (Bruguière et al., 2022). During the psychotherapeutic work, Matt pondered about the reasons of his act. After reporting what he was told by his relatives (“I jumped because I wanted to save a dog”; “I jumped because I was afraid of cops, I probably had drugs on me

²It is well known that cognitive disorders (especially language disorders) observed after hemispheric lesions differ according to whether the patients are left- or right-handed. However, there is no clear evidence that the body schema disorders observed in left-handed subjects would fundamentally differ from those observed in right-handed subjects (Hécaen and Sauguet, 1971).

and I wanted to get away”) or by his doctors (“I jumped because of a BDA”).³ Matt admitted that, at the time he fell, he was facing a problem he could not solve: he had thrown himself in a situation of having to make hasty affective and professional decisions and felt trapped in something that did not fit him.

Matt also revisited his family story, which seemed structured around the sublime ideals expressed by his parents (“Stand tall! You are this country’s best!”). In fact, Matt had got a Master’s in Political Science, but he had no idea of the career he would like to pursue. He felt himself different from his brothers and sisters. He said: “I do not look like my brothers and sisters. They all have dark hair and brown eyes. I’m so different with my blond hair and blue eyes, that’s why they used to call me ‘the black sheep.’ Was I an adopted child? Could I have been abandoned?” He described his place in the family constellation in the formula: “I am the black sheep.”

During the first psychotherapeutic sessions, Matt was still trapped in post-coma confabulations. He firmly expressed two delusional convictions, being a “sumo champion” and being “a conveyor for Vatican feasts.” When asked “Why a sumo?” Matt answered: “I was skinny. I was told to eat in order to recover, in order to put some weight on. I’m convinced I became a sumo because I was told to fill my boots, but also because I love martial arts. I’ve always been a fan of Japan, and in my memory, I had to eat a lot of hamburgers, so I put on a lot of weight and got so fat that I became a sumo. I really admire the movie *The Last Samurai* and I have a warrior side. I used to cook a lot when I was abroad, and my mother’s friends cook for me to fill me up. I was a rugby player and I always dreamed of being in the front row, and the forwards are called the ‘heavyweights.’”

Through the therapeutic process, Matt started to cast a questioning eye on his ideas of being a “sumo” or a “conveyor for Vatican feasts” and to consider these fantasies “as a way of escaping a painful reality” where he felt “lessened and lost, deprived of the capacity to walk and of part of his visual field.” In the end, he found what he, himself, called a “hyphen” between his sumo fantasies and the cooking activity he then practiced with his mother.

When commenting upon his disabilities or about the rehabilitation sessions, Matt insisted that he wanted to stand up, to run, not to be a “burden” anymore, to definitively free himself of “a position of passive spectator and become the actor of his life.” He said: “Moving means being free, not to be reduced to an armchair someone pushes” and “I’d like to be able to walk on my own to regain my freedom of thought, because I don’t have any with my parents.” While Matt presented as a compliant patient in therapeutic sessions, aggressiveness did appear, mostly in his relations with his family. “About my glasses... at home, there always seems to be somebody putting the left branch of my glasses on my ear as if I was a doll.

³ BDA is the French initialism for *bouffée délirante aiguë* — literally acute delusional episode.

That kind of butting in really bothers me!! They set the glasses right, just when I'm deep in my thoughts. And then, to top it all off, it's as though I was expected to say 'thanks.'" He also said: "Some mornings, you feel like tearing down the walls!" Matt often associated aggressiveness with a feeling of being infantilized: "I get scolded when I don't have my hair done properly and my mother combs me like an altar boy." Dependence went hand in hand with passivity: "I feel like a kind of bag that my relatives and therapists pass from hand to hand."

Ending our last session, Matt said:

Who am I? Where am I? What am I here for? I haven't given up on the person I used to be. How can I reconcile all my different selves? What I would like is to reconcile the person I was with the impatient, demanding and deeply dissatisfied person I am now, and with the person I hope to be. My dream is to acquire enough self-confidence to say: I am what I am without having to fit in a mold. Dare I caress that hope...?

Semi-Directive Interview and Self-Portraits

During the interview with CM, Matt said he could not remember anything about his accident and had to rely upon what his relatives told him ("My dear mother told me it was because of drugs"). He also said that his fall eventually saved his life, since, before his accident, he had not been aware of how fragile he was. Matt was aware of being "what people here call neglectful"⁴ of bumping on walls and objects on his left and omitting words on the left side of the page when reading or writing. Asked about his paralyzed hand, he said it was "somewhat clumsy," "less clever, more repulsive" than before. When proposed to compare his hand to something or somebody he said: "A black sheep."

At the end of the interview, CM requested that Matt draw his self-portrait. Before he did so, in order to assess the impact of hemineglect on Matt's drawings, CM asked him to draw the Eiffel tower, a symmetrical and erect monument (see Figure 1) . Matt performed his drawings clumsily, being left-handed. The Eiffel tower he drew was situated in the upper left half of the sheet. The bottom of the pillar was missing, and the figure was inclined towards the left. When proposed to draw his self-portrait, Matt first insisted on drawing his "curly hair," that he had been afraid of losing after neurosurgery (see Figure 2a). Matt drew two figures (see Figures 2a and 2b). According to him, both drawings represented himself climbing stairs. Indeed, Matt performed the second drawing (a stick figure)

⁴In the professional jargon of rehabilitation departments, therapists often qualify patients with unilateral spatial neglect as "négligent." This term — the French word for neglectful — means careless. While therapists use the term in a spirit that has nothing to do with its usual meaning, patients do not always appreciate the difference, and consider the term a personal criticism.

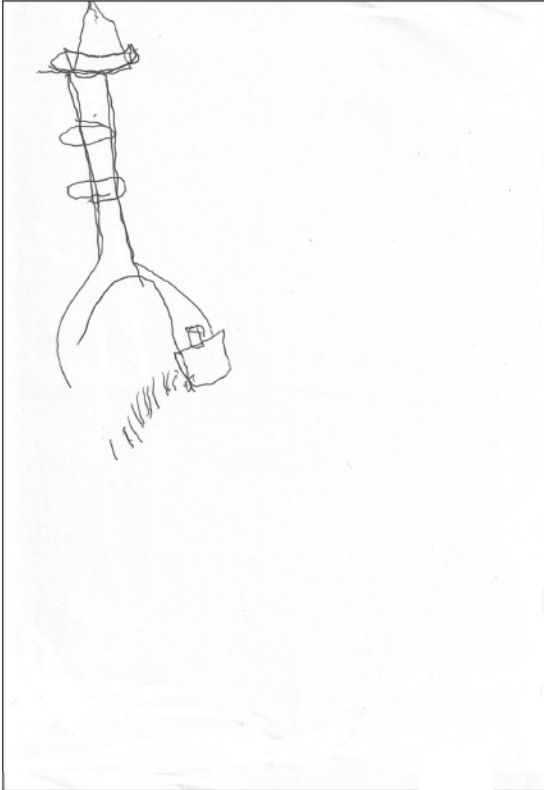


Figure 1: The Eiffel tower (original size 21 x 29.7 cm).

in order to make CM aware that he had represented himself climbing stairs. In fact, at that time, Matt could stand up and make a few steps but was not allowed to walk alone. He was still unable to climb stairs but practiced with his physiotherapist. The body is represented in profile, which is less frequent than the facing representation (Morin, Pradat–Diehl et al., 2003), but not uncommon. The right profile is shown in both portraits. In both self-portraits, the arms are stretched forward. There are traces of left hemineglect: the first drawing develops itself predominantly rightwards; the hair does not cover the back of his head (situated on the left side of the drawing). As in the drawing of the Eiffel tower, Matt's first self-portrait (see Figure 2a) is leaning leftwards. However, it should be pointed out that, as far as body representation is concerned, there are very few signs of hemineglect; only the back of the head is lacking hair. The hair rather extends horizontally backwards. Unlike what we have observed in somatoparaphrenia, the normal structure of body representation is respected in the drawings.

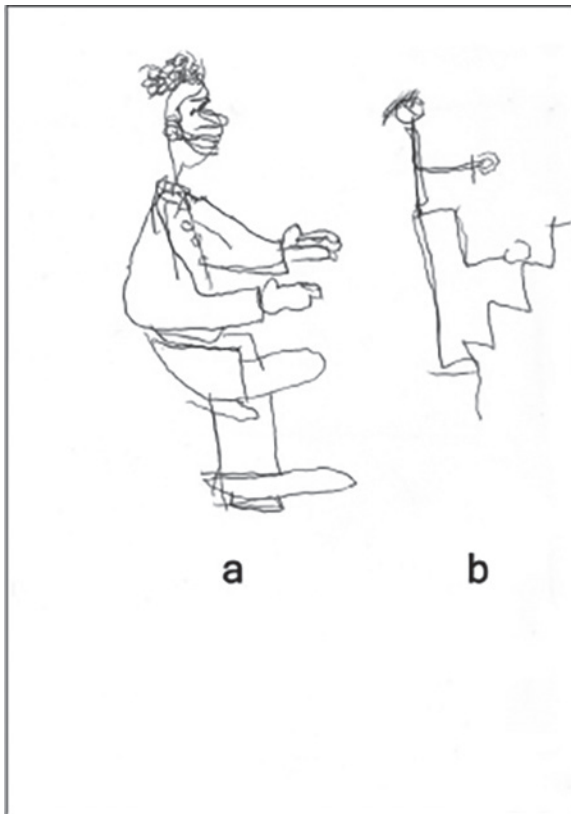


Figure 2: Self-portraits (original size 21 x 29.7 cm). (a) Matt first draws his face, beginning with the chin; he comments: "I was afraid I'd lost my curls, I'm damn glad." Matt then draws his body and limbs, "first arms on the right of the sheet, legs climbing a staircase." CM: Would you mind drawing anything more? Matt then adds the buttons and the shirt's collar. (b) Matt climbing stairs. According to Matt, the circles indicate the paralyzed hand and foot.

Matt's portraits exhibit other striking peculiarities. Both portraits exhibit a smiling mouth. The neck is very thin (see Figure 2a). Both drawings present with the same body and limb attitude: upper limbs extended straightforward, one leg lifted. This leg is shorter than the other one. When asked if he could add something to his first drawing, Matt added the buttons and collar of the shirt. In the second drawing, Matt represented himself climbing stairs: "the weak leg climbs the stairs, the strong one provides support," a position strictly opposite to the physiotherapist's instructions. In this portrait, only the paralyzed arm is visible. Matt commented: "It looks like a Playmobil, arms to the right of the sheet, legs climbing a staircase." Indeed, the Playmobil look of the drawing is due to

the circles Matt drew to represent the paralyzed hand and foot.⁵ Matt also commented: “The hand is asleep; it will wake up and be stronger.”

Discussion

This patient presented with body schema disorders. Signs of anosognosia could be heard in the sentence “The hand is asleep; it will wake up and be stronger.” There were a few signs of left hemineglect in the self-portraits. This went along with body image disorders, insofar as Matt described his hand as independent from his body, with its own separate life (for example being asleep). However, this independent hand was not a stranger for Matt, since he compared it to a black sheep, the very terms he used when speaking of himself. Matt also expressed oral concerns during the first psychotherapeutic sessions when claiming he was a sumo. The psychotherapeutic work put to light aggressive reactions to the dependency caused by brain lesions and permitted that Matt questioned himself about his subjective position.

I-Like Personification: An Exceptional Symptom?

The classical neurologic literature about somatoparaphrenia does not mention any case of I-like personification. In this literature, personification in hemiplegic patients is always characterized by the hand belonging to or being someone else (Critchley, 1962; Saetta et al., 2021). This case is not our sole observation of I-like personification. Examples of this type of discourse may be found in our previous publications. A patient said: “He is like me, he worked too much, he would like to stop” (Morin, 2018, p. 103). I-like personification may also manifest itself less directly as in the case of Mr. X. (Morin, 2018, p. 68). This patient presented with right-sided hemiparesis and sensory disorders following a left-sided stroke. He presented without any body schema disorder. He said that his right hand was “a little child’s hand.” In the following months, this man embraced a monk’s life. According to him, this life change was directly caused by the stroke: God helped him to move forward into a new life, “like a little child.” He commented: “On this path towards the Father, everything is joy and grace.” This persistent reference to “child” and “father” is of special interest insofar as the patient had been adopted during his early childhood.

We reread the notes we had from 56 RABI patients and 14 patients with left acquired brain injury (LABI) during their first week after a stroke (Morin, Timsit et al., 2003). I-like personification was not observed in any of the 14 LABI patients. In RABI patients, we found only one comparable case. A woman spoke of her

⁵ The drawing is not free of errors since the climbing leg seems to consist not of three segments (thigh, lower leg, foot), but of four. This could be due to cognitive disorders of body representation.

hand in the following terms: “That does not want to do anything, that’s like me, that is sluggish.”⁶ We also went through our non-formal clinical notes and did not find any other example of I-like personification. However, we remember that, on a few occasions, patients said that they could compare their hand to “a cripple,” a term we (strangely) did not pay very much attention to. We can therefore consider that I-like personification is a rare but not an anecdotal symptom.

I-Like Personification: A Version of Somatoparaphrenia?

We have previously shown that the discourse of patients who personify their paralyzed hand attests for a breaking up of body image, and for the repressed object coming to the fore, under the guise of what patients say about their paralyzed hand. In addition, patients with RABI often express oral or anal concerns. We also noticed that RABI patients who personified their paralyzed hand did not seem to be either puzzled or personally concerned by these rather strange thoughts.

Before examining whether Matt’s discourse exhibits one or several of these traits, we must remind the reader of what we mean under the terms body image and object. In this paper, the term body image refers to what Lacan called the specular image. The term specular image refers to that crucial moment for subjectivity called the mirror phase when the child recognizes his own image in the mirror, while the mother or any significant carer designates the child by a name (Lacan, 1966/2006a). Winnicott (1967/1982b) also insisted on the crucial role of the mother’s look. Lacan’s specific contribution was to insist that the acquisition of this specular image which anticipates the image of a complete body can only come about if a certain degree of loss has occurred concerning corporeal exchanges between mother and child (breast, feces, look, and voice). This loss creates a structuring absence, i.e., the absence of the object in the Lacanian acceptance. The stability and structuring value of our body image goes hand in hand with a repression of these corporeal mother–child links (Lacan, 1966/2006c; Thibierge and Morin, 2010). According to Winnicott (1967/1982a), transitional objects may permit that a young child copes with this absence, insofar as they maintain a fictitious corporeal child–mother link. Interestingly, the thumb which the infant suckles is one of these transitional objects. Later on, the lost object will color the subjective position of an individual throughout his life. Freud (1933/1964) thus listed some representatives of the object, which included women in masculine unconscious, or children in womanly unconscious.

In a Winnicottian vein, several authors (Laufer, 1982; Leader, 2016) have proposed that what we do with our hands may have something to do with our

⁶Unpublished results.

relationship to our first carers (generally the mother). Laufer (1982, p. 297) shows that our body and particularly our hands unconsciously represent both our own selves and the physical care that we received from our mothers. According to him, the activity of the whole hand in relation to the child's body is a repetition of the experience of the activity of the mother's hand in relation to the child, "inasmuch as the hand is unconsciously identified with the caring and gratifying aspects of the mother."

Geneviève Haag (1985/2018) observed autistic children aged less than two years mothering their left hand with their right hand. Such observations led Haag to think that, during their first year, autistic children behaved as if the right half of their body belonged to their mother, whereas their left side represented some kind of self. It should be emphasized that, in Haag's eyes, the autistic symptoms may reveal developmental processes that are hidden in normal conditions. Under this hypothesis, traces of the early libidinal asymmetry might remain in the individual's unconscious.

Right brain lesions which cause body schema disorders may cause an alteration of both body image and object repression. By body image alterations we mean that self-portraits of RABI patients with somatoparaphrenia represent bodies whose basic structure is altered, with for example both arms on the same side of the body (Morin, 2018, p. 81), or main body parts such as trunk or head lacking (Morin, 2018, pp. 90, 107, 113). In the discourse of patients with somatoparaphrenia, the breaking up of body image is associated with intrusion of the object (Morin, 2018). A man spoke of his hand as a feminine despicable object (Morin, 2018, p. 127). Four women spoke of their paralyzed hand as of a daughter of hers, with self-portraits exhibiting signs of the presence of this daughter in two of them (Morin, 2018, pp. 114–119). Patients did not elaborate around a possible subjective significance of their discourse. For example, Mrs. S. presented with a "daughter somatoparaphrenia" that seemed to exist completely apart from her neurotic mother–daughter relationship. In this case, the therapist did not find it possible to establish links between these two aspects of the patients' words.

The question "Should I-like personification be considered a variant of somatoparaphrenia?" can thus be addressed by considering three points: Does Matt's discourse and drawings reveal signs of breaking up of body image? Does Matt's discourse and drawings, in particular those referring to the paralyzed hand, reveal signs of intrusion of the object? Which subjective position does Matt adopt towards his symptoms?

Body Image in Matt's Self-Portraits

Asking someone to draw a self-portrait (Morin and Bensalah, 1998) belongs to the series of human figure drawing tests. While the Goodenough–Harris test addresses Human Figure Drawings in terms of cognitive performance

(Goodenough, 1926; Harris, 1963), Machover's Draw a Person Test (1949/1980) is used as a projective test. According to Machover (pp. 4–5), this test involves a “projection of the body image, provides a natural vehicle for the expression of one's body needs and conflicts... which could not be made manifest in direct communication.” Asking someone to “make a drawing that represents himself” obviously gives us comparable access to the drawer's subjectivity.

Body image is not broken up in Matt's self-portraits. In the first self-portrait, both arms and legs are visible. In the second self-portrait, both legs are differentiated, but only one arm is visible. Matt's drawings represent moving figures. The hands are quite large, disproportionate when compared to the rest of the body. Both self-representations show an aggressive attitude, arms stretched out forward as if with guns in hands in the first drawing, with fists clenched as if ready for battle in the second one. We know the imaginary and symbolic “connections” of the hand, making it the image and symbol of power. As a phallic signifier, the hand, which symbolizes man's mastery over the world, and which is the badge of power, also refers to a lack of being, to castration (Morin, 2018, pp. 36–42). Therefore, when representing himself with outstretched and armed hands, Matt might both affirm his virility and react to the loss caused by the alteration of his self-image — now the image of a person “reduced to a wheelchair someone pushes,” “scolded” like a child, having his hair done by his mother “like an altar boy.” Matt's self-portraits therefore put to light his neurotic problems.

Oral Concerns and Intrusion of the Object

Over-emphasis of the mouth is observed in Matt's first self-portrait. This trait is frequently tied up with food faddism (Machover, 1949/1980, pp. 43–44). The mouth, which is disproportionately large, opens into a wide smile, symbolizes a demand for food and love (Lacan, 1966/2006c). Non repressed orality figures predominate in Matt's fantasies such as conveying food for feasts (i.e., feeding others). Not surprisingly, they are associated with aggressiveness (Lacan, 1966/2006b) in his fantasies of being a sumo, i.e., being a warrior and eating a lot. However, Matt eventually criticized his confabulations. This is completely different from the case of Mr. R. (Morin, 2018, p. 104) who was unable to comment upon his feeling “like biting a carer's arm.” In addition, in Matt's case, these oral concerns never co-occurred with discourses related to the paralyzed hand. Therefore, we cannot affirm that oral objects pathologically intrude in Matt's psychic life.

The Paralyzed Hand and the Object

We have previously shown that the discourse of patients who personify their paralyzed hand attests for the repressed object coming to the fore, under the

guise of what patients say about their paralyzed hand. Should we consider that the “black-sheep hand” represents some kind of object to Matt? If so, what kind of object might the “black sheep” be?

Remembering Haag’s (1985/2018) proposition that autistic children treat their left hand as their mother treated themselves, we might consider the hypothesis that Matt’s brain lesion has brought this libidinal asymmetry to light again, i.e., RABI has brought Matt back to a development stage prior to the mirror phase. This would imply a dramatic alteration of body image, which is not observed in Matt’s self-portraits. Referring to Laufer’s (1982, p. 297) suggestion that “the hand is unconsciously identified with the caring and gratifying aspects of the mother,” we should consider the hypothesis that I-like personification could be related to Matt’s position regarding the Other’s desire.

Matt’s Subjective Position

With Matt’s questions regarding his “different selves,” his place in the family and his frantic desire to stand up, Matt expresses questions about his self-image and his value in the Other’s⁷ gaze. This permits that we propose a neurotic interpretation of his discourse and self-portraits.

It is worthwhile emphasizing that Matt insisted to represent himself climbing stairs, an activity he was practicing but was actually still unable to perform. In Matt’s eyes “moving means being free, not to be reduced to a wheelchair someone pushes.” This concern about free movement can be heard in almost all stroke patients (Morin, 2018, p. 67), who however generally produce static drawings. According to Machover, the majority of drawings obtained from an adult hospital or clinic population without brain lesion are static or at best portray a person who is taking a walk (p. 85). Children, especially boys (Machover, 1949/1980, p. 85), sometimes represent moving bodies, this being linked to fantasies of power and adventure and/or to masculine interest in physical activities (Goodenough, 1926). Therefore, we might say that Matt adopts a juvenile masculine position. Climbing up stairs concerns the lower, the sexual part of the body. This reminds us that Freud, in his dream studies, claimed that symbols such as a staircase or going upstairs represent sexual intercourse (Freud, 1901/1962b, p. 684). Other traits

⁷In the Lacanian view, “the Other” refers to the language determinations which constitute the subject, while being alien to him. Even before a person’s birth, the Other in language registers the subject at a certain place and assigns symbolic marks to him. The mother (or any helpful carer) is the first to symbolically represent the child in her words and in her relation to him, and she is radically alien to the child (because of the incest prohibition). She is thus the first incarnation of the Other. In his early dependency, the child thus first receives enigmatic messages from the Other. The way the child will hear and answer to these messages will build his subjective position. When speaking to a psychotherapist, a patient addresses his words to a figure of the Other. This address permits that the patient ponders about his subjective position.

of Figure 2b deserve comment. Matt drew the stair steps he was climbing, i.e., he represented the ground; he drew only one line to represent the bottom of his lower foot and the stair, as a result this foot seems to be fused with the step. In our experience with adults, neither stroke nor control drawers represented the ground (Morin, Pradat–Diehl et al., 2003). In children’s drawings, this trait has been considered to express a feeling of insecurity (Amod et al., 2013, p. 375; Machover, 1949/1980, p. 92). Matt’s insistence to draw buttons (see Figure 2a) leads us along the same line since Machover (1949/1980, p. 126) claims that “button emphasis along the mid-line of the trunk corresponds with subject’s body sensitivity and his extreme dependence upon his mother.”

The general attitude of the first drawing exhibits a phallic aggressive self-representation with a cartoon-like dynamic attitude: arms stretched out forward, as if the hands held guns. This reminds us of what Matt told to his psychotherapist: “Some mornings, you feel like tearing down the walls!” The hands are quite large, disproportionate when compared to the rest of the body. According to Machover (1949/1980, p. 61), hands are drawn quite large by young boys as an expression of strength. Excessive size indicates compensation for weakness (frailty, vulnerability). Let us remember the words Matt used when speaking of his paralyzed hand as suffering isolation (“a black sheep”) or ill-performing (“clumsy”).

In Matt’s first self-portrait (see Figure 2a), hair is lacking on the left part of the head. From a neurological point of view, this might be considered as a sign of left hemineglect. However, hair is also extending outside the head... leftwards. This exception to hemineglect concerns a body part which, according to Matt’s words, entailed much importance to him. Hair emphasis is generally considered an indication of striving for virility (Machover, 1949/1980, pp. 51–52). This behavior reminds us of Mr. E.’s behavior (Morin, 2018, p. 90). This man represented himself fishing in a mountain stream (a typically masculine activity), holding his fishing cane. This drawing was very sketchy, looking clumsy. However, when proposed to add something to his drawing, this man drew, with a lot of details, a very nice trout. This trout was situated in left “neglected” hemispace. Fish is a classical phallic symbol (Freud, 1900/1962a, p. 357). Thus, both Mr. E. and Matt drew a masculine symbol in their left hemispace.

Matt’s self-portraits thus put to light his concern with virility and the frailty of his manly posture. Aggressive and virile representations (hands stretched outwards, climbing stairs) do coexist with signs of insecurity and dependence to the mother (representation of the ground, disproportionate hands, buttons on the mid-line). This contrast might reflect the configuration in which Matt was trapped before the injury: dependency and aggressiveness.

That Matt judges his hand a black sheep, the very nomination he heard from his relatives when speaking of himself, sheds light on his subjective position. This suggests that Matt is fixed to his infantile relationship to his parents’ supposedly judging and dissatisfied gaze. In other words, we might consider this metaphor

as a positive reenactment of an infantile neurosis. This reenactment is however open to further elaboration: by individualizing his hand, making it exist on its own, Matt projects onto it a bad image (“a black sheep”). But, at the same time, Matt opens himself to the hope of some improvement when saying that “it will wake up and be stronger.”

These observations suggest that Matt elaborates around his symptoms. Let us compare Matt with Mrs. S. whose “daughter somatoparaphrenia” seemed to exist completely apart from her neurotic mother–daughter relationship. During psychotherapeutic sessions, the patient never established any link between these two lines of her discourse. By contrast, Matt’s words suggest that individualizing his hand — making it exist on its own — makes sense in his subjectivity. Matt’s words in the last session (“Who am I? Where am I? What am I here to do? How can I reconcile all my different selves?”) reveal that Matt ponders about his subjective position, an attitude we did not previously observe in somatoparaphrenic patients.

Conclusion

The patient we describe here spoke of his paralyzed hand with the very terms he used when speaking of himself, a discourse we called I-like personification. He presented with body schema disorders, body image disorders and expressed rather raw oral concerns, a combination of traits we have previously shown to be characteristic of somatoparaphrenia — personification of the paralyzed arm as a foreign person. It might have been tempting to consider, as a consequence, that I-like personification was a form of somatoparaphrenia. However, the analysis of the patient’s psychotherapeutic interviews and self-portraits made us reject that hypothesis and consider that Matt basically presented with a neurotic psychopathology. In our reflections, we attached an uppermost importance to Matt’s discourse regarding his symptoms. This shows that whether patients are brain injured or not, the main guideline for the analysis of their discourse turns out to be their subjective position vis-à-vis their symptoms.

References

- Amod, Z., Gericke, R., and Bain, K. (2013). Projective assessment using the Draw-A-Person Test and Kinetic Family Drawing in South Africa. In S. Laher and K. Cockcroft (Eds.), *Psychological assessment in South Africa. Research and applications* (pp. 375–393). Wits University Press. doi: 10.18772/22013015782.31
- Babyar, S.R., Peterson, M.G.E., Bohannon, R., Pérennou, D., and Reding, M. (2009). Clinical examination tools for lateropulsion or pusher syndrome following stroke: A systematic review of the literature. *Clinical Rehabilitation*, 23(7), 639–650. doi: 10.1177/0269215509104172
- Bruguière, P., Morin, C., Maddux, B., and Pradat-Diehl, P. (2022). Contribution of psychoanalytical psychotherapy to the rehabilitation setting for a patient with acquired brain injury. *Journal of Psychosocial Rehabilitation and Mental Health*, 10, 107–117. doi: 10.1007/s40737-022-00299-z
- Critchley, M. (1962). Clinical investigation of disease of the parietal lobes of the brain. *Medical Clinics of North America*, 46, 837–857.

- Eposito, E., Shekhtman, G., and Chen, P. (2021). Prevalence of spatial neglect post-stroke. A systematic review. *Annals of Physical Medicine and Rehabilitation*, 64(5), 1014-1019. doi: 10.1016/j.rehab.2020.10.010
- Freud, S. (1962a). The interpretation of dreams. In J. Strachey (Ed.), *The Standard edition of the complete psychological works of Sigmund Freud: The interpretation of dreams* (second edition) and *On dreams* (pp. 339–630). The Hogarth Press and the Institute of Psycho-analysis. (Original work published 1900)
- Freud, S. (1962b). On Dreams. In J. Strachey (Ed.), *The Standard edition of the complete psychological works of Sigmund Freud: The interpretation of dreams* (second edition) and *On dreams* (pp. 629–686). The Hogarth Press and the Institute of Psycho-analysis. (Original work published 1901)
- Freud, S. (1964). Anxiety and instinctual life. In J. Strachey (Ed.), *The Standard edition of the complete psychological works of Sigmund Freud: New introductory lectures on psycho-analysis and other works* (pp. 81–111). The Hogarth Press and the Institute of Psycho-analysis. (Original work published 1933)
- Goodenough, F. (1926). *Measurement of intelligence by drawings*. World Book Company.
- Haag, G. (2018). La mère et le bébé dans les deux moitiés du corps. In G. Haag (Eds.), *Le moi corporel. Autisme et développement* (pp. 25–48). Presses Universitaires de France. (Original work published 1985)
- Harris, D.B. (1963). *Children's drawings as measures of intellectual maturity*. Harcourt, Brace and World.
- Hécaen, H., and Sauguet, J. (1971). Cerebral dominance in left-handed subjects. *Cortex*, 7(1), 19–48.
- Lacan, J. (2006a). The mirror stage as formative of the I function as revealed in psychoanalytic experience (Le stade du miroir comme formateur de la fonction du Je telle qu'elle nous est révélée par l'expérience psychanalytique) [B. Fink, H. Fink, and R. Grigg, Trans.]. In *Jacques Lacan. Écrits. The first complete edition in English* (pp. 75–81). Norton. (Original work published 1966)
- Lacan, J. (2006b). Aggressiveness in psychoanalysis (L'agressivité en psychanalyse) [B. Fink, H. Fink, and R. Grigg, Trans.]. In *Jacques Lacan. Écrits. The first complete edition in English* (pp. 82–101). Norton. (Original work published 1966)
- Lacan, J. (2006c). The subversion of the subject and the dialectic of desire in the Freudian unconscious (Subversion du sujet et dialectique du désir dans l'inconscient freudien) [B. Fink, H. Fink, and R. Grigg, Trans.]. In *Jacques Lacan. Écrits. The first complete edition in English* (pp. 671–702). Norton. (Original work published 1966)
- Laufer, M. (1982). Female masturbation in adolescence and the development of the relationship to the body. *International Journal of Psychoanalysis*, 63(3), 295–302.
- Leader, D. (2016). *Hands: What we do with them – and why*. Hamish Hamilton.
- Machover, K. (1980). *Personality projection in the drawing of the human figure (A method of personality investigation)*. Charles C. Thomas. (Original work published 1949)
- Morin, C. (2018). *Stroke, body image and self-representation*. Routledge.
- Morin, C., and Bensalah, Y. (1998). The self-portrait in adulthood and aging. *International Journal of Aging and Human Development*, 46(1), 45–70. doi: 10.2190/U3P8-8YBF-0DL0-HV2P
- Morin, C., Pradat-Diehl, P., Robain, G., Bensalah, Y., and Perrigot M. (2003). Stroke hemiplegia and specular image, Lessons from self-portraits. *International Journal of Aging and Human Development*, 56(1), 1–41.
- Morin, C., and Thibierge, S. (2006). Body image in neurology and psychoanalysis: History and new developments. *Journal of Mind and Behavior*, 27(3–4), 301–318.
- Morin, C., Timsit, S., Durand, E., Marchal, F., Manai, R., Perrigot, M., Pradat-Diehl, P., and Rancurel, G. (2003). Discours sur la main, asomatognosie et hémiparésie. *Annales de Médecine Physique et Réadaptation*, 46, 514.
- Saetta, M., Brugger, P., and Michels, L. (2021). Where in the brain is “the Other’s” hand? Mapping dysfunctional neural networks in somatoparaphrenia. *Neuroscience*, 10, 476, 21–33. doi: 10.1016/j.neuroscience.2021.09.007
- Thibierge, S., and Morin, C. (2010). The self and the subject: A psychoanalytic Lacanian perspective. *Neuropsychanalysis*, 12(1), 81–93.
- Winnicott, D.W. (1982a). Transitional objects and transitional phenomena. In D.W. Winnicott and C. Winnicott (Eds.), *Playing and reality* (pp. 1–25). Routledge. (Original work published 1967)
- Winnicott, D.W. (1982b). Mirror role of mother and family in child development. In D.W. Winnicott and C. Winnicott (Eds.), *Playing and reality* (pp. 111–118). Routledge. (Original work published 1967)