

Narration, field, transformation

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Marina is in her fifth year of a four-session-a-week analysis on which she embarked because of depression with persecutory ideas. Two sessions having been missed on account of a two-day public holiday, she arrives with a dream in which there were two doors that opened and outside was Mr *Contri*; she was terrified as he could burst into her house at any moment. But *her husband* was also there: he closed two other doors and she felt relieved.

She then describes to me how hard it is for her to come to Pavia because *her elder sister* who tells her things she finds intolerable lives there: every time it is a thoroughly disagreeable experience, as she brings up memories from their early childhood – things that ought to remain unsaid.

Seeing the patient's communication as a response to the persecution aroused by our encounter and my interpretations, and staying with its manifest text, I tell her that she seems to be afraid of *a non-containing sister* who floods her with anxiety rather than receiving her and her concerns. Marina goes on to say that this was precisely her experience as a little girl with her elder sister, but it was even more the experience of her little brother, who had been abused by the *caretaker* [*bidello* in Italian] – or, at least, he is afraid that this might have happened.

(I of course see all these communications as also connected with my interpretations in the previous sessions, which have been experienced as non-containing by various *characters* of the field.)

I tell her that I can well understand the suffering aroused by this lack of containment by *adults* in her and her brother (I naturally think of the *brother* [*fratello* in Italian] as a part of the patient that feels abused by *me-the-caretaker* [*me-bidello*]): it is like putting dirty washing in a washing machine that makes it even dirtier instead of cleaning it. “That’s exactly what happens!” Marina replies.

I now feel able to give an interpretation, and say that, unlike the situation in the early days of the analysis when missed sessions were a source of suffering, it is now sessions she *does* have that make her suffer, and *I* am there as Mr “Contri”, who tells her things that go *against* [*contro* in Italian] the grain and take away her sense of well-being – a sense that I give her when, like her husband in the dream, I close the door of my consulting room on public holidays.

Marina fully confirms the accuracy of this interpretation of mine, adding that this time, though, it has been worth while coming to Pavia for her session. At this point I intend to remark that what is happening does not seem to me to be a turn for the worse, but instead to mean that she is now able to touch upon deep and fundamental aspects – but in a slip of the tongue I say: “Well, like this it’s certainly no better – er, I mean no worse!”

“Your slip is the last straw,” Marina replies, “you’ve ruined my day – my whole week – I’ll feel awful because I’ll be thinking that things are worse than they were before, that I’m not making any progress and that I’m going backwards instead.” I respond: “So there I am again as Mr ‘Contri’: I’ve flooded you with anxiety, and I’m a presence that makes you feel bad.” “There always seems to be *the other side* that comes out,” she answers, “like with *Contri* and my *husband*.”

My response – which includes a minor self-disclosure about the experience that led to my slip – is: “Well, I really do feel bad if you tell me you feel happier when we don’t see each other, but apart from my displeasure, it is much better that you can now express your own bad feeling about the *en-counter* [in Italian there is a pun here on *in-control/incontro*, signifying both going *against* the grain and *encounter* or *meeting*] with me, with another human being” – a bad feeling that could not previously find expression.

“But,” Marina goes on, “you don’t understand: that’s where we are now. It’s as if now you had the courage to act like a heart surgeon and take my heart in your hands, or a lung specialist who finally inserts a tube to drain a mediastinal abscess that was responsible for severe fevers with no obvious cause.” The session continues with various scenes of parents and children in the present and the “past”.

The session appears to me to be like a dream of minds in which various stories from different times and places in the field come up, are diffracted and interweave. The shared experience is that of allowing the circulation of emotional states, affects and thoughts, while the analyst – who is also a place within the field – guarantees and safeguards the setting and promotes dream-like activity in the couple. The session becomes a shared dream that is narrated jointly and acted out jointly; it dispenses with any real or historical truth in favour of an emotional and narrative truth, in which what comes to life are stories, transformations, insights and in particular attitudes – that is, attitudes to be dreamed, to be transformed into reveries, emotions, images and the ability to dream what was exerting pressure in the form of sensory-input-as-abscess, which was previously inaccessible.

Each session is a pearl, a grain of the necklace or rosary that leads, through all the “mysteries”, not to contents but to the ability to travel both forwards and backwards, as in a science-fiction film in which time travel is possible. In other words, analysis leads to development of the mind – of the capacity to dream, to feel and to think. Then there is complete freedom of content.

For me it makes very little difference if a patient’s analysis features a scenario from infancy, a Western, a science-fiction film, his “workplace” or his “relationship with his wife”: the engine of the analysis and of narrative and mythopoietic activity is the need for the unsayable and the incapability-of-saying to find a space-time that will lead to the ability to dream, to think and to say.

Marina begins the session after the one just described by mentioning a patient of hers who has intense affective impulses that seem to swing from one extreme to the other and can often hardly be distinguished from instances of incontinent acting-out. She goes on to say that, for this patient, “his parents’ death” was the traumatic event, just as for his wife the trauma was “her sister’s death” – it was like being knocked down by a train and overwhelmed. She goes on to describe her own experience of not being understood, and how that is enough to strip all the joy from her life and sometimes even to take away her will to live. At this point I feel able to remark that perhaps it is precisely when she feels that she is not being understood by me that she is overwhelmed by emotions that she cannot contain, so that she ends up feeling like a parentless orphan in despair. The patient fully accepts this and says that right outside my consulting room she has seen posters advertising the film *Oliver Twist* and has decided to go

and see it, because that's exactly what she feels when her husband doesn't understand her – but what can be done about it? How should she set about tackling her frustration without being overwhelmed by it?

I tell her that in time we shall have bigger saucepans that will be able to contain the emotional ingredients that at present still slip out. “Now you really have done it,” she says. “You've ruined my day! Never, never give me culinary examples: I hate culinary examples; only my mother knew how to cook, I can't cook, I hate cooking.”

“But perhaps,” I add, “the *absent mother* we have often talked about not only stands for the fact that your mother was so rarely there for you when you were small, but is also telling us about all the feminine aspects of yourself that you felt you had to give up because they belonged to your mother and you needed to avoid any rivalry with her in case you felt guilty about being the cause of her absence.” (In this way I am implicitly interpreting her difficulty in progressing her own career plans, which she is afraid will give rise to rivalry with me, so that I backdate them to the history and place them in a different scenario from the present one; at the same time I am indirectly interpreting the disavowed pain at missing the two sessions.)

Marina is touched by this intervention and says that, while she doesn't know about the cooking, what she can do is to knit: she can certainly handle the *needles* [*ferrì* in Italian, the plural of *ferro*, which is also the analyst's name]. But cooking too might be something nice. Then she says that the farm next to hers is for sale and that she and her husband have decided to buy it; it's expensive, but worth it as they would then have a garden or park that would allow them to keep lots of animals as she and her husband have always wanted, and not just small animals, which were the only ones they could have up to now.

It is by working together on the emotions present in the field, by weaving and reweaving them, that it becomes possible – through reverie and being in unison – to develop the container-contained (♀♂). The outcome of the drip-drip of transformation occurring session by session is enlargement of the “farm” – the ability to use the “knitting needles [*ferrì*]” and to weave protoemotions into images and stories of previously blocked memories, or even into memories of things that never actually happened but are constructed in the field and are then

backdated by ongoing movements of *Nachträglichkeit*. In other words, Marina is developing capabilities – not least, the capability of containing and dreaming.

The course of any analysis depends, too, on the type of functioning of the specific analytic couple at work, and the very sense of the natural unfolding of a process is lost. Each couple will have its own way of proceeding in the work of analysis, and the events of an analysis – negative therapeutic reactions or psychotic or negative transferences (or countertransferences) – will also belong to that couple.

Of course, a limit is set to the subjectivistic drift by the analyst's ethical code, his personal analysis, his preparation and his responsibility for ensuring that the narrated facts are the ones that are exerting pressure pending their alphabetization by the analytic couple and not other facts (such as confirmation of the analyst's theories or avoidance of possible mental pain).

Clearly, a field theory in which the analyst is deemed to be intensely involved in the course of an analysis calls, on the part of the analyst, for constant vigilance and maintenance of his principal working instrument – namely, his mental life.

Defined in this way, the field takes on the following characteristics:

- It becomes the space-time in which the emotional turbulence (β -elements) activated by the analytic encounter is initiated.
- It is a function of the two members of the couple, with a very high degree of non-saturation.
- It is the matrix that will generate the development of the α -function and of the container from the capacity for reverie and from the availability for being in unison that are present within the field itself (Ferro, 2006).

The transformations of the field take place by way of an ongoing process of co-narration between analyst and patient, who become “two authors in search of characters” (Ferro, 1992) who alphabetize the protoemotions and enable them to evolve constantly.

In the field, the semantic halo of the concept of interpretation is widened and extends also to all the analyst's unsaturated, seemingly conversational interventions. What is central to the field is the analyst's reverie, in the sense of his ability to come into contact with his waking dream thought (and the subunits of which it is composed) and to narrate it in words, thereby activating transformations of the field. However, the narrative derivatives of the patient's waking dream thought are no less important.

From one point of view – albeit not the only one! – the patient's narration can be seen as an ongoing renarration of the way in which he “films frame by frame” or “dreams” the elements, events and lines of force of the field. Considered in these terms, there is nothing the patient says that is not relevant to the field. *What was previously attention to observing the patient's communication and attention to the countertransference undergoes a shift, becoming instead attention to the figures that come to life in the field, which emit constant signals of the life of the field. This allows the constant subliminal deconstruction of the tangled skein of the transference into narrative subunits that can be individually transformed and constantly reassembled.*

It is essential to supplement the complexity of the present, horizontal field that lives in the here and now with the equal complexity of a vertical field that also includes multigenerational aspects: temporality thus enters the analyst's consulting room. In this way we are confronted with a geometry not only of the “internal world” and of the “relationship”, but also of histories and their transmission. Now it is not only the analyst and the patient who are present and active with their two-dimensional “photographs” of parents, uncles and aunts, and grandparents that will be interpreted and unveiled by transference interpretations; now there are also three-dimensional presences and characters from different times, which ask for permission, or somehow need, to take the stage in their own right. Once this point is reached, any interpretation “in the field” is a transference interpretation.

We thus face a complexity with which we are not always equipped to deal, and which gives rise to many other questions, such as: How can the narrative function of the field “link together” pockets of unthinkability? How do the transgenerational aspects of the analyst make their appearance in the room, as elements that concern his person and history, as well as transmission of the analytic function, including any blind spots (to which, fortunately, the

field may draw attention if it is listened to)? Other wide-ranging issues arising are the concepts of projective identification and emotional turbulence. This situation may be likened to the beginning of the film *Jurassic Park*, in which fragments of DNA have persisted, and we may consider that a mind can develop only by way of bringing back into the present elements that have been split off – or never represented at all – which must find a form in which they can live again, or indeed live for the first time.

Whereas the “double multipersonality” of analyst and patient (Baranger, 1963) previously opened up for us myriads of possible universes along the axis of space, now it cannot fail also to give us access to ramifications in time – as Borges puts it, to a “web of time [...] the strands of which approach one another, bifurcate, intersect or ignore each other”, to the world of “uchronies”, or utopias of history. We are thus provided with possibilities which are mere exercises in terms of the history of civilization (suppose that Custer had won the Battle of the Little Big Horn), but which, from the point of view of a personal history, can, by virtue of *Nachträglichkeit*, become thoughts. Then the reality of the future can be changed, and also – why not? – that of the past: and this, by way of the possibility of opening up and rewriting a history in a way that never happened, seems to me to be the richest gift that analysis can offer.

What I have *borrowed from Bion* is the concept of waking dream thought as the fruit of the ongoing work of alphabetization performed by the α -function on the whirlwinds of protosensoriality and protoemotions (β -elements), thereby giving rise to α -elements. These pictograms admittedly remain unknowable, but can be approached by way of their narrative derivatives.

The analyst gives an interpretation, and the patient’s reaction to it can also be understood as a description of what it has activated inside him. A given interpretation may be followed by an infinite number of responses from the patient, extending from “Yesterday I saw Baghdad being bombed on TV” to “Yesterday I saw Father Christmas giving presents to children”, or from “Yesterday a dog tried to bite me” to “A kitten came up to me affectionately”.

Sessions can be regarded as filled with projective identifications – hopefully far more numerous in the patient-to-analyst direction than the other way round – the activation of an α -function or α -functions and protosensory whirlwinds. The α -functions of the field begin to

generate a “waking dream thought” within the field which remains unknown. From this there come into being the *narrative derivatives* or narrations of the consulting room. The patient’s transference, which carries with it β -, α - and α -elements, collides with the analyst’s mental functioning, thus immediately giving rise to the situation of a group made up of two members – a situation in which it is the field itself that is constantly dreamed and redreamed. The transference in effect undergoes a diffraction into a multitude of narrations and of characters which are “chimeras” of the “then and there” and the “here and now” and which result from the interaction of the two minds.

If a dreamlike form of functioning of the field is deemed to exist from the beginning, there is no communication that cannot be seen as both activating and belonging to the field itself. Even facts that are seemingly most solidly anchored in reality are in the nature of “narrative hooks” that enable us to approach and assign meaning to the dream thought. And even the most subjective entities, such as a patient’s dream, belong to the field for the assignment of meaning to it and for signalling its waking-dream movements in relation to the moment when it (the dream) is narrated.

If a woman patient tells of a daughter who cannot bear to be touched, of a smaller son who likes tokens of affection, of a father who is not genuinely available, of a very depressed female friend whose boyfriend is furious because his wife has left him, and then of a film she has seen on TV in which a deceived husband tries to kill his wife, and so on and so forth, she is describing the emotions present in the current field; although these could all be gathered up into a transference interpretation, that would be tantamount to serving up raw the entire week’s shopping, including deep-frozen food. The field makes it possible to describe, assemble and group together these emotions, to clarify them and bring them into focus, using the characters as “oven gloves” to get hold of scalding contents. Meanwhile the analyst is certain that the patient’s communication is a diffractogram of the current situation of the field, whose ingredients that are waiting to be brought into focus, transformed and digested have to do with the intolerability of contact (perhaps the inadequacy of ♀ when confronted with hypercontents), lumps of tender feelings in the course of development, blocked containers, fury and rage, jealousy, murder, and so on.

These emotions can be “cooked” by narrative transformation, by the use of unsaturated interventions alternating with interpretations in the transference – but after such transference

interpretations the patient's response must always be "tasted" so as to determine which ingredients we must use to enrich or to lighten the dish represented by the next interpretation.

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