Transformations in dreaming and characters in the psychoanalytic field:
Preliminary reflections on the differences between theoretical models in psychoanalysis

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Abstract:
Having reviewed certain similarities and differences between the various psychoanalytic models (historical reconstruction/development of the container and of the mind’s metabolic and transformational function; the significance to be attributed to dream-type material; reality gradients of narrations; tolerability of truth/lies as polar opposites; and the form in which characters are understood in a psychoanalytic session), the author uses clinical material to demonstrate his conception of a session as a virtual reality in which the central operation is transformation in dreaming (de-construction, de-concretization, and re-dreaming), accompanied in particular by the development of this attitude in both patient and analyst as an antidote to the operations of transformation in hallucinosis that bear witness to the failure of the functions of meaning generation. The theoretical roots of this model are traced in the concept of the field and its developments as a constantly expanding oneiric holographic field; in the developments of Bion’s ideas (waking dream thought and its derivatives, and the patient as signaller of the movements of the field); and in the contributions of
narratology (narrative transformations and the transformations of characters and screenplays). Stress is also laid on the transition from a psychoanalysis directed predominantly towards contents to a psychoanalysis that emphasizes the development of the instruments for dreaming, feeling, and thinking. An extensive case history and a session reported in its entirety are presented so as to convey a living impression of the ongoing process, in the consulting room, of the unsaturated co-construction of an emotional reality in the throes of continuous transformation. The author also describes the technical implications of this model in terms of forms of interpretation, the countertransference, reveries, and, in particular, how the analyst listens to the patient’s communications. The paper ends with an exploration of the concepts of grasping (in the sense of clinging to the known) and casting (in relation to what is as yet undefined but seeking representation and transformation) as a further oscillation of the minds of the analyst and the patient in addition to those familiar from classical psychoanalysis.

Summary:
On the basis of clinical material and technical considerations, the author attempts to demonstrate the transition from a psychoanalysis directed towards contents to a psychoanalysis interested predominantly in the development of the instruments for dreaming, feeling, and thinking. Transformation in dreaming of the patient’s communications and development of the capacity for being in unison are deemed to be of central importance to this development.
My intention in this contribution is to demonstrate on the basis of ample clinical material, as it were in the flesh, the theoretical model that inspires my psychoanalytic practice. This clinico-theoretical profile conforms to the approach espoused by many authors who have considered in depth the common ground and the differences between the various models (e.g. Wallerstein, 1988, 1990, 2005; Kernberg, 1993, 2001; Gabbard, 1995; Gabbard, Western, 2003; Green, 2005). A number of studies of the implicit models used by each analyst at work have recently been published in book form after prolonged consideration of the approaches of analysts of different orientations (Canestri, 2006; Tuckett et al., 2008). I regard this framework as a background for shared reflection, which, while I cannot review it here, leaves me free to bring out in my own way the sometimes profound differences observed and the consequent technical implications of my model.

In my view, in order for the term ‘psychoanalysis’ to be used legitimately, three invariants are indispensable: first, the conviction that an unconscious exists (even if it may assume a variety of forms); second, respect for the unvarying elements of the setting; and, third and last, an asymmetry, with the analyst taking full responsibility for what happens in the consulting room. On the other hand, there are numerous differences between the various models. Some of those which I regard as most significant will be considered below.
a) A particular fault line (or point of distinction) between models is whether they place the emphasis on the operation of historical reconstruction; on making what was unconscious conscious, in terms also of the various forms of phantasizing the internal world; or on expanding the instruments for containing protoemotions (the container) and transforming them (the α-function). A possible middle way is to consider that the operations of historical reconstruction (or mythical construction of the history) or of the unveiling of unconscious phantasies are important not only in themselves but also in so far as they – like other dialects and scenarios, such as the here-and-now, the internal world, or transformations in the field – become the occasion for and vehicle of development of the container and of the α-function, or rather, of what Grotstein (2007) called the ‘dreaming ensemble’, even if this takes place without analyst and patient being aware of it.

b) Another distinction between models concerns the significance to be assigned to the range of dream-like manifestations in a session. Whereas some regard dreams as significant events of the session and interpret them by a set of strong procedures (Freud, 1899), others focus on the activity of reverie in the session – i.e. the occurrence, in the analyst’s mind, of images connected with what is happening in the analytic relationship – as a central and indeed essential element in the development of an analysis. Yet another possibility is to consider the entire session as a dream, in which case the analyst’s most important activity becomes the process of transformation in dreaming, which operates at all time by way of a particular filter that precedes each of the patient’s communications with
the words: ‘I had a dream in which ...’ In this approach, each narration or character in effect becomes part of a series of holograms which capture the emotional reality of the field that is seeking representation (Ferro, 2002b, 2006c; Ogden, 2003, 2005; Botella C, Botella S, 2001).

c) Another criterion is the degree of reality attributed to the patient’s communications, extending from a totally historico-realistic form of listening, via a form of listening centred on the reality of the patient’s internal world as being just as real as the external world (Klein), to a kind of listening that deliberately, as it were ad absurdum, assumes a zero degree of external reality in any communication by the patient, thus making the session a privileged space and a unique opportunity for transformation of the mental functioning of patient and analyst alike (Ferro, 2002a, 2005a). Winnicott (1971) had already asserted that psychoanalysis is a particular form of play in which dream-like potentials are projected and external phenomena are placed in the service of dreaming.

I must of course emphasize that my approach, which lays stress on the oneiric status of analytic sessions, relates exclusively to analytic work; other vertices will call for a different perspective.

d) Another important factor is the importance to be assigned to the polar opposites of truth and lies and all intermediate states. This aspect is in turn a variable even in models that are otherwise internally homogeneous. The spectrum extends from historical truth to narrative truth – cf. the classical
contributions of Spence (1982), Schafer (1992), and Hanly (1990) – to the ‘truth’ of emotional contact with oneself as an indispensable prerequisite for any possible psychoanalytic empathy (Bolognini, 2002), and hence to the truth of the functioning of the internal world, to different conceptions of ‘O’ (Bion, 1970), and ultimately to consideration of the facts of the session as make-believe. This leads to concepts such as the level of truth tolerable to thought, and indeed the notion of being in unison with the patient’s manifest communications, as well as the analyst’s preliminary capacity to tolerate degrees of lies and distortion (Ferro et al., 2007).

e) The different possible interpretive modalities, too, are worthy of mention. These include reconstructive interpretations; interpretations of the transference and in the transference; unsaturated or saturated interpretations of the field or in the field; and co-constructed interpretations (the co-pensée, or ‘co-thinking’, mentioned by Widlöcher, 1996). Whereas these are beyond the scope of this paper, they are discussed in previous contributions of mine (Ferro, 1996, 1999). Another aspect that is perhaps even more relevant concerns the various approaches to what a patient says ‘after’ receiving an interpretation (Joseph, 1985; Faimberg, 1996; Ferro, 2002a, 2006b) – ranging from disregarding the problem altogether to seeing the response as stemming from the distortions effected by the patient’s way of listening, or to regarding what the patient says as an instant dream about the interpretation received and its effects. From this point of view, a constant engine of the field is represented by the constant après-coups (instances of Nachträglichkeit) that ensue from listening to the response to
an interpretation (this response need not necessarily be interpreted), which will help the analyst to modulate his interpretations in the future. This process of *micro après-coups* (Guignard, 2004) is also the way in which everything worked on in the field up to a certain point comes, in the form as it were of mathematical summations, to re-inhabit the internal world and even the history, thereby transforming that history *a posteriori* – or, dare I say, along the lines of Bion’s (1977) *Memoir of the future*, ‘inventing’ it?

f) Another possible way of mapping the differences between psychoanalytic approaches concerns the priority accorded to the concepts of transference (whether as a repetition of what cannot be remembered, or as the projection of phantasies to the outside) and of relationship – which also takes account, albeit to different extents, of the analyst’s subjectivity (Renik, 1993; Smith, 1999) and his particular mental functioning ‘on a given day’ (Bion, 1992; Ferro, Basile, 2004). We cannot of course dispense with the level of listening and interpretation which we predominantly espouse – the oedipal level, the pre-oedipal level, the level of psychotic anxieties, or those even more subterranean, albeit omnipresent, levels such as the contiguo-autistic ones so admirably described by Ogden (1989), which constitute one of the possible ways of functioning of every mind (Bleger, 1986). Each of these choices obviously implies different strategies, ranging from those with a more content-related stamp (repression, conflicts) to ones which

1 [Translator’s note: For convenience, the masculine form is used for both sexes throughout this translation.]
focus on increasing the emotional voltage that can be tolerated by a mind by way of the development of the instruments for thinking thoughts (Ferro, 2006c).

Other points worthy of exploration, which I unfortunately cannot consider here for reasons of space, are the criteria of analysability, termination criteria, conceptions of sexuality, the aims of analysis, and the seeds of illness and recovery. For me, the various factors that determine illness or recovery obviously coincide with the insufficiency or efficiency, as the case may be, of the ‘dreaming ensemble’ mentioned above, and in this respect I fully agree with Grotstein (2000, 2002) and Ogden (2003, 2005).

Clinical work as the Rosetta stone

André Green (1989) has already used the term ‘clinical thought’, and for me a useful key to the various models is their specific conception of ‘characters’ in a session. If a patient says she is tormented by the constant gynaecological examinations she has to undergo, which she experiences as intrusive and humiliating, then tells how she has suffered from gastro-oesophageal reflux, and finally informs the analyst that, after taking homeopathic doses of a drug recommended to her by a friend, she felt very ill and brought everything up again, we may wonder how we should understand these various characters.

One approach would be to see them as characters that also belong to the patient’s real external life experience (as well as her historical experience, with traumatic
nodes that must be disinterred); a second possibility would be to refer them to the current movements of the transference, with a drift of collateral transferences; or, finally, they could be seen as holograms, markers, or affective icons cast with a view to expressing the waves and lines of emotion present within the emotional field of the session. From this last perspective, the gynaecologist would be connected with an analytic posture felt to be intrusive; the violated intimacy would correspond to an effect of the analytic work; the gastro-oesophageal reflux would stand for an area of incontinence in the field; and the friend who gives her the homeopathic dose would have to do with a type of interpretive activity which, taken even in minimal doses, makes the patient feel ill; and so on. This emphasis on the various possible conceptions of characters, which will not necessarily be anthropomorphic (Ferro, 1992, 1996; Ferro, Foresti, 2008), is clearly brought out by La Farge (2007) and Cairo (2007).

In this way, we have come directly to the concept of the psychoanalytic field. Here, whereas the form of listening is not very different from what might be imagined in a very strong relational theory, the analyst’s manner of interpretation is very different. The analyst is now no longer driven to interpret everything at all times in terms of transference (or ‘in the transference’, in the more attenuated relational form – Gibeault, 1991), but instead bears firmly in mind that there is no communication, character, narration, or turbulence that does not pertain, or belong, to the field; this enables him to give much more unsaturated interpretations, and to be prepared at all times to apprehend the patient’s response to an interpretation as a signal of the movement of the field.
Let us consider the following responses by a patient to an interpretation. ‘Today I had to run away from a dog that wanted to bite me.’ Or, very differently, ‘Today my cousin absolutely hit the mark with the medicine he gave me.’ Or, again, ‘I went to my grandmother’s for supper, but she only gave me some thin soup, so I ended up starving hungry and furious.’ In other words, the patient – or any other element of the field – is constantly signalling the patient’s perception of the analyst’s intervention (or silence), and this becomes the starting point for subsequent adjustments made with a view to keeping a process of transformation active and ensuring that it is not blocked by an excess of persecution or by insufficient interpretive activity. Even infancy and sexuality can become entities that are not only significant in and of themselves, but also characters signalling how the field is functioning.

A. Narrations in the field: the ‘incontinent’ grandfather

Consider a woman patient who responds to certain interpretations in one of the first sessions of her analysis as follows: ‘When I was a little girl, I used to visit my friend Matilda and felt perfectly trusting, but I would never have expected her grandfather – when we were left alone together – to upset me so much by touching me under my skirt. I remember running away, determined never to return.’
In the first model for the understanding of characters, the analysis would flow precisely from the narration presented, through the gradual undoing of the repression of real infantile experiences, of events that had actually happened, which would be progressively ‘remembered’ or, if repeated in the transference, worked through and detoxified. What was previously unconscious, giving rise to inhibitions and a sense of guilt, would, by becoming conscious, melt away like snow in the sun; and the analyst would be an Hercule Poirot, or a Homer singing while exploring the patient’s odyssey until she eventually lands at the Ithaca of self-knowledge.

In the second model of characters, the same narration would be seen and interpreted predominantly as an experience closely bound up with the current state of the relational situation: the patient is saying that she unexpectedly felt touched at a deep level by the analyst’s interpretations, in an excessively intimate manner and with scant respect for her emotions, so that she did not wish to continue with such a disturbing analytic experience.

In the third form (which I would describe as a *constantly expanding unsaturated field*), the analyst listens to the manifest communication about the patient’s infancy and fundamentally respects this level of the narration, while at the same time listening to the second level, that of the current relational situation, without needing to interpret it, but regarding it as a signal from the field of excessive closeness and depth of interpretive activity, which will consequently be modulated. The door will also be opened to the experience, in a particular
situation such as that permitted by the analytic setting, of the patient and her feeling that her affective world is intruded upon by tumultuous and abusive protoemotional states of her own, given that she lacks the ‘equipment to contain and metabolize them’ (insufficient ♀ and insufficient α-function).

If the analyst bears in mind the necessity of respecting the narration in the present situation, the response to the quality of his interpretations, and the type of instruments for thinking thoughts available to the patient, this will open the way to further narrative operations belonging to the patient’s infancy, to her here-and-now, and to her interior life, in a constant process of alternation between different listening vertices. A new and unpredictable ‘romance’ will arise from the mating in the session of the two co-narrators, who will have to come to terms, on an ongoing basis, with the quantum of repressed, split-off, and unthinkable entities that will enter into the present situation of the field, and with whatever proportion of these, ‘transformed’ in accordance with the interaction of the minds involved, will return and come to inhabit the patient’s internal world and history – although a last word in this transformational narrative will never be spoken. The history too will be a ‘mythical’ locus of the field, and it will be more important to learn to read and produce new languages and alphabets than to become acquainted with any history. In other words, instead of a psychoanalysis of contents and memories, we shall have a psychoanalysis that gives priority to the development of the apparatuses for dreaming, feeling, and thinking (Ferro, 2006a, 2008).
B. Transformations in dreaming: deconstructing and deconcretizing communications

I shall now reconsider in clinical terms the concept of ‘transformations in dreaming’, in which the analyst precedes every communication by the patient with a kind of ‘magic filter’ comprising the words ‘I had a dream in which ...’; this represents the highest possible level of positive functioning of the field – namely, when the field itself dreams. Sense data are transformed by the $\alpha$-function into thought.

Take the communication by the patient who mentioned her shame at the examination by the gynaecologist, which she experienced as intrusive, and the drug supplied by her friend. Listening to these communications as ‘I had a dream ... in which there was a gynaecologist who ... and a friend who ...’, we find that this immediately opens the way to much wider and sometimes even unforeseeable possibilities of understanding and managing the communication itself. Again, in my view, ‘narrative deconstruction’ is one of the main operations enabling the analyst’s mind to grapple with the activation of transformational processes.

Bollas (1999, p. 85) holds that the aim of psychoanalysis is the method of free associations, a new form whereby the self can speak, and that free associations lead to a deconstruction of the relationship, which is thereby placed in the service
of the subversive aim of mental evolution. This deconstruction opens up previously blocked vertices.

Here are two clinical examples:

a. The breast operation

A female patient says: ‘I’ve decided to have an operation because I’m not satisfied with my breast.’ The analyst’s possible interpretations or thoughts of course cover an infinite range, depending on the contextualization of the communication, the patient’s associations, and the analyst’s explicit or implicit models – as well as, I would add, his mental state on a given day. For instance, the analyst may see the patient’s communication as a prelude to acting-out, as a description of an aspect of herself that the patient does not like, as expressing a need to make herself more attractive, as a reproach to the analyst, and so on. The analyst will listen very differently if, as stated earlier, he automatically precedes the communication with the words ‘I had a dream ...’, so that the communication becomes: ‘I had a dream in which I decided to have an operation because I was not satisfied with my breast.’ At this point, the analyst’s listening is expanded and deconstructed: What is the operation? What is the breast? What is the patient not satisfied with?

The range of meanings is extended; the communication could, for example, be taken as a signal of the patient’s dissatisfaction with her analyst (the breast?) and of her wish to undertake ‘operations in her sessions’ directed towards
changing his mental attitude. The number of variables is infinite. Tangential questions now also arise. For instance, what aspect of her breast is she not satisfied with? Or, what would she like to change in her breast? This could lead to the acquisition of previously unthinkable components of screenplays or film sets. Hence, as Baranes and Sacco (2002) write, de-constructing also means de-concretizing the communication, thus opening the way to a myriad of other possible reading vertices.

b. The status of elements outside the field: a place for Cochise

The analyst’s capacity to dream communications made to him, even in a supervision or interview, is in my view of fundamental importance (cf. Boyer, 1988). This capacity has to do with his ‘negative capability’ and capacity for reverie (Bion, 1962, 1970, 1992).

A very experienced colleague asks me for advice on a dramatic situation in which he finds himself. The initial information is given to me over the telephone because he lives in a distant town: for some weeks now, he and his entire family have been protected by bodyguards owing to threats from a patient. In a session, my colleague tells me that this patient has seriously threatened him on the grounds that his analysis has deprived him of all the beauty of life, has made him get married and become a father, and get a job in a bank, but this has stopped him from living a ‘real life’: he has lost all the women he could have had, has had to give up the custom cars he used to have in his youth, and the trips he could
have made. In short, the price has been too high and he wants to make the analyst pay for it by committing suicide after first massacring the analyst’s family. The analyst incidentally tells me that the patient always has special creams sent to him from Switzerland to make his skin white because it has started to go red in places. The aspect that particularly impresses me on the visual level is precisely the red skin, the seemingly tangential element – or the ‘redskin’ – a redskin who terrifies all the palefaces. But why, I wonder? A redskin cannot be so scary.

I ask how old the patient is, and also the analyst. The patient is about to turn 40, and the analyst 50 at about the same time. That, then, is the key: the patient’s ‘redskin’ has set fire to the analyst’s ‘redskin’ with his flaming arrows. The analyst’s redskin is, precisely, something he has lost touch with, which flares up again at the time of his 50-year midlife crisis (and the patient’s corresponding crisis at the age of 40). A life spent working in a bank, a life in the consulting room, is indeed unacceptable to a redskin (to the redskins!), so that he demands satisfaction and threatens revenge: a painful process of mourning is necessary for all the existential possibilities that must be forgone. The mourning to which the acceptance of reality gives rise is preceded by seismic outbursts of rage.

The tactful help given to my colleague to enable him to get back in touch with his own ‘redskin’ soon allows him to contain that of the patient without any longer being so afraid of him; each can now give his ‘redskin’ a little breathing space in his own mental life.
I should say that this in fact concerns all three of us, considering that I myself was about to turn 60 and that, when I was small, one of my heroes was Cochise, who took advantage of his situation in this way in order to be granted a space, and right to exist, of which he had long been deprived.

**Theoretical roots of the model**

Having given an account of my preferred model in narrative terms, I should now like to outline its theoretical roots.

a. The *contribution of Bion* (1963, 1965, 1992) which I use and have further developed is the concept of ‘waking dream thought’ – in my view, the most brilliant of his formulations. This is the fruit of the continuous process of alphabetization applied by the $\alpha$-function to maelstroms of protosensoriality and protoemotions ($\beta$-elements), thus producing $\alpha$-elements. These pictograms (Rocha Barros, 2000) and their sequence admittedly remain unknowable directly, but can be approached by way of their narrative derivatives.

An analytic session witnesses the operation of projective identifications (hopefully far more from patient on to analyst than the other way round), the activation of the $\alpha$-function or functions, and maelstroms of protosensoriality. The $\alpha$-functions of the field begin to generate a ‘waking dream thought’ in the field, which remains unknown but gives rise to *narrative derivatives*. If the field is
deemed to be functioning oneirically from the beginning, there is no communication that cannot be regarded as activating, and relevant to, the field itself. Even facts seemingly more firmly anchored in reality will then be seen as possessing the quality of ‘narrative hooks’ to be used as aids for the assignment of meaning to the dream thought. More subjective entities, such as patients’ dreams, also belong to the field, signalling and permitting the assignment of meaning to the field’s waking-dream movements at the specific time when these dreams are being narrated.

The field enables us to describe, apprehend, and group together these emotions, clarifying them and bringing them into focus, using the characters as ‘oven gloves’ allowing us to get close to scalding contents. In so doing, however, the analyst will be convinced that the patient’s communication is a diffractogram of the present situation of the field, whose ingredients, pending their being brought into focus, transformed, and digested, have to do with the emotional and protoemotional states of the field itself. And, of course, the field is the locus that gathers together the projective identifications and histories of patient and analyst alike, who thus become co-protagonists. In other words, from the point of view of the field, the field itself is co-determined by the mental functioning of both patient and analyst. The patient somehow becomes the locus of the field that continuously narrates the evolutions and transformations of the field itself.

These emotions can be ‘cooked’ through their narrative transformation, with unsaturated interpretations, the patient’s response always being ‘sampled’ in
order to determine which ingredients are required to enrich or lighten the dish. The pictographing of protoemotional states entails giving a name to something that was previously nameless.

If a patient commenced therapy on account of panic attacks or a phobia of foreigners and attempted to hide by dressing in a particular way – in effect, using camouflage – it is already conceivable that she is periodically subject to the eruption of panic-inducing volcanic protoemotional states. It is the projection of protoemotional lapilli that makes other people appear dangerous – because they are seen as the bearers of lapilli – so that the patient presumably also does not want these aspects of herself to be recognized.

The film (or sequence of oneiric frames) upstream of this first narration could be imagined in terms of the following emotional pictograms (Ferro, 2002a, 2005b, 2006b):

![Erupting volcano → Fear of immigrants → A masked face]

The narration stemming from the sequence of the same pictograms could of course be completely different, using different narrative or literary genres, but will always possess the same communicative value, albeit with different degrees of distancing from or distortion of the sequence of waking dream thought pictograms. Possible examples might be:
A report from the patient’s infancy: ‘When I was small I was afraid of bursting balloons, and of children I didn’t know; I was happy only at carnival time because then I could go out in disguise.’

A film seen on television: ‘I saw a film where a bomb went off in a shopping centre and everyone ran away in case there were terrorists dressed as policemen.’

A report of a family scene: ‘A row broke out with my sister-in-law when she had the idea of spending her holidays with her sister and her second husband at our house, but then I had to put a brave face on it.’

There are of course an infinite number of possible examples of narrative derivatives.

It goes without saying that all this applies to patients with a sufficiently well functioning $\alpha$-function (which generates pictograms). In the absence of this capacity to transform protoemotions and protosensoriality into pictograms (of the waking dream state), the analyst will need to cooperate, perhaps even using his own reveries, in the co-construction of the patient’s $\alpha$-sequences, thus enabling the patient to develop an $\alpha$-function and containing capacity ($\mathcal{Q}$) of his own and eventually allowing its stable introjection.

Edna O’Shaughnessy (2005) clearly describes how, for me, every communication between patient and analyst can be seen as a narrative derivative of the dream
thought with which the analyst must be capable of coming into contact. This
takes us back, however tangentially, to the concept of the ‘patient as the analyst’s
best colleague’ (Bion, 1985), as a particularly important locus of signalling of the
field. The patient thus in effect also becomes a kind of satellite navigation unit
that constantly informs us about the functioning of the field.

b) The second root is the concept of the field, as originally, and brilliantly,
formulated by Baranger and Baranger (1961-62), taken up by Baranger M (1993),
and further developed on different levels of complexity by Bezoari and Ferro
(1992), Kancyper (2002), Lewkowicz and Flechner (2005), Ferro (1999), Eizirik
(2005), and Ferro and Basile (2009). These developments have led to a
multidimensional, unsaturated conception of the field, envisaged along not only a
horizontal but also a vertical (historical) axis, inhabited by characters who
constitute affective holograms of the analytic couple’s functioning. Understood in
this way, the field is the sum of the possible worlds of analyst and patient. The
limits to its subjectivistic drift are based on the analyst’s ethics, personal
analysis, and preparation, as well as on his responsibility for ensuring that the
narrated facts are those pressing for alphabetization by the analytic couple and
not others (such as confirmation of the analyst’s theories, or avoidance of
bearable mental pain). In this connection, certain narratological concepts such as
the ‘limit of interpretation’ or the ‘limit to the opening up of possible worlds’, can
be quite helpful (Eco, 1979, 1990; Pavell, 1976). The analyst, as co-author of the
text, guarantees a high degree of asymmetry in regard to the responsibility for what takes place in his consulting room (Gabbard, Lester, 1995).

The field, having previously been seen mainly in terms of the formation of ‘bulwarks’, blind spots, and crossed resistances on the part of analyst and patient alike, which could be dissolved by the analyst’s ‘second look’ as embodied in an interpretation (Baranger W, Baranger M, 1961-62), has now become, for me, a constantly expanding ‘oneiric holographic field’ (Bion, of course, said that analysis is the probe that constantly expands the field it is exploring). In this field, possible worlds and stories gradually come to life, are transformed, and crystallize into new formations of memories, stories, and a history (Ferro, 1992, 1999, 2008) – the history being a solid bulwark of ‘thirdness’ and identity in the ongoing flux of microtransformations. The history thus becomes the calcified locus of the field of personal and transgenerational identities (Faimberg, 2005), in which the work of deconstruction, construction, and reconstruction – of ‘historioclasia’ and ‘historioblasty’ – continues incessantly (Chianese, 1997).

It should of course not be forgotten that, upstream of the calcified areas of the stories and the history, there lie the processes of alphabetization of protoemotional states, in which, starting from lumps of emotional alexia, we proceed to lumps of dyslexia, and ultimately to the reading, containability, and transformation of emotions that have a name and a status. The field must contract the patient’s ‘illnesses’, and it is only once this happens that genuine
transformation will be possible – cf. Freud’s comment (1914, p. 152) that ‘one cannot overcome an enemy who is absent or not within range’.

The following illustration, a drawing of a dream by Federico Fellini (2007) made by the dreamer himself, gives an impression of the possible form of an emotional field with the various characters and types of functioning present and interacting in it, which are indeed affective holograms of the analytic couple at work.

Fig. 1
c) Characters: The final root, linked to the first two because it is a source of thoughts, derives from narratology, the aspect of semiology concerned with complex organizations of narrations, which has strong views of its own on ‘characters’, on interpretation of a text, on over-interpretation, and on the limits of interpretation; however, I shall not discuss this point further here because I have already addressed it indirectly.

By combining Bion’s concept of waking dream thought with those of the field and of the characters of the session, we arrive at a space-time in which maelstroms of β-elements are transformed by the field’s ‘α-function’ into oneiric thoughts of the field. We work on these with narrative transformations (which are not decoded, but in which transformation takes place through the encouragement of narration), in addition to the classical transformations described by Bion (1965) – rigid-motion transformations, projective transformations, and transformations in hallucinosis – and transformation in dreaming as postulated by myself.

A field theory clearly calls for constant vigilance on the part of the analyst, as well as the maintenance of his principal working instrument, his mental life. The attention previously devoted to observing the patient’s communications and to the countertransference shifts on to the figures and characters that come alive in the field, as these constitute ongoing signals of the field’s life. In this way, we are able on a continuous basis subliminally to deconstruct the tangled ‘skein’ of the
transferences into narrative sub-units which can then be transformed one by one and constantly reassembled.

Finally: in my consulting room

Filippo is a good-looking young psychologist, curly-haired, and calm and pleasant to be with. He has no clear plans for his future; he cannot decide between a job involving contact with other people and work in the field of statistics that might open the way to an academic career.

In one of his first analytic sessions, he tells me about the new job he has found in a prison (!); in particular, he sees Arab patients, whose language he does not understand, but with whom he tries to communicate. When I deliberately refrain from interpretations about ‘unknown aspects of himself’ or problems with the new and difficult language of analysis, the result is the ‘budding’ of stories of these Arabs, such as Ali and his jealousy, or Mohammed who wants to take his revenge. In this way, emotions begin to take shape, circulating although protected by ‘other names’; this, is seems to me, is a way of allowing two-dimensional or lyophilized emotions to enter the consulting room in tolerable form.

My caution in this respect eventually leads to a session in which Filippo mentions that he has been working on his Vespa (an old type of motor-scooter), to which I respond that _vespa_ – the Italian for ‘wasp’ – also reminds me of a
creature that stings. He remains silent for the rest of the session, and next time he tells me that an electrical discharge or lightning strike has literally burnt out his computer, preventing him from working and destroying all the work he has already done.

A story – a memory of infancy – assumes central importance over a number of sessions: when his little sister was born, he was entrusted to the care of his maternal grandparents in Switzerland, with whom, he says, he felt very good. All he remembers is the milk he was given at the window, with spoonful after spoonful of sugar, and even more that were secretly added. Once back home after a very long time, he recalls that, as a small boy, he used to get up at half past six in the morning and bring coffee and biscuits to his parents as they lay in bed.

After I cancel his session on two successive Thursdays, he tells me with great anxiety about a ‘madman who has escaped from the hostel where he usually lives’, adding that he has in his pocket the certificate to give to the police so that they can detain the madman and force him to undergo compulsory treatment. It is not difficult to connect his wish to detain me compulsorily at my post with his having been sent away from home even though he had been ‘such a good boy’. He was like a good citizen who had been sent into exile, admittedly on a beautiful island, but how bitter his milk was when it was given to him so far from home, so that it had to be sweetened with lots and lots of sugar!
On the basis of his reaction to any separation in his analysis, Filippo, to his own surprise, re-owns remnants of unknown feelings, such as the experience of being sent into exile, the terror of being thrown out of his home, and the terror of his parents (and myself) as figures to be placated. In this way, a character whom we call the ‘barman’ takes the stage – a reference to his taking his parents coffee in bed for years on end – representing his complaisant and sometimes almost servile attitude (Fantozzi²). Meanwhile, more and more animals are added to the stock on his farm – chickens, rabbits, geese – which, I hear, are also aggressive! – and then sheep and goats. All these animals seem to me to correspond to the appearance of new emotions in the consulting room, albeit as yet tame and ‘herbivorous’. I often remain on the level of his manifest text, because I have learned that, if I exceed the threshold of tolerability of pain, the work comes to an abrupt end: the character who takes the stage is his neighbour who terrifies him with his machine-gun, until he realizes that it has a red cap,³ which means that it is a toy, if I reduce the pace of my interpretive activity, or else he grovels down before the ‘tyrannical chief physician’.

Before an Easter holiday break, new breeds of chickens arrive on the farm, but are attacked and torn apart by a fox. This time I interpret that I am like a fox that devours his sessions, tearing them apart; I say too that maybe we were tired

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² A well known Italian character played and invented by Paolo Villagio, who constantly seeks to secure the protection of powerful people, whom he flatters in every possible way.

³ As used in Italy to identify toy weapons.
of a farm populated only by herbivores. Just before the summer holidays that year, he brings me a parcel containing small wild animals!

When we resume after the holidays, I am astonished to hear him say in surprise that he has discerned, in the wooden beams of my consulting room’s ceiling, the symbol of the Red Brigades: a five-pointed star which no one has ever noticed in all the thirty years the couch has been in use in that position. I realize that the rage – perhaps the fury underlying his desire to please – has entered the consulting room tangentially. Meanwhile, the anecdotes and memories flood in: problems with his mother, who is now cold and now affectionate, and with his father, now welcoming and now despotic. These characters at all times also constitute snapshots of the current functioning of the field.

More intense emotional states now make their appearance. On one occasion, he tells me that, after receiving a letter from his girlfriend Simona – following a more active interpretation on my part – he did not know whether to rip it up or to open it with a paper knife. I refrain from interpreting, but inwardly welcome this new Jack the Ripper!

Filippo has recently started work in a community of young psychiatric patients, as well as with two private patients. All these patients, who are often unruly, become vehicles for the narration of highly primitive, intense emotions, which he is gradually re-owning. I realize that I must constantly steer a path between a
straightforward interpretive approach that would bring the process to a halt and an excess of mitigation that would extinguish it once and for all; fortunately, however, Filippo is very good at indicating the optimum speed and intensity. My worst fear is of a false analysis, the fruit of complaisance, and I would rather gather a small number of genuine fruits than a large crop of dubious authenticity.

Filippo has four sessions per week, from Monday to Thursday; the session reported here is from the third year of his analysis.

Thursday

At the end of the previous session I had not been satisfied with the way I had worked, because it seemed to me that my interpretations could easily have been experienced by the patient as criticisms out of tune with what he was saying and as prematurely suggesting other viewpoints. I had told myself that next day I must be more receptive and accepting, and more able to grasp good things in addition to drawing attention to the negative.)

Patient: I had a dream, or rather the same dream twice. There were aeroplanes, explosions, a kind of bombing; and then some very long teeth appeared. They pierced through people, but didn’t kill them. I managed to save my skin by hiding behind a thick wall.

4 A terrorist group active in Italy in the 1970s and 1980s.
(I think this is an accurate description of his view of yesterday’s session and of my manner of interpretation, but I prefer to avoid immediate saturation in that sense.)

Analyst: What does the dream suggest to you?

P: I don’t know ... It has something to do with emotions ... the others were wounded, pierced through by projectiles, whereas I was able to save my skin.

A: Could it be that yesterday I was like a bomber who had you in his sights?

P: Not at all. There was a good climate in yesterday’s session. Afterwards I went to my mother’s for lunch, but then I had a terrible stomach ache. She/you [the Italian word lei can mean either] has/have no idea about hygiene when she/you make(s) something to eat. That evening I went to Milan for dinner at an African restaurant and the food was indigestible. A woman friend who was with me said: ‘Where the hell have you taken me to eat? I feel like throwing up.’

A: So, on top of your mother’s indigestible food there was the African cook’s? You had a double ration of indigestible food.
P: My mum made roulades filled with all kinds of rubbish, some of it old rubbish, and the cook had a saucepan full of a mixture of all sorts of stuff – an absolute mishmash [the Italian word is *pastone*, which is used for chicken feed].

*(I refrain from interpreting this in terms of the effect of my excessive interpretations of the previous day, followed by today’s premature one about the bomber, as I am wondering how to interpret in a way that will not immediately be rejected)*

A few minutes’ silence ensues.

P: And then my mother has a funny habit: she acts like that character in the TV series (a kind of witch) who cuts off the flowers from her roses, throws them away, and puts just the thorny stems in the vase. Yesterday I saw a programme on television where a boy was taken out in a boat by his mother, but then he was abandoned and went to work as a chimney sweep. He was motherless, but managed on his own by working. I also saw Gabriele Muccino’s latest film, about a father and child with no wife or mother; they live like tramps, but somehow they get by.

A: I was thinking that perhaps I tended to ‘bite’ yesterday. What I said was like sinking my teeth into you. I picked up on the thorns in what you said and kept harping only on them, but threw away the flower, which is what I should have appreciated.
P: Why do you say that?

A: Well, when I criticized the way you fitted in with Carlo’s wishes (*I had seen Carlo as a paranoid aspect of the patient and criticized him before owning and understanding the source of the persecution*), and above all when you mentioned the carpets and I stressed how you ‘ought not to let yourself be trampled on’ (*I had wanted to interpret his way of bending to other people’s wishes, but clumsily got the timing wrong*), instead of picking up the fact that you were also saying that you wanted someone to teach you how to make a carpet yourself – to weave the thread into a fabric, and to organize threads of thought.

P: Yes, what you said did surprise me.

A: Maybe my ‘biting’ and then not saying anything triggered all sorts of feelings in you, ranging from persecution to abandonment – being without a mother. You were left having to sweep all the soot from the chimney by yourself. The main thing, though, is that you got by even when being bombed and when you were left all alone; you managed in spite of all the difficulties.

P: And with his father’s help, the boy in the film brought all his plans to fruition and learnt how to dream for himself.
A: Let’s hope the Eritrean or Sicilian cook [Filippo knows that I was born in Sicily] will not make any more indigestible food like that.

P (laughs; after a short silence he goes on): Yesterday my dad and Simona’s father had an argument about the best way to cultivate a vegetable garden. Simona’s dad uses a rotovator, which is very fast. My father thinks it’s better to use a hoe and do it by hand, partly because it goes deeper but mostly because, though the rotovator breaks up the surface better, its pounding ends up making the soil impermeable and preventing osmosis with the deeper layers. They decided to take one piece of the vegetable garden each, like the division into departments at the university: psychiatry on one side and statistics on the other – each kept well apart.

A: It sounds almost as if they need a barrier to keep the two areas separate.

P: Otherwise it all ends up like two cocks pecking at each other. I saw some cockfights in the Far East. They’re exciting, but blood is shed and they go on pecking even though they are hurt. I’d rather play computer games. There is actually a cockfight game, but at least the blood isn’t real.

A (I think he is drawing my attention to a risk: when I interpret too much and too automatically, this may superficially convey the feeling of a well tilled field, but may in fact make a deeper layer of the field impermeable, thus preventing even deeper levels from emerging. So I refrain from this interpretation, which I feel
would be like decoding rather than the fruit of reverie): But perhaps statistics and psychiatry could come to an arrangement, like the one between your father and Simona’s.

P: Well, I realize I’m also talking about two conflicting attitudes inside myself: on the one hand experiencing emotions even if it makes me bleed like the cocks because they are explosive, and on the other cowering behind a wall like at the beginning of the dream, or in a video game.

A: But why do you think of the two attitudes in terms of ‘either one or the other’? There are some dishes, such as Sicilian caponata, in which salty and sweet flavours can coexist, like your mother’s explosive nature and your father’s excessive reserve in your own history.

A few days later, I am astonished at the transformations taking place in the session: Filippo arrives wearing a multicoloured patchwork sweater, with one red and one green sleeve, the front blue and the back yellow, putting me in mind of a clown or Frankenstein, or perhaps a Harlequin. However, I do not make use of these reveries of mine at the beginning of the session. Filippo then brings a dream in which he introduces Signor Brighi, an extremely violent psychiatric patient who is released from a cellar while a new character, a maniac, moves into the now vacant space (the image that occurs to me is of cheeses or hams maturing in the cellar, or waiting room). Filippo then associates the maniac in the cellar with Frankenstein, exclaiming in surprise: ‘The patchwork sweater!’
Frankenstein, full of homicidal fury because he is unloved, gives way to the pain of the Little Match Girl, abandoned starving in the cold. Next to appear is Harlequin, as the capacity to manage or get by. The session ends with the story of Signora Candida [Mrs White] who drank bleach, which is my cue to interpret the fear and strain of finding oneself full of emotions that are so intense that one would like to bleach them away. Filippo has the last word: ‘I must have been seething with rage all my life – and such terrible rage. But I find I like talking to my father. I really like it, and wouldn’t be deprived of it for anything in the world!’

**Conclusion: grasping ↔ casting**

Grotstein (2007) describes a ‘truth instinct or drive’ that guides us towards ‘O’. However, he also mentions the dangers of curiosity, which risks breaking down the contact barrier (the sequence of α-elements separating the conscious from the unconscious, where the infinite number of possible narrative derivatives are born): we need patience as a virtue, as required by a Hollywood producer ‘who might characteristically say to an actor auditioning for a part: “Don’t call us, we’ll call you!”’ (p. 142). This notion is not unlike my concept of casting, understood as the ongoing activity of the state of waking dream thought (on the part of both analyst and patient) involving the finding of characters – situations allowing them to be embodied on the emotional level, on a track parallel to the one on which ‘every perception, conception, or act in external reality must be “dreamed”’
in order to become a part of the unconscious as well as become conscious as a result of initial unconscious processing’ (ibid., p. 145).

The following comments should be understood on an exclusively metaphorical level, the only specific level for which I can be competent.

One of the primary reflexes of our species is grasping. This reflex disappears quite quickly. Another, with similar characteristics, is that of automatic walking. However, the original ‘arboreal’ reflex often accompanies us for many years, in the form of the need to grasp, or cling to, something – as analysts, to already known and consolidated theories, and as human beings in general, to religions or ideologies (Bion, 2005). This major part of human functioning is therefore comparable to a trolleybus or tram that has to draw energy from the mains via its pantograph, but in our case from the network of preconstituted beliefs (Ferruta, 2005).

Automatic walking – when we walk without the notion of asking why, and without a substrate of solid thought – can be seen in the same way. The extreme form of this attitude is of course to succumb, in the consulting room, to the temptation to remain on the level of the known (with regard either to the patient or to theories). As Bolognini (2008) notes, this temptation can even extend to the analyst’s Oedipus complex, where the analyst forms an over-exclusive narcissistic dyad with a hypersaturating wife/theory instead of a generative couple able to leave space for the originality of the child/patient. Two excellent antidotes are
suggested by Bion (1987) when he writes that patients today have nothing in common with those of yesterday, and that he would give a Freudian or Kleinian interpretation if he were tired and did not have any original ideas of his own!

What I call casting is a phenomenon that seems to me to be increasingly central to every analysis. In more classical analyses, we often had more or less the entire list of protagonists from the beginning, as in an old-fashioned thriller. Where the patient’s capacity for symbolization is limited, one of the aims of analysis will be the development of a capacity for casting. Mute and inexpressible zones become a matrix for the generation of characters, whether animate or inanimate, present or past, and of stories that begin to make sense and become capable of narration, having previously lacked the possibility of expression. The casting will sometimes include film sets and places which must subsequently come to life. The analyst’s faith in the method, his reveries, intuition, negative capability, and capacity to listen to the hidden recesses of language are the fertilizers that will allow the desert to bloom.

Psychic life has unfathomable depths, each opening the way to yet more and deeper abysses. This suggests that on the one hand analysis cannot but consist in the development of the casting function, whereas, on the other, the defence mechanisms, with their bulkheads, armour-plating, holes and apertures are what enable us to have an organized psychic life. It should always be borne in mind that every psychic floor is underlain by a protoemotional magma which must be defended against, but which at the same time contains within itself an
extraordinary expressive potential. Casting in this sense is never-ending. In particular, its development is one of our aims, which ultimately depends on our refraining as far as possible from grasping, or clinging to, the already known – consolidated theories – which also constitute a defensive barrier to true knowledge. This development is the royal road to enabling our patients and ourselves to engage in ever more meaningful and unpredictable forms of casting. In a word, Bion’s famous phrase ‘without memory or desire’ signifies that we should at all times allow ourselves to make a new start from what we do not know, instead of insisting overmuch on what we have already acquired.

Underlying all these reflections is the incurable disease of ‘conferring meaning’ or ‘finding a meaning’, even with regard to things that have no meaning. Again, whereas this activity is on one level a particular and vital characteristic of our species, on another it is also a disease that afflicts us, because finding a meaning is one thing, whereas needing to find it, or having already found it, is another. Whether inside or outside the analyst’s consulting room, this disease has given rise to dramatic situations such as those always ultimately triggered by fanaticism of any hue.
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