Creativity in the Consulting Room: Factors of Fertility and Infertility

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Using detailed clinical material, the author tries to clarify what are the factors, inside the analyst’s room, of fertility and infertility for the analytic couple. Concepts from Bion and the Barangers, as well as the concept of the analytic field, provide a frame of theory for the clinical material.

The terrain on which I feel most qualified to move is, of course, that found within the analytic situation. What is more, I believe that this is where the problem of creativity is specifically relevant to us. I further believe that this problem both presents itself and is structured differently in different models. These models have to do with subjects ranging from sublimation to the long journey toward the depressive position, and from reparation to catastrophic change and the attainment of “O.” The question I want to ask is when a session can be called creative. I believe quite simply that a session is creative when something new comes into being during the session, and when this leads to fertility in the analytic couple.

Before exploring this question more deeply, I think it is useful to say a few words about the model within which I situate myself (Ferro, 2002a, 2006b, 2009). It stands at the point where the development of many of Bion’s thoughts intersect with the development of the concept of psychoanalytic field as first described by the Barangers (Baranger, 1993; Baranger and Baranger, 1961–62). What I could say about Bion is that, for me, his key point is the conceptualization that dream work is a continual activity of our minds both when we are awake and when we are asleep.

Every encounter with reality triggers quanta of sensoriality (β elements), which then have to be metabolized, transformed —through the barely definable apparatus called the alpha function—into elements that are like basic building blocks in the construction of emotions and thoughts—in other words, visual pictograms. These pictograms (made up of α elements) go to constitute sequences of α elements or, in other words, “dream thought in a waking state,” not in itself knowable yet knowable by means of its narrative derivatives, which belong to various literary genres: childhood memories, sexuality, diary-like elements, and so on.

Bion provided a revolution comparable to the French Revolution: Nothing can ever be the same again. The key point, then, is that the Unconscious is in constant formation/transformation and that it is secondary and subsequent to the relationship with the Other. Alpha elements are continually repressed; they create the ability to remember, and thus to forget, and to build the contact barrier that is the line between conscious and unconscious. This is well known. What receives little discussion, however, is the fact that some beta elements infiltrate and elude the process of...

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alphabetization. In my view, these are where the center of interest for analysis lies, namely those quanta of never-transformed protoemotions of sensoriality (which, at times, if zipped or freeze-dried, can form autistic scars). These quanta produce the tsunami, whirlwinds, and windsstorms of beta elements, which—if not sufficiently transformed—give rise to more serious pathologies. A possible example follows.

STEFANIA AND THE SUNGLASSES

Stefania began a therapy for panic attacks, social phobia. She went around wearing large sunglasses to avoid being recognized. We can already imagine the eruption of protoemotional states that lead to her panic crises and the projections of proteomotional lapilli that make others appear dangerous (because they are seen as Bearers of lapilli). We can hypothesize that she also wanted aspects of her Self not to be recognized. The oniric frames making up this first film-narration can be imagined as follows:

Erupting volcano → fear of immigrants → masked face

Of course, the narration stemming from this sequence of pictograms could be totally different.

Example 1: Childhood story

When I was small, I was afraid of bursting balloons, and I was also afraid of children I didn't know. I was only happy at
carnival time because then I could go out dressed up in costume.

Example 2: Film seen on TV

I saw a film in which a bomb went off in a shopping mall, and everybody fled the scene for fear that the policemen might be terrorists in disguise.

Example 3: Story of a family scene

A row broke out with my mother-in-law when she announced that she was coming to stay at our house with her sister and her second husband, but then I was forced to put a brave face on things.

There are, of course, an infinite number of narrative derivatives. Needless to say, we are talking about patients who have a sufficiently well-functioning α function (one that generates pictograms). If the patient does not have the ability to transform proto-emotions and proto-sensoriality into pictograms (of the waking dream state), then we need the cooperation of the analyst to coconstruct the patient’s α sequences also by means of his reverie. Let us continue with our example.

Stefania recounted that she had been going out for some time with a young man from Azione Cattolica (Catholic Action—a widespread lay Catholic association) but that she had then left him for good to live on her own because she suspected he was cheating on her. She also talked about her difficult relationship with her boss (a woman). She went on to talk about her father’s behavior (he kept checking up on the various cycles of the washing machine) and also mentioned that she was afraid that people were badmouthing her. She then talked at length about how she was not allowed to “get dirty” as a child. She used to spend whole afternoons reading Famiglia Cristiana (a Catholic magazine) or playing cards with a girlfriend. Her mother saw the “devil” in everything connected to the body, and the patient would constantly be applying deodorant and shaving her legs.

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Another story she dwelled on concerns the Sundays she spent “doing the washing” for everybody, for herself, for her new boyfriend (“doing the washing” in Italian is expressed as “doing the washing machine”); hours go by like that, after Saturdays spent together with her boyfriend, often making love repeatedly. She then described a dream in which there was a hairy spider on the sofa that came disturbingly close. Toward the end of the session, she talked about her reliable masseur, her personal physiotherapist, and her new doctor, who she thought was looking after her very well.

Clearly, these communications can be “dreamed” in different ways. The patient’s basic problem was how to cope with partially alphabetized aspects (veritable clusters of alpha elements) that take on different forms—devil, spider, hairs—and that need to be kept under control. But if one reverses the listening vertex, one can see her “doing the washing on Sundays” differently, not as an obsessive activity linked to her dirt phobia, which increases her conflict with her boss/head (capua-testa; µ€¿), but as the story of the work and effort involved in doing her own “washing machine” (α function) and washing out the excess of emotion that emotional relations (lovenmaking) imply for her.

Each accumulation of tension and of sensoriality finds hypo-α-functions (hypo-washing-machines), which means she must work hard and long during the breaks (this is why she preferred to have sessions on alternate days: Monday/Wednesday/Friday).

Seeing things like this, suggesting them to the patient as an awakening in her of a burning sense of passion, and pointing out that it takes time to cleanse herself of the emotions that fill her up, opens up a new path that reconciles her with her head (she does not feel accused, but rather sees her needs and efforts recognized). After this intervention, the patient goes on to talk about watching a television series titled La Baronessa di Carini, in which at some point a couple was trapped in a room engulfed in flames. Apparently, there was no way out, so they were doomed to burn and end up as skeletons stripped of flesh: either the passion that devours the flesh or the ensuing defleshed autisticoid state. In the TV series, however, there was a mark on a wall left by an ancestor, and putting one’s hand on it could open a hidden door that led to safety.

Not only do we see the transformation into dream (Ferro, 2009) of the patient’s communications, we can also begin to investigate some of the factors behind the transformation into dream. One of these is the “change of perspective” used to look at “doing the washing.”

Dreaming the session together with the ability to be in unison and negative capability produce the development of the α function—or rather “dreaming ensemble,” as Grothstein (2007) would put it. The first observation to make is that there are various loci of creativity. The thickest upstream involves the possibility of forming pictograms; another locus is the capacity to link-up narrative derivatives that are sufficiently adequate to transmit the emotion, albeit in diluted form. I see these forms of creativity as belonging to the analytic couple and its mode of functioning.

Another essential point is the type of functioning inside the mind—and in analysis between two minds—between content (µ) and the ability to contain (¿). From this point of view, there are three main types of mental functioning: µ¿, when there is a clear predominance of content with one side seeking to impose on the other through abuse of power; ¿µ, when the avoidance of all conflict leads to a sterile, apparent, and superficial situation of compliant agreement, and finally, the ¿µ configuration, the only truly creative one, which leads to the fertile coupling of two minds. Of course, there are never pure situations, with one way of functioning excluding the others. Situations are always complex, like chimeras, where nonetheless one or other of the different modes prevails (Ferro, 1996).
The other absolutely vital point is the concept of field, which came into being in the 1960s in Argentina and was developed until it became that multidimensional space–time where the identities of both analyst and patient fade (leaving intact, however, the asymmetry of responsibility and working-through) and where characters, stories, and narrations come to life not as external or internal real entities but as holograms of the couple’s oneric functioning. What belongs to the individual in terms of β elements, a function,  and β, α elements, dream thought, comes to belong to the field. Everything that is in the transformed, mentalized field and, above all, the tools that produce such transformations are progressively introjected by the patient in après-coup. The patient thus becomes enriched with new memories, stories and, above all, functionings.

To put it concisely, the analytic session appears like a dream dreamed by the two minds, where various stories (coming at various times and from various places of the field) arrive, are diffracted and imbricated. The shared experience is that of letting emotional states, affects, thoughts, and characters circulate, with the analyst (who is also a locus within the field) guaranteeing and safeguarding the setting, and also promoting the oneric activity of the analytic couple.

The session is played out on a reciprocal oneric level, both when the patient dreams (if he is able to) the intervention of the analyst or his mental state, and when the analyst dreams the reply to give to the patient. The more this reply is dreamt, the more it will be a factor behind constructing—or mending possible flaws in—the patient’s alpha function.

From one point of view, the analytic field is the unsaturated waiting room where emotions, protomotions, and characters remain until they can be led back to their saturated destiny in the relationship or in the construction.

From another point of view, it is made up of all the force lines, all the proto-aggregates of proto-emotions, proto-characters, and characters that float in the virtual space of the field, gradually gaining in importance, color, and three-dimensionality. It is as if any number of elastic, possible narrative lines was strung out between patient and analyst and then clips were gradually hung on these to form the casting that the field makes of that which was indeterminate. In this model, the field tends to be oneric; the important thing is to develop the dreaming capacity of the field, which will lead to transformation and the introjection of functions.

In the field, unconscious or nonmentalized functionings are continually made thinkable through the phenomenon of casting and transformation into dream. It is of no little import that, in this model, the fulcrum of the analysis is the development of the ability to dream and not only the work on repression and splitting. A special place is occupied by that which belongs to the night dream, which can be understood either as the fruit of the work of a super α function carried out on all α elements, or as the fruit of an operation carried out on stockpiles of α elements. In this respect, I am perhaps particularly close to the various points of view proposed by Ogden (2005) and Grofstein (2007): namely, that (waking or night) dream work is the most important activity to develop during an analysis and that the ultimate aim of every analysis is the development of tools which make for the transformation of sensoriality into dream (Bion, 1962, 1963, 1965, 1992).

BARCELONA AND THE PROSTATE

A patient said that he was planning to go to Barcelona with his wife, which means that he would have to miss some sessions. He then talked of the hatred he sometimes felt and of a prostate disorder that forced him to have repeated analyses so that he could discover any proliferative

pathologies he might have as soon as possible. Another (woman) patient went on a long holiday to Madagascar, where she discovered people who were completely different from any she had hitherto known. She encountered poverty and, with it, both simplicity and authenticity. The first patient then talked of his grandson, who felt he had been wronged and wants to take revenge. The second patient talked at length about Maurice, a person she met in Madagascar and who triggered in her emotions that carried her away. Although it is clear that “the grandson who wants to take revenge” and “Juan” are (as well as being real people, or at any rate projected internal objects) “characters of the session” who highlight narrative nodes of the network of emotions and affects present in the field, that is, a meeting point of various emotional strands (the concept of “affective hologram” or “functional aggregate,” Bezostoi and Ferro, 1992; Ferro and Basile, 2009), it is not equally and immediately obvious that “Lisbon,” the “prostate” and “Madagascar” are also characters in the session. If we place ourselves on the highest levels of deconstruction/deconcretization, then, for example:

- the character Barcelona could stand for the desire for sessions with a pleasant, carefree atmosphere, “ramblas-like sessions,” moving around in nonconflictual areas in the mind and in the field, and hence for having “a few days off from sessions that are too demanding”;
- the character “prostate” for those lumps of hatred he has come into contact with and which he fears are going to proliferate;
- Madagascar for that zone in the mind or the field or the relationship that allows her to meet a world of authentic
emotions where nothing is faked.

Working in the field, then, means entering into this world that has various degrees of concreteness/abstraction/virtuality and, as the individual moment demands, playing with the level that seems to us most useful or most closely in contact with the patient's feelings or of which we are capable. The prostate is then (a) the prostate; (b) an internal object; and (c) an affective hologram/character of the field—a possible venue where the turbulences of B elements will surface. The same applies for all the other anthropomorphic and nonanthropomorphic characters that enter the session in some way or other.

A detailed clinical example may at this point help to clarify my points of view.

Simone's Complaisant Mutism and the Monsters

Simone is a patient in his third year of analysis, with a problem I would like to call *complaisant mutism*; he can only express positive and submissive emotions. We had done some work on this, but even attempts at reconstructing his childhood story have remained cold, cerebral.

At some point, he brought to the session a serious, frustrating problem of burning importance he had unexpectedly encountered: He was not able to have a child with his young partner. A series of tests had shown that his wife has *closed tubes* (the Italian word could refer both to Fallopian tubes and to Eustachian tubes) and that he had testicular calcifications. Analysis of the seminal liquid has also shown that 10 percent of his spermatozoa are good and the rest have "monstrosities in the head."

I thought he was telling me that he was frightened by my "occlusive" listening and by the fact that he had only very few "good spermatozoa," the others being bearers of monstrosity. I thought of the spermatozoa as potentialities of self, which he feared would be dangerous if they were to develop and come out into the open. I felt it would be inappropriate to interpret the communication by decoding it, because I would have been hurting him and not helping him to develop precisely the emotions that he was afraid might be monstrous.

The doctor he had consulted had told him that there were possible treatments. From the psychoanalytic vertex, Simone's communication reflects precisely the state of play inside the consulting room. Simone was terrified by what was in his head, in his interior world. He did not know whether the analysis would be fertile or whether he was, in fact, capable solely of producing monstrous emotions (or protoemotional states); he was also afraid that he might have horrible, hyperproliferating tumor lumps inside himself.

The reality of this communication seems to me the most difficult thing to transform into other possible points of view necessary, in my view, for carrying on. I think one needs two parallel tracks, one explicit and, to all appearances, real; the other my own and not made explicit to the patient for the time being (the *silent interpretations* will be the railroad ties or sleepers joining two rails that are, for the moment, completely separate). The train of emotions will, nonetheless, be able to run on this track while it waits for new meanings and transformations to be activated. Needless to say, what I feel is at stake is the very fertility of the analysis—which should be able to generate living emotions, but not emotions that would be feared as uncontainable or monstrous. For the moment, I intervene tangentially to the patient's lived experience of disappointment, anger, and pain that this situation brings with it.

Simone's story goes on: There had been attempts at artificial insemination that had gone wrong, and so he and his partner had decided to go abroad to try heterologous (or donor) insemination. He told me that they would first try to filter and separate out his good spermatozoa from those with monstrosities in the head and then they will move on to donor insemination.

It seemed to me that my idea of transforming all this into dream inside the analysis was central. But how could I talk about it? I didn't want to dilute a flesh-and-blood problem by giving it a cold deciphering interpretation. I felt that I must have a handhold, a hook to help me avoid a flesh-and-bloodless intervention.

In the session after I had had these thoughts, Simone started off:

P:

I have to filter what I say a lot, who knows what will come out of my mouth. In fact, it is better to tell you what Dino said, it could be useful. Dino is a new colleague who has just started working in my department. He speaks ill of our head physician, a person who harasses and abuses the women who work with him and who is always scheming when it comes to filling prestigious posts.

A:

I am struck by your need to filter things; so many things will be eliminated, so many thoughts will turn out not to be accessible to you because they have been filtered. Perhaps only a few will get through to us. So things need to be said through the mouth of Dino—a kind of attempt at "heterologous" insemination.

P:

(*He is astonished; he goes on with an incredulous air*) There are certain things I understand when other people do them, but I could never do them myself; I could never behave like the head physician.

A:
It seems to me that it is like you think that paradise is reserved for those who have celiac disease, a place where you only eat selected gluten-free foods. You think that other people can eat gluten-rich pasta and bread, but they will never be the elect, the pure, the uncontaminated.

P:
(almost interrupting me) How do you know that my brother has celiac disease?

A:
(I think that the insemination can only be heterologous. It can only take place through non-filtered spermatozoa attributed to another "identity" [that is, to Dino], spermatozoa he recognizes as not his own. However, I add nothing, somewhat amazed that I have hit home with my metaphor and thinking of the brother as a part of him that cannot tolerate the gluten-monsters).

P:

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In any case, I would never do those things. Thinking about them is a different matter, though. I wrote a little message to my father: "I warn you, if Antonio touches my things again, I'll smash his face against the wall and smear it with his brains," and I told him to pass the message on to Antonio.

A:

Antonio heard you and understood what you said, and I hope that Antonio's auditory tubes are sufficiently "open" to take in your intense emotions, which could also be material for a hot-blooded Bollywood story, not just those Hollywood versions that tend to be "cleansed and filtered." [This was a reference to previous sessions when he mentioned that nowadays the most intense and passionate films were being made in India.]

A few weeks later:

P:

This morning I went to the hospital to do the artificial insemination. The women go one way, the men the other. Me with my little jar (barattino) in my hand. I asked where I was supposed to go and they showed me a toilet: It was really sordid. And now we've got to wait about three weeks.

A:

[I decide to stick to the patient's manifest text] It's really disgraceful, such a total lack of privacy and with barely a minimum of comfort or even decency, and then there's the patience you need to wait ...

P:

[after a short silence] Then I heard that the guy in the community who was tattooed all over, like in the Larsson book, has been thrown out because it wasn't the right place to keep him.

A:

[I didn't think I had fully grasped Simone's compressed feelings. He seems to be afraid that I am not the right place to contain his feelings. I limit myself to trying to develop his point] I don't think you've ever mentioned him before.

P:

He's called Mr. Barattoli [Mr. Jar].

A:

[I withhold the obvious possible interpretation, as it would be too premature, and ask] What happened to Mr. Barattoli?

P:

He beat someone up. He broke this guy's arm and cheekbone and so they threw him out.

A:

Perhaps we should see how he could be held. He'll have his own reasons. He's like a kind of bison with enormous energy that could be put to use for something. After all, we could say, he who is without Mr. Barattoli should cast the first stone.

P:

[He seems to have sensed my thoughts about Mr. Barattoli as a violent functioning of himself and, at the same time, about the functioning that fails to contain the potential monsters of his not yet evolved spermatozoa-thoughts] But you can assure me that I still have it, can't you? There's still a bit left, isn't there; I haven't eliminated it completely?

A:

If we are talking about it, it's because it's there.
P:
I need to produce something, something living. I was reading a book by ... in which someone in an ultraorthodox community started to blaspheme and to shout, “You're a bastard!”

A:
At least you've said it to me!

P:
(laughs) But why should I say something like that?

A:
Who knows? It's like the light from the stars: We see light coming from stars that are possibly not even there anymore, and yet it arrives.

P:
Do you mean that perhaps it's something that stems from an event that happened three years ago or thirty years ago?

A:
[thinking that the spermatozoon-monsters have not yet developed with their feared uncontrollable explosivity] Or it could be an event three years hence. Let us arm ourselves with patience and a telescope. The important thing is to use Mr. Baratoll's energies and to put them to constructive use.

Some months later:

P:
Today I have two dreams. Shall I fire away?

A:
[with a voice that conveys that I have noticed this “Shall I fire away”] Sure!

P:
In my last dream, I had this all-terrain Hummer with four enormous wheels that allowed me to explore other planets. ... I was on Mars, and from there I could see things I'd never seen before. ... Then

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there was a tunnel and a widening from which rooms radiated, but I didn't like the way my mother had furnished them. Last night at dinner, my father was particularly nasty; I was disgusted by him and I thought, “I wish he would die.” But I actually did think it, it wasn't just a metaphor. Then my girlfriend said something even worse about my father. [At this point, he stops, as though expecting me to say something.]

A:
It seems to me that the Hummer, the analysis with its four wheels, allows you to observe what happens even on Mars, even from unknown perspectives. There are things that your mother does that you don't like. Your father then disgusts you and perhaps you don't only want to see him dead, really dead, but would like to shoot him, to kill him yourself. And then there is what you cannot say and what your girlfriend says instead, what you filtered, so again, it's like using a donor. It really seems as though from an unknown, Martian point of view you detest me and would willingly murder me—after first having given me a piece of your mind.

P:
[He is incredulous; at the same time, he is amazed, fascinated, and won over by this communication.] I never thought I could think things like that! [He appears to be astonished by this and reflects for a long time.]

A:
But then there was another dream!

P:
That's right. I was in a university lecture hall. Several doctors were accusing me of murder, but I knew I was innocent and so I was unperturbed. Then these doctors followed me all the way to my uncle Marco's house. He's a painter who teaches at the Brera, and I used to like going there as a child. The doctors were putting pressure on me and then I realized that Satan was standing next to me shouting at the doctors—in a dreadful way, with a big voice that terrified me.

A:
What I said about your wanting to kill me, that could imply an accusation. But you know you haven't killed me, testimony to which is the fact that I am speaking to you now. You also like going to see your uncle Marco, you like the analysis, but at times I insist too much; I really make you angry and then you become Satan shouting at me with his big voice to stop.

P:
Hmm, now I'm thinking of a recurrent dream I used to have as a child: I was being followed, chased by a Tyrannosaurus rex; I was terrified, but that was the first time it occurred to me that I was terrified by my own anger, that I was the Tyrannosaurus or Satan.

Some months later:

P:
I'm happy that Maddalena [his girlfriend] is going away for two months [She has won a scholarship to do a Master's in economics which "naturally" coincides with my summer holidays]. I'd like to get myself a Labrador.

A:
[I think of labbra-d'or—tongue of gold—an affectionate, delicate, but also complaisant thought.] But I wonder what "a Bouvier des Flandres" would say if it saw itself abandoned at a moment like this, a moment we know is very delicate for you?

P:
[without a moment's hesitation] "You dirty bitch, you slut, do you think this is the right moment to leave me?"

A:
And why do you have to do be a [I articulate each syllable] Labrador [labbra-d'or] that only says affectionate things?

P:
Because it's as if I didn't have a sufficiently strong wire fence to keep the Dobermans, the wolves, the mastiffs inside; the fence I have is barely adequate to keep in the Labradors.

A:
[softly] So it's enough to find some iron [ferro] to reinforce the fence.

In the next session, Simone brought with him a pregnancy test he had bought at the chemist's. During this session, he told me that the necessary number of days for implanting the embryo after the in vitro fertilization had passed.

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The next day he started off the session by describing the disappointment he and his girlfriend felt when they discovered that the embryo implantation had failed. He went on to talk about a dinner party due to take place at his parents' house, where his brother and pregnant sister-in-law would also be present. When he heard the news that his sister-in-law was expecting, he was happy, perhaps too much so; he even jumped for joy. He then talked about the arrest of Roman Polanski, but went back to say that his joy didn't convince him completely. Did he secretly feel disappointment, anger? He then returned to the first subject, explaining that the embryo had formed, the spermatozoon and the egg-cell had fused, but then the embryo had not developed.

He then went back to the subject of Polanski; he talked about the director's difficult life, the rape charge, and other painful experiences. At this point, after showing sympathy for his disappointment at the failure of the fertility test, I offered: "What about trying to look at things from our point of view? Perhaps we are at the point where we can form the embryo of a thought but we are not ready to develop it. We have, so to speak, a trailer, but we don't yet have the film."

Interested, he replied, "What could this film be that hasn't developed yet? What are we missing?"

"Perhaps we're missing a character," I replied. "Manson and his sect who butchered to death Sharon Tate, Polanski's wife who was expecting a baby."

He replied, "Are you saying that I jumped for joy to mask the fact that I wanted to butcher my sister-in-law and perhaps even bugger her, just like Polanski apparently did with that young girl all that time ago?"

I replied, in turn, "Well, that could be the film. Manson cannot stand the idea of something new being implanted permanently; precisely your creative and inventive ability is blocked by complaisance with regard to what one ought to think."

The crime story comes to life at the moment when the analyst's function of casting-reverie "captures" a missing character—in this case, Manson—thus making it possible for the film to continue.

Some months later, after Simone had acquired his own original capacity of thought, he had a dream that afforded him some relief, even though he didn't understand why. "Manson lost something and there was a strange atmosphere of legality."

In turn, I said, "If you just lose the n, that transforms Manson into Mason, in other words, into Perry Mason and his law office. Now your creativity appears to have become legitimate."

One of the analyst's functions thus seems to be to dream the missing pieces so that the patient's dream can develop. It doesn't then matter what the dream is, as long as it develops.

It seems to me that this sequence of sessions, if one considers what the patient says as something that is relevant to the consulting room and not only to external reality, focuses attention precisely on the problem of fecundity/infertility inside the consulting room. I don't think that more active and deciphering interpretations would have been more useful to the patient. It seems to me that it is possible to escape from a situation of unproductive impasse:

1. by recognizing the problem as relevant to the functioning of the minds of patient and analyst alike;
2. by approaching the problem from the angles of vision suggested by the patient.
3. by developing and focusing attention on an emotional truth that is tolerable for the patient and expressed in his own language;

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4. by trusting that a greater “presence of iron” might allow the patient a productive use also of his violent emotions;

5. the specific point I am making, then, is that the “illness” suffered by Simone, who sees himself as incapable of procreating, is the mode in which he expresses ‘our’ problem of infertility, which is due to excessive archaic emotions seen as untransferrable. I see the expressive modality as a narrative hook, a choice of the language to use (which could easily have been different) to express the same problems.

**LINE OF INTERPRETATION**

Sometimes it is the patient himself who acts as a kind of satellite navigation system in the field (one is automatically reminded of Bion's comment about the “patient as the analytist's best colleague” [1992]) marking moments of the field’s dysfunction.

It occurs quite frequently that we are taken over by a line of interpretation that comes to organize all our listening (or lack of listening). Since I was thinking that the right thing for Simone would be for him to integrate violent split-off aspects of his personality, I had automatically tuned into this frequency. I even saw the big bolts (boules) on the wheels as big bullies (bulls). Then, one day, Simone started talking to me about his dentist, who always made an x-ray of the same tooth without even bothering to ask whether the sharp pain he felt might be in another tooth.

At this point I cannot help noticing how insisting on my line of interpretation would have led me completely astray. The line of interpretation implies failing to listen to what is new about what the patient tells us every day. As Bion (1992) said, the patient who finishes a sentence is not the same as the one who started it. This is part of what it means to listen without memory or desire: not to be cluttered with preconceptions about the patient or about the line of interpretation because these preconceptions obstruct original and creative developments of the field. Patients set in their ways and patients who open out.

There are patients who, from the very beginning, present a problem that comes back in various forms, but is essentially always the same. Dealing with them is like moving across a map but always returning to the same square.

**Annalisa and the Bastard**

For Annalisa, the structure that ended up engulfing all the other known and unknown squares on the map was: “I loved you, you left me. Only my revenge will give me peace of mind.” Nuances and facets may be added to this structure, but basically it remained: “I suffered so much from your cruelty that only equal cruelty toward you will appease me. Forgiving you would amount to denying, not recognizing, not seeing recognized all the harm you caused me.”

At some point, her account came to resemble a Mafia story, the only narrative type that seems capable of giving space to such a code of conduct: An eye for an eye, a tooth for a tooth. The stories of Cosa Nostra, the child's body dissolved in acid by way of revenge.

Other scripts are impossible, certainly not forgiveness, which would be tantamount to denying the irreparability of the damage suffered. The bastard, the traitor, the villain became the protagonist of this story. Obviously, every time I am not there (in both the physical and mental sense), then the bastard appears. It is like one of those scenes in which a magician pulls an apparently

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never-ending string of handkerchiefs from his sleeve and the spectator looks on in amazement, wondering when they are going to stop. The scenario must remain static, because otherwise the lived experience of harm caused by manifest abandonment (the usual bastard/Marcello) is left out of consideration.

Other patients are different: They move constantly across different squares on the map, and for them the story is much more flexible and open to transformation.

**MARTINA AND THE YOUTUBE INTERPRETATIONS**

Martina started off by talking about the Smurfs’ constant fear of Gargamel, who they think will cook them. Then she brought up various forms of persecution, embarrassment, expectations, hopes, carrying on her emotional life with her boyfriend, and so on. Next appeared an aunt who worked as a nun in the third world, but then a dumb blonde who was a friend of hers and who seduced all the men and, at some point, also Gilda (Rita Hayworth), and so on.
Of course, it is up to the creative capacity of the analytic couple to find the fault lines that make it possible to change the "broken record" or to replace the patient's broken record with new scenes and scripts. There was a big age difference between me and Marina, so examples or metaphors that I introduced were often meaningless and would lose their effectiveness if explained pedantically. For this reason, I found myself formulating what I have called YouTube interpretations. After an intervention of mine that appeared to Marina to be out of touch, I suggested, in a light-hearted tone, that she go to her dearly loved YouTube to watch the images or listen to the songs that were unfamilar to her.

THE CATERPILLAR AND THE BRACELET

Luisa was close to the end of her analysis. At the door, she said, "I've lost my bracelet" (it occurred to me that I had canceled a session due to take place next week). She then told me about some various rows she has with her boyfriend and sister-in-law. The boyfriend accused her of vaginism, which occasionally prevented them from having sex. She went on to describe a dream: At home, she found an enormous pink caterpillar and also an enormous two-colored winged cockroach. She talked about having attended a lecture on sexuality, on penises. She then resumed telling the dream, describing how, frightened by an enormous pink caterpillar, she called her ginger cat, which bit off the caterpillar's head.

I told her that the first thought could point to a sexual theme: The caterpillar (which she said she felt disgusted by, but at times also attracted by) could certainly stand for the penis, and vaginism could suggest the ginger cat (Luisa was ginger-haired), which was opposed to sexual relations, toward which she felt ambivalent, but that this interpretation, which is what one would expect from an analyst, doesn't convince me.

Perhaps there was another point of view from which to look at the dream: The idea of finishing the analysis was filled with such intense emotions that she preferred to cut them away by indulging in the excitement of argument. That way, she avoided leaving a pathway inside herf for pain and the other experiences connected to the end of the analysis. She said that that is precisely what she did: At difficult moments, she always found someone to argue with, and in this way she forgot the pain and the experience of loss.

She then started talking again about the bracelet; I said that, in this context, it would be easy to think of the session we would be skipping but, I continued, "Bracelet makes me think of the two meanings of the word bracelet. One is the antirape, antiviolence wristband which has recently been introduced; in this case analysis is like something which offers protection at moments when emotions become too intense. But the other meaning of bracelet also occurs to me, the type that is used as an alternative to prison or when a convict is on probation; in this sense losing your bracelet also means getting free."

She was very struck by what I said and repeated that she found it difficult to put these two aspects together, but that's the way it is (I thought of the two-colored cockroach with its wings!). She thought that the moment had come for her to stop arguing and to accept the idea of living complex mixed emotions, a prospect that was connected to the end of the analysis, to bereavement, to loss (she talked about her father's funeral), but also to the feeling of independence and autonomy (she talked about how she used to be moved by the sight of the Bersaglieri running along and blowing their bugles at the same time).

ISOTTA AND FLIGHT

Isotta was in her first year of analysis. One Monday, on arriving at the session, she painted the following picture: A patient had run away from the community where she was obliged to live; then her brother had had various fits of anger, even going as far as kicking at the door; her mother had burst out crying because of her son's unrestrained behavior and when the husband arrived, she had gone on to reproach him for his absence when they had been bringing up the children, also digging up other old recriminations.

Here the problem arose of how to cook these various ingredients. In deciphering mode, it would be easy: At the weekend the analyst moved, went away; the anger that made her kick at the closed door and start complaining about being abandoned was uncontrollable. This interpretation has two drawbacks: one, that it is the fruit of one mind, and the other, that it seems automatic and saturated; there is only one meaning, that given by the analyst--magician who knows and understands everything. The other alternative would be to work with the characters and their interrelationships and to highlight the emotions between them.

This can, however, be too generic. The method is then to start from the second modality, in other words, to taste the patient's replies and to be guided by them as the session proceeds, looking at what can be hinted at and what can be said clearly and explicitly.

The same problem had arisen when Isotta had talked of her boyfriend, a "bear" who never liked to accept invitations to dinner from friends. During one session, I worked on the difficulties she had in dealing with her "bear-boyfriend," the disappointments that arose, the frustrations, but also the difficulty of seeing his point of view, the difficulty of being with other people. ... At the end of the session, I was unsatisfied; I felt I had neither captured nor transmitted the gist of emotional meaning.

The next session, Isotta started off, "Yesterday the bulb in my room blew and I was left in the dark." This announcement (that the session had not shed any light) authorized me, albeit delicately and via a series of moves, to show Isotta how being a
that she knew little about because it was kept in the shade by a more easygoing functioning, and that perhaps her talking so much actually served to set up a barrier to protect the bear. When Isotta then talked with great interest about a good film she had seen, I was able to add a further meaning: Coming to analysis was something that she liked and was glad to do, on the one hand; however, she also had difficulty in coming and showing herself. She remembered at this point how, as a child, she used to like dancing, but how she was also ashamed if her parents saw her doing it.

What I am trying to say is that there is no right or wrong way of interpreting, but that it must be continuously modulated according to the invaluable indications given by the patient.

THE TUMULTUOUS GROWTH OF VIVIANA

A patient who, despite being 40 years old, still lived with her mother in a symbiotic relationship, described to me how the latter had launched into a furious attack against our analysis and against me. The mother thought that the money her daughter was spending on analysis could have been spent in a thousand different ways and, what’s more, that I was exercising too much influence over her.

She added that it had all started at the weekend when she had gone to buy a pair of boots in a shoe shop. The mother had done everything possible to stop her from buying them because they cost too much. I told her that this attack by her mother seems to be no accident; out of an excess of affection, the mother saw the analysis as something that costs too much, that causes pain to both of them. If we bear in mind—I added—that we have been talking about increasing the number of sessions, it is clear that the analysis is a shoe shop selling seven-league boots that allow her to make great strides toward her independence. “It’s true, this terrifies my mother”; once she said to me, “What will I do when I am no longer here, without my pension? You won’t be able to live!” The mother—I said—serves as a pension for you; she provides everything—food, a place to live, a bank, she does the shopping, pays the bills … how could you live without your pension-mama and your ‘mama’ without you?”

“Perhaps your mother would prefer to buy shoes at Gusella’s (a well-known shop for children’s shoes) rather than boots. She wants to look after you in way: wheelchair and pushchair get confused.”

She even adds, “I also wanted to buy a short skirt which was a little—but just a little—‘tarty.’ And my mother didn’t want me to. There’s no pleasing some people! But I’ll buy it, let’s go slowly, today I have grown—from 6 months to 14 years.”

PROVISIONALLY CONCLUSIVE REFLECTIONS

We have collected enough clinical material, some of it quite direct, to be able to venture some provisional conclusions— provisional, as always, in psychoanalysis. Apparently, the analytic cuisine

\footnote{Pension in Italian has two meanings: first is the monthly sum one receives when one reaches retirement age. Second, it refers to a kind of hotel that not only provides somewhere to sleep and wash, etc., but also three full meals a day (breakfast–lunch–dinner).}

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cannot be based on recipes but must be flexible, cooked there and then—or, as Pirandello would have said, “Stasera si recita a soggetto” (“Tonight we improvise”)—meeting the needs of the patient, his palate, the capacity of his stomach. In some respects, the factors of creativity remain ineffable, but I would like to point out some factors that are definitely negative, and others that are positive.

Factors of Infertility

Obviously, I cannot describe all the factors of infertility; I only mention negative reverie, transformation into hallucinosis, the lack of negative capability, and grasping prevailing over casting.

1. By lack of reverie, I mean the existence of a mind that is cluttered and therefore not ready to alphabetize primitive anxieties coming from another mind. Whereas by —R (or negative reverie) I mean a mind so full of its own anxieties or sensoriality that it inverts normal functioning and evacuates this type of mental state into a mind that expects to receive relief. Of course, this can regard the child and its caregivers or the patient and the analyst.

I would like to make it clear that there is, in my view, a big difference between free associations and reveries. What characterizes the latter is direct contact with an image (which, of course, will not be communicable—except, in some special cases, to the patient, when it would become part of the self-disclosure).

Free associations belong to what I have called “narrative derivatives” (Ferro, 2005, 2006a, 2006b), whereas
reveries have to do with making direct contact with the pictograms that make up dream waking thought.

An analyst of great experience and ability received a telephone call that alarmed and distressed her a lot. A few minutes later, a (male) patient arrived and, shortly afterward, started talking about a (female) friend who had told another (female) friend, “You ooze anguish,” and then added, “perhaps she expected me to take care of her.” She described a dream in which (apparently referring to the same friend) she said: “Then I insult her and even go as far as hitting her.”

The patient had already grasped his analyst’s mental state; he described him and at the same time also described all the emotions this mental state aroused in him. The following hour, another patient returns to a topic from the beginning of the analysis and said: “I’m not worth anything, I’m a traitor.” The encounter with the analyst’s anguished evacuations makes her feel empty of value, a receptacle for the dirty anxieties of others, which had been her experience with a seriously depressed mother.

2. By transformation into hallucination (Bion, 1965), I mean the opposite process to reverie; in other words, when an analyst projects his own theory on to the patient, when he looks at the material coming from the patient as something that consistently confirms his own theory. It is like throwing blue paint on some rabbits and saying that real rabbits are blue and the fact that you can see so many of them confirms this theory.

Certain precocious experiences are, by no means, easy to alphabetize. However, when a patient is in anguish at the memory of doctors who when “she was small had broken her feet to adjust them,” this memory can be seen both as a real story rooted in the historical past or as a communication at a point in the field that someone is breaking her feet.

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With the best of intentions!! to make her walk right or walk straight, or perhaps to make her go precisely where she or a theoretical analysis thinks it is right for her to go.

3. Lack of negative capability: At the beginning of analysis, at the beginning of each session we should be capable of drawing on our “negative capabilities” (Bion, 1970: a Ps without persecution), our ability to wait for a meaning to define itself. The symptom often presents itself as a “stopper” preventing the emergence of something that neither we nor the patient know but that we should sooner or later be able to dream together.

Each hypothesis of meaning we formulate, each metaphor we use, must be rapidly left behind in order to put ourselves in a mental state that is open to the new and the unpredictable. Often, however, our minds are saturated with theories and filled with standard replies.

4. Grasping prevails over casting every time we feel reassured by being tied to the known, rather than opening ourselves up to the new and the unknown by giving access to new characters or emotions (Ferro, 2009).

Factors of Fertility

Here again, I could mention many but I refer only to the following.

1. The development of the container. The development of the container depends on the ability to be in unison. Being in unison creates emotional ties that come to develop the emotional narrative of the container. Being in unison involves a wide spectrum of oscillations: They range from the patient who needs the total sharing of his language (via unsaturated interpretations that share the lexicon of the patient) to patients who live in a situation of unison in broader oscillatory bands and who gradually allow more saturated (or less unsaturated) interpretations that break with his language, lexicon, and narrative genre. Graphically, this concept could be depicted as in Figure 1. In this situation, the analyst is felt to be in contact if he tunes in exactly to the same emotional and thematic frequency as the patient. Each movement away from the patient’s “text” is perceived as betrayal (traduttore = traditore; translator = traitor), abandonment, incomprehension, lack of rapport. If a patient speaks of the stock market crisis, this is what to dwell on (at least apparently, because the analytic “kitchen” cannot be constantly in action).

FIGURE 1

Another situation is shown in Figure 2. Here the analyst is felt to be in contact within a narrow oscillation bandwidth. There can be a margin of alterity in the analyst’s

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intervention. If the patient speaks of the analyst skipping a session, of a child that has been brought to the emergency room because he is hyperactive and uninhibited, and then of someone who turned up at a psychiatric and penitentiary hospital because he had killed his wife, it will then be possible to introduce general topics like a
child’s incontinence or the desperate jealousy of a murdereress, to pad out the communication in some way.

FIGURE 2

This is the realm of interpretations in the transference or in the field, where time is shared and emotional states are highlighted.

The third possibility is shown in Figure 3. Here the analyst is felt to be in contact also within a broad oscillation bandwidth. The interpretation can be one of transference and, if necessary, of content, without the patient having the feeling that the flow of communication is being interrupted.

FIGURE 3

Often a long journey is necessary to amplify the range of this ability to be in unison. Thus, one can be in unison both through narrative transformations and through interpretations saturated with transference. (This point could be reformulated using the terminology of the field.)

2. The development of the α function and of “dreaming ensemble” depends on operations that include:

- Formation of waking dream thought (which, if it should be pointed out, cannot exist in the absence of projective identifications). Activity at times improperly called basic reverie (constant and subliminal): This is the way in which the field in one of its parts continually accepts, metabolizes, and transforms what reaches it from some of the turbulent zones of the patient’s field as verbal, para-verbal, and non-verbal stimulation. This basic activity is the fulcrum of mental life, and health, disease, and degree of psychic suffering depend on its functioning/dysfunctioning.

- Its degree of functioning is signaled to us by those patients who are more attentive to the analyst’s receptivity than to verbal communication. In other words, the patient asks himself whether the mind of the analyst is concave-receptive or convex-rejective (or indeed absent).

- So we have true phenomena of reverie when we are conscious of the image that is formed in the mind in response to the patient’s evacuation of sensoriality. This phenomenon has been well described by Grostein (2007), Ogden (2005), and Botella and Botella (2001), who have provided some excellent examples. The image that is formed in our mind is invaluable because it is the way in which something not yet thought or thinkable finds its way into the analysis, or the analytic field, through our mind.

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- Of course, we can have visual, acoustic, or sensorial reveries (and so on for each sense organ). There is, in my view, a big difference between free associations and reveries: The latter are characterized by direct contact with an image (which, of course, is not communicable—except, in some special cases, to the patient, when it is part of the self-disclosure).

- Free associations belong to what I have called “narrative derivatives” (Ferro, 2002a, 2002b, 2005, 2009), whereas reveries have to do with taking up direct contact with the pictograms that constitute waking dream thought. Reveries can be divided up into activities of reverie that take the form of a flash (akin to a short film) or activities of reverie/construction (akin to a feature-length film).

- I would like to add to this type of reverie—which I would call natural—another type of mental activity that is the fruit of experience and analytic work and which I have called (Ferro, 2009) “transformations into dream” (to add to the whole complex of transformations described by Blond, 1965). Transformations into dream consist in an attitude—the product of exercise and negative capability—whereby we precede every communication made by a patient with what I have called “a magic filter,” that takes the form of the words, “I had a dream in which...”. This entails a narrative deconstruction, a de-concretization and a re-dreaming of the patient’s communication that then loses the status of external reality and takes on the status of psychoanalytic reality.

- These latter presuppose a particular training on the part of the analyst to acquire a dream-like kind of listening that enables him to deconstruct, de-concretize, and re-dream. There is nothing that cannot be heard vis this means of transformation into dream: Each communication by the patient is heard as if it were preceded by a magic filter (“I had a dream”) that produces a deconcretization of listening, and thus, I repeat, the de-concretization, deconstruction, and redreaming of the patient’s communications. This is a position assumed by the analyst, the fruit of experience and patience, a vertex which helps him in his listening.

- I must add what Ogden (2005) has called talking as dreaming, the fruit of experience, negative capability, and silent interpretations. Ogden gives some excellent examples in his article. In some respects, one comes close to concepts such as narrative transformation or transformative narration (beloved of numerous Italian psychoanalysts from Corra to Di Chiara and Gaburri), but Ogden’s point of view is clearer and more radical. It is a question of ostensibly giving ourselves up to the shared discourse with the patient in the certainty that
We will get somewhere. Although bearing in mind possible interpretations of what is happening, the idea is to forgo these until new and unpredictable facts emerge, at the same time as playing constantly with manifest meaning.

- The other essential aspect is the relationship between waking dream thoughts and night dreams proper. (The latter are always a noble product because they are richer in alpha elements: This is true both if we think that there is a super-alpha function at work during the night operating on all the alpha elements stored by the alpha function and if we consider more modestly, that the function at work on all the alpha elements stored during the waking period is one of directing and editing.)

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- This way of looking at night dreams sees them as a kind of visual poetry of the mind, a communication that needs to be intuitively, rather than deciphered. After all, there is nothing that establishes contact between the mental lives of analyst and patient as effectively as the story of a dream; in part, because it is an index of the patient's willingness to open boxes without the analyst having to use a picklock, but also because it is an exchange of living images between the mental and emotional lives of the two parties, provided they are not marbelized in the quest for a hypothetical other meaning over and above that which is open to the possibility of alphabetizing emotional states and of communicating affective states without excessive defenses or inhibitions.

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