The inaccessible unconscious and reverie as a path of figurability

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The treatment of patients with serious difficulties in symbolization is a riddle. How can we find a way to communicate with someone whose representational function is seriously impaired, to the extent that he is not able to give a personal meaning to experience? How can we begin to build some threads from experiences, however small, of sharing emotions, and then weave them with and for the patient into a fabric of thoughts? If repairing deficits in symbolization and representation depends upon intersubjective relationships and the patient is tenaciously avoiding every kind of contact, how can treatment go forward? It is my belief that an emotional connection can only be born out of living—or better, out of suffering—the same things, out of a moment of intersubjective connection between two separate subjects. But what is to be done when the patient—and sometimes the analyst as well—has no language at their disposal with which to build this connection?

These difficulties are evident in overtly psychotic patients, but in this chapter I deal with another category of patients who can be very difficult to treat: neurotic patients who possess autistic barriers or autistic nuclei (S. Klein, 1980; Tustin, 1986). These patients do not present the severe symptoms of the most serious cases, and...
their cognitive functions are in some areas usually well preserved. Nonetheless, the challenge they pose is that they suffer from a deficiency in their capacity for thinking, which originates in traumas that are filed in the so-called “inaccessible unconscious”. Although limited, this deficiency is significant enough to determine subtle situations of impasse in the analysis.

Bion (1997) maintained that alongside conscious and unconscious states of mind there is a third psychic category, which he calls the “inaccessible”. He relates this mental category, which has never been psychically represented or conscious, mainly to intrauterine life and a conjectured type of primitive form of projective identification. However, the notion of a non-repressed, non-representable unconscious goes far beyond Bion’s “imaginative speculations” on the nature of foetal life in the womb and the persistence in the adult’s mind of embryonic vestiges of “thalamic” or “sub-thalamic fears”. It was implicit in Freud (1915e, 1923b) and, indeed, its significance may extend to all forms of procedural, implicit, or nondeclarative memory that are currently being discussed in contemporary psychoanalysis.

We now know that implicit and explicit memories are stored in different neuroanatomical structures, subcortical and cortical, respectively. The former is the only memory “available” in the first two years of life. This means that the most archaic mnestic traces, including those related to earliest traumas, can be registered only in a non-representational form. I propose to use Bion’s term, “inaccessible unconscious” to refer generally to all these systems of basic and primitive memory. My aim is to highlight both Bion’s idea of a possible continuity between foetal and post-foetal life (Bion, 1976) and, above all, the link, which the term he employs suggests, between the traumas that we hypothesize have been inscribed in this inaccessible memory/unconscious and inaccessible patients who are difficult to reach.

Since these mnestic traces cannot be verbalized or ever become conscious (as memories that can be represented and recalled as “thoughts”), the question emerges as to how they can be evoked within the analytic setting, so that we may help our patients to work them through. Mancia (2003), following Freud, has noted that some traces of these very remote events can be found in dreams and, of course, in the transference. But what
can be done when a patient does not dream, or there seems to be no transference at all? What can we do in contexts where, rather than commenting on the film being screened and working on its plot, we first need to repair the actual device that projects images on the screen of the mind—that is, the alpha function of the patient?

It is my assumption that representational deficits connected with preverbal traumas that generate autistic or psychotic nuclei in the patient’s personality “force their way” towards a stage of “pre-representability” via projective identification, action, and enactment. In particular, I believe that they speak “semiotically”: unlike ordinary repressed memories, they can emerge almost exclusively in the form of disturbances in the setting.\(^1\) While such disturbances are most commonly thought to involve enactment and forms of action, they can also present themselves in a general feeling of blankness and deprivation, in a poverty of discourse or the relative incapacity to think or express emotions. Such patients may appear frozen and stuck.

But this may be only half of the story. After a time, this void may reverse itself into a fullness of emotions, which overflows and overwhelms analyst and patient, as the terror that hides behind autistic nuclei breaks through. When this occurs, what will prove decisive is the analyst’s capacity for containment and reverie. If this proves sufficient, these tensions may take root in the subjectivity of the analyst and translate into particularly vivid images (an occurrence, however, that is not a \textit{sine qua non}). It is the specificity and distinctive nature of these images that leads me to conjecture that they are triggered by projections of the inscriptions of early traumas ingrained in the inaccessible unconscious. I further believe that this vividness conveys the particular violence of their attendant emotions and at the same time bears witness to the genuine oneiric quality of the analyst’s reverie—i.e., that these images speak with the authenticity and truthfulness of the unconscious.

A parallel could be drawn between these analyst’s reveries and Freud’s (1937d) description of \textit{überdeutlich} or ultra-clear.

\(^1\)If, following Winnicott (1947, p. 197), we think of the setting as “the analyst’s lap or womb”, then they may appear in the sensations and rhythms of this “body”. 
quasi-hallucinatory memories, which may occur in patients in response to a construction.\textsuperscript{2} In my experience, the analyst’s reverie connected with autistic nuclei in the mind of adult patients—and psychotic elements as well—is characterized by a certain powerful “hallucinatory” sensorial quality. The working hypothesis of this chapter is that the reverie of the analyst as conceptualized within the theory of the analytic field (Civitarese, 2008) may represent not only a crucial tool in order to access these negative areas of the mind, but also an opportunity to produce a transformation in the patient.

From the perspective of a post-Bionian theory of the analytic field, I show in a detailed clinical vignette how the analyst’s reverie can gradually lead to figurability (Botella & Botella, 2005) in the patient and that the more sensorial the quality of the analyst’s reverie, the higher the degree of thinkability achieved by the patient in relation to traumas originating in the non-verbal stages. Reverie is the place where the patient’s partially obstructed capacity to dream and the (hopefully more available) oneiric space of the analyst overlap: this is where the analysis actually takes place. The analyst’s core intervention in this context is therefore not so much an interpretation (i.e., a de-coding or putting into words), even if, from the point of view of the classical psychoanalytic theory, it could be described very much as an interpretation in the transference. It is perhaps more useful, however, to note that it also reflects the often silent, spontaneous, internal working-through of the patient’s projected emotion and the analyst’s own emotion induced by the patient’s projections, which push us to tend towards fantasies and/or enactments of basic assumptions—that is, a bi-personal unconscious phantasy.

Rather than reflect like a mirror, the analyst must try to be reflective by introducing his own mind as a function or locus of the analytic field and trying to detect its unconscious dimensions. In fact, reverie may be considered the equivalent of the slightly uncanny feeling whereby, as the unconscious comes to the surface, we may sense\textsuperscript{2} 

\textsuperscript{2}“... a surprising and at first incomprehensible phenomenon... This has occurred both in dreams immediately after the construction had been put forward and in waking states resembling phantasies” (Freud, 1937d, p. 266).
it as something situated not “underneath” or “behind” (as if in some sort of storage room/reservoir/sack/container) but inside consciousness. It is by creating a deep (somato-psychic) connection with the patient that the analyst can help the patient to expand both the area of “thinkability” and that of his own psychic container (i.e. the process of weaving emotional threads that will be able to hold floating psychic contents), with container and contained understood as standing in a dialectical relationship with each other, comparable to the reversible dynamic figure/ground.

Step-down transformers

Some patients who protect themselves by building autistic barriers may, at times, make use of a mechanism comparable to what Meltzer, Bremner, Hoxter, Weddell, and Wittenberg (1975) have termed “dismantling”. When this occurs, their senses follow different perceptual paths and no longer work in coordination with each other. At such moments, patients may, for example, focus exclusively on the sheer sound of the words they utter rather than their meaning, like Beckett’s character, Krapp, who loses himself in the endless repetition of the word “spool”, drawing out the “oo” sound in sensuous preoccupation and delight. In so doing, they reach a state in which they avoid thought and suspend their attention by hyper-attaching it to some form of sensorial self-stimulation. By scotomizing their experience, they retreat from reality, make the object disappear, and exorcise their terror of separation and loss.

The capacity to coordinate the senses is not fully developed at birth but is strengthened through the introjection of a positive relationship with the caregiver and the process of somato-psychic integration that follows. When the senses are dismantled, these patients retreat to an illusory sense of continuity of their Self, which has not yet been confronted by the awareness of the separateness of the Other—an experience that for them would trigger an unbearable feeling of dread. They thereby attempt to escape from their hypnotic fascination with the object, an entity that could, on the one hand, restore the dispersed fragments of their ego but is,
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on the other, perceived as a dangerous monster that could swallow or engulf them.

These patients almost never bring dreams to their sessions, and they tend to endlessly and monotonously repeat the same stories from their daily lives. They drain words of their meaning, turning them into mere sensorial elements—dull, empty tones devoid of affective significance. Due to their extreme fragility, attempts to introduce something new into their arid mental landscapes may be experienced as painful. They perceive closeness as a threat and only allow emotions in on a Lilliputian scale. They seem lost in a two-dimensional reality, a grey-coloured world with neither stories nor characters (and when they do, on occasion, speak of characters, they are not engaging). The stage of their mind seems empty. Confronted with such desolate scenes, the analyst’s predominant feeling is that of conducting a dreary, hopeless analysis devoid of the living images that move us. All emotion feels as if it is being sucked into a black hole.

Like black holes, autistic nuclei create zones around themselves that defy contact and exchange. Here the trapped light is the emotions, and the radiations that reflect and reveal the existence of the autistic nuclei are the turbulences produced in the analyst. These turbulences—invariably occurring at moments where a new balance is about to be set—allow us to see things. However, they differ from turbulences developing in the treatment of borderline or psychotic disorders: in fact, they almost seem to be the opposite. Here, everything that occurs is characterized by negativity: “Nothing” seems to be happening. And yet, despite this, the analyst comes to feel a strong and almost intolerable tension. Sessions may become pervaded by a sense of stasis or death. While the analyst’s mind is powerfully solicited as container, it is as if we were assisting in the catastrophe of the collapse of time, or as if a building suddenly imploded due to an abrupt increase in pressure on its surface. What instrument, then, should be used to make the terrible forces acting on the surfaces of the psyche visible? How may we reduce them to a bearable level? The answer is that the analyst must in some way experience (suffer) this collapse and, through reverie, try to transform this negativity into images and thoughts, restoring continuity, temporality, and meaning.
In the autistic areas of the mind, the pressure I am trying to describe is connected with the tantalizing and dangerous nature of the object. The subject despairing of existing in the other’s desire and thus of being recognized and becoming alive. It is for this reason that, even though relationships are vital to the patient, he refuses all offers of them. The internal suffering is extremely intense, yet well hidden. It is comparable to a state of agony or near-death, but it is one that the patient barely feels, at least at first, and that the analyst personally perceives as boredom, uselessness, and claustrophobic sensations. The analyst may be haunted with doubts, with the fear of finding himself trapped, empty and without resources, struggling to maintain composure, to stay still, alive, or alert. Time never passes. It stops; it melts away, like the clock in Dali’s famous painting.

But even these feelings may be seen as a translation and representation of the indistinct, yet crushing, threat troubling the patient—who, as it were, senses the paralysing presence of Godzilla without seeing him, because the monster is huge and soaring above him. These experiences may also prove threatening to the analyst, who must resist the temptation to shut himself in a mirror-image state of autism of his own, turn off his attention, reset the tension, and withdraw to his own private thoughts in order to survive.

What is therefore required of the analyst is a great deal of patience and the knowledge that transformations—if they do occur—can be painful and, for long times, barely perceivable. The analyst needs to stay constantly and very closely in touch with these patients in the sense of sustaining, enhancing, and strengthening their fragile narcissism while being respectful of their self-protective need for stasis to avoid over-stimulation. Thus, the hypersensitivity of such patients, protected by the shield of autistic functioning, is best approached when the analyst painstakingly strives to detect the most minute signs of movement where everything seems to be still, looking for elements of growth where there only seems to be arrested development—granting hope and trust even when scepticism may seem the most sensible attitude.

As the analyst exposes the patient to his own capacity to tolerate frustration, to his “faith” that it is possible to give things a
meaning, and to his “thinking method”, he offers the patient the chance to internalize the transformational experience. The image used by Ferro (2006) to describe the analyst’s intervention in autistic states is that of “voltage”. If the voltage of an interpretation is too high, it may infuse an unsustainable tension into the relational field, incurring the risk that field will collapse. When this happens, it implies that the analyst has failed to use an adequate “step-transformer” to reduce the intensity and impact of his intervention.

Consequently, it is always necessary to activate the “security device” of a second look (Baranger & Baranger, 1961–62) or of an internal “monitor” to try to catch the signals of the field and the moment-to-moment clues to its suffering. The voltage must be indirectly proportional to the extent of the patient’s deficiencies in alpha function or in the capacities of his thinking (and dreaming) apparatus. Sometimes, as in situations of massive trauma, the problem is an excessive sensorial influx, which may overwhelm the accepting and transforming capacity of even a sufficiently developed mind.

Less despairing than the image of a “black hole” and with more room for potential positive movement, the metaphor of voltage points to the differential the analyst activates each time he introduces his opinion on what is happening. The points of view of two separate subjects can never completely overlap. If, however, they are similar enough, a fruitful interplay of identity and difference may occur (to be sure, in terms of psychic development, difference is no less important than emotional attunement), patient and analyst may share an emotional experience, and the patient’s mind as container may become more elastic and expand.

The puma

I see A, a quiet and melancholic girl, once a week vis à vis. She is always on time. She puts her bag on the floor and sits up straight in the armchair, her head slightly tilted to one side, a shy and elusive look on her face. Then she remains silent for three quarters of an hour. Each time, I am immediately overwhelmed by a
sense of oppression. Time seems to stand still. Perhaps A needs to slow down until she stops time altogether. Perhaps she has too often gone through traumatizing situations, events that have made her feel not really alive and without any control over things. Her nanny, whom A considered her true mother, died when she was 9 years old. Could this occurrence also represent the re-opening of an older wound?

Gradually, similarly to the way in which, when we turn off the sound of the TV and become more aware of the small details to which we were previously oblivious, I realize that I am paying more attention to my own sensations and what is entering my visual field. I am getting more in tune with my own body and posture, as though A wanted to draw my attention to these primitive levels of somato-psychic (non)-integration; as though she herself needed to entertain a purely fusional and sensorial relationship in the safe womb of the setting. I am reminded of Winnicott’s (1945) distinction between id needs and ego needs and think that perhaps here words would only be appropriate if they were in tune with the latter, otherwise they could be hurtful.

A seems to be really far away, yet at the same time she is totally aware of my every move. During each session I try to get in contact with her, but to no avail. I resign myself to silence. Pure Beckett, I say to myself—but then I think that I do love Beckett, and this thought leads me to consider the possibilities offered by analysis to stage even the most extreme situations. I become more hopeful. I know that even my feeling this way is useful to her; at times, she has managed to tell me so herself. Feeling me a witness to her suffering makes her feel more at ease. Each time she integrates a bit more, thanks to the space I reserve for her both physically in the room and symbolically in my mind. It helps me follow to my own flux of ideas, as though they were a commentary on what is happening. It is the negative of a dialogue that cannot exist yet, as in the novel, Mr Mani by A. B. Yehoshua, where the reader only finds out what is said by one of the two interlocutors in a telephone conversation.

By following my stream of thought, I once found myself fantasizing I was at a pool with A, who did not yet not feel up to going into the water. The image transformed itself into a beauti-
ful Sardinian beach, similar to a tropical setting. I remembered though that, the day I had been there, the sea was infested with jellyfish—yet, to me, this is tantalizing. I understand that A is diffident and paralysed by fear. But then I begin to think that there must be something else that she can see and I cannot. Perhaps it is something even more terrifying than jellyfish. I think of those who go swimming where only a coral reef stands between them and the sharks. I would not feel very safe in those waters. Does A also “see” or sense sharks? Perhaps her coral reef has gaps that could let in terrible things, the disturbing presences living deep in her unconscious. And the gaps, opened in the “aesthetic of being”—the basic frame of the personality provided by the mother as a transformational object (Bollas, 1978)—were caused by traumas suffered in her earliest life, prior to the construction of the “ego” and subsequently inscribed as sensory-motor schemes in the inaccessible unconscious.

I then associate to another patient, B, who went on a boating holiday with friends in the period when, after years of solitude, he was again attempting to build an emotional relationship with a woman. On his return B told me how they used to dive in to see the sharks. He explained that when they did this, the sharks were no longer aggressive, as they had already eaten(!). We laughed for a long time, having both understood that he had feared women—actually, an intensely haunting mother imago—more than sharks. Through this reverie, I realize that I have transferred a quantity of emotions from one scene (with B) to the other (with A), offering tentative meaning to something that could seem to be nonsense from the outside and perhaps putting the clock back into motion. I am now able to reformulate the situation with A in these terms: the problem is how to feed the sharks or tame the wolves (like Saint Francis) in order to make them less dangerous. But at this initial stage I still know very little about pumas.

Weeks and months go by. One day, the orange bag that A brings to each session reminds me of Little Red Riding Hood lost in the woods. I suppose to a certain extent she sees me both as the grandmother–nanny that brought her up and as the wolf disguised as the grandmother. Then, as I walk her to the door, she turns, and I at once notice a figure on one side of her bag and
the word “puma”! I am surprised—but start to see a glimmer of light in the dark. I tell myself that inside her there is something primitive, ferocious, maybe very angry. Here come the sharks, or rather the wolves—nay, the pumas! For A, keeping still and quiet may be a way of representing herself as both mortified by a cold and distant maternal gaze and paralysed in a defensive reaction, such as “playing dead” when faced with terror. It may also be a way of trapping inside the explosive puma-emotions.

A compresses these feelings until they are totally “flat”, then she curls up inside an invisible, yet resistant autistic shell. However, this time I have perhaps found a way to what she has been unconsciously trying to tell me about what is going on! Difficulties aside, despite our near-total silence, we are starting to write a script, which is beginning to have a small cast. The “casting” (Civitarese, 2013) has begun, as we try to find actors good enough to play the role of the (proto-) emotions that have not yet found their place in the scene of the analysis. I do consider these “actors” not only as my associations or reveries, but as co-created in the analytic field by the crossing of reciprocal projective identifications. In this instance, I interpreted to her the meaning I assigned to the figures on her bag, and she silently accepted playing this game! In this way, she started to communicate even consciously with me.

A few sessions later I discover that the other side of her bag contains the image of two rabbits cuddling each other, drawn in a childish manner. They join the tiny pair of red pumas that are part of the famous logo of the brand of athletic shoes as “actors” in her unfolding story. Could it be that A is showing me that she is slowly conquering small shares of emotional ambivalence: two tiny pumas, one on each shoe, next to two large playful rabbits on the bag?

This is how the turbulence produced by my contact with A begins to recruit my alpha function to begin to formulate and structure a psychic device that will allow her to represent (and possibly pierce) the “bubble” of grief she has been living in for so long. Through a narration that develops without words, she is now able to put a number of fragments of herself and her life on the stage that analysis offers her. Thus, she manages to express her intense urge to reveal herself, even in complete silence. When this need
is satisfied by a suitable response of the object, the sense we have of ourselves and the continuity of our existence is strengthened.

At a certain point, A swaps bags. This time the writing says “legami”, which in Italian means both “relationships” and “tie me up”. So perhaps in this way she is expressing the fear and the yearning of a connection which, as seen in Almodovar’s film *Tie me up, tie me down!* (*Legami* in Italian), is a mutual kidnapping and a reference to a Sadian world of abjection as the primary repression of the maternal body. Then still another new bag arrives, camouflage in design and colour, which shouts “fight, danger, ambush, hiding, guerrilla”. Moreover, I notice some time later that on this bag the word “energy” has been written many times in tiny letters. Is A informing me that her energy is being robbed by the relative disconnection between intelligence and emotion?—an energy that must nonetheless exist, or else it would be very hard to explain how she manages to pass her arduous mathematics exams at university?

Thus I begin to draw maps of the emotions activated in the field of analysis and consequently of A’s internal world. At the same time I see that we have found a way to communicate and give a shape to her emotions that she is as yet unable to express in words. So sometimes I tell her what comes into my mind. Indeed, I think that if at times the analyst feels free to express doubts or to confess he is uncertain of how to behave with respect to some facts of the analysis, then the patient may enter a state of ambiguity, which might prove useful. Indeed, by introducing the analyst on the scene in a new role, a third or alternative space is created through the self-revelation, favouring self-reflectivity and thus subjectivation.

Of course, from the analytic point of view, self-revelation does not escape the paradigm of the setting and of the oneiric in the session. In this respect, self-disclosure might be introduced and understood less as the irruption of the analyst’s life fragments and more as the entrance of a new unconventional kind of actor, very aware of his role and committed to disclosing it to the audience. From the field perspective, all references to past or present private life events (made by patient or analyst) are immediately virtualized, becoming fictional characters of the analysis or loci in the analytic field.
The moment eventually arrives when we begin to talk of everything above, tactfully and delicately. “Which bag is it today? The one with the cuddles or the combat?” I ask her. A laughs about it. Then a few more steps as—on my suggestion—we begin talking about films and books, discussions seemingly going nowhere. She tells me her favourite film is *Amélie*, the story of a young motherless waitress from Montmartre, who finds a small box containing childhood souvenirs and toys. She asks her neighbour, the glass man, to help her find the box’s owner. Seeing how happy she has made him, she decides to dedicate her life to “fixing” the things that are wrong in the lives of those around her.

Another time, A tells me about her favourite book, *The Number Devil*, by Enzensberger. It is the story of Robert, a 10-year-old boy, who keeps having nightmares about mathematics. But then a wizard begins to show up in his dreams: a funny-looking little man who slowly helps him to overcome his fear of maths in the course of eleven nights. The silent bag game has turned into the book game. Each week, A would read something, be it a story or a chapter from a novel, which we would then discuss.

Another book was *The Solitude of Prime Numbers*, by Paolo Giordano. To talk about himself in the novel, the narrator uses prime numbers (divisible only by one or themselves) as a metaphor. These numbers sometimes appear in twos, though always separated by another number. Thus they are a pair that can never really be together. A’s next choice, also very appropriate, was *The Daydreamer* by Ian McEwan (the Italian title is *L’inventore dei sogni*, the dream inventor). This is exactly what my efforts were directed towards: the creation of a space for dreams. The child protagonist of the book, Peter, has various dreams: first he imagines a magic dust that makes his Mum, Dad, and sister disappear; second, he envisions giving the school bully a sort of interpretation, reducing him to tears by only using words, and making him feel ashamed of his misdeeds. Finally, Peter dreams of turning into a cat. At this point of her account, much to my surprise and gratitude, A turns around and says, “Kind of what should be happening here.” Due to my/our constant attempts at creating dreams, it seems as though the puma is slowly turning into a house-trained cat! I mean by this that violent, unmanageable emotions were now on
the verge of being transformed into thoughts. I continue to listen for new images to surf, either coming from A or from myself, that après coup might confirm—or not—that we were in contact.

Silence played a significant role in A’s treatment and returned even after the most fertile moments. It was the necessary insulator that kept tensions activated during every session at a tolerable level. Faced with A’s silence, I could only keep track of my own emotional reactions, stay alert, and be ready to dream A’s interrupted and undreamt dreams (Ogden, 2004), mindful that the analyst should not try too hard to push the patient out of an autistic shell. On the one hand, such pushing might neglect recognizing that silence may be necessary as a protective device to “reduce the voltage”. Or pushing might reflect the analyst’s attempt to escape from contact with the more dead/depressed parts of the patient’s mind, or a refusal to let himself be treated transferentially as the patient’s depressed/despairing internal object.

Such moments require that the analyst pay careful attention to his own emotional reactions, physical impressions, and the images arising in his mind, presumptively assuming that each element in his stream of associations represents a private, non-verbal(ized) comment about what is going on. On some occasions, elements of this stream of consciousness can be verbalized; on others, they remain silent but active, informing the analyst’s on-going reverie.

What A’s treatment illustrates is that in order to acquire or strengthen the ability to represent, it may be essential to first relive the earliest stages of life, when sensoriality was paramount, and repeat the primitive process of strengthening the indwelling of the psyche into the body as described by Winnicott (1949). With patients like A who have been so seriously wounded, the anonymous, pre-reflexive, and pre-personal tapestry of intersensoriality/intercorporeality representing the foundation of the subject when there is still no actual self-awareness shifts from pre-categorical background—endowed with significance, albeit an obscure one—to figure. Indeed, as persuasively argued by the French philosopher Merleau-Ponty (from whose writings Willy and Madeleine Baranger drew inspiration in developing their notion of the analytic field), at this stage subject and object are not separate: rather, they stand in a dialectical relationship to one another.
Subject and object are not definite, autonomous entities, pure presences-to-self; they continuously mould each other through a fluid process of transactions regulated by the “porosity of the flesh”. In fact, they both originate from a primordial medium to which they both belong. In this archaic context, to touch also means simultaneously to be touched. Our sense of the world is mediated not only intellectually: it is also informed by the direct experience of the body. This sense of reality stems from incarnated existence and is already—though rudimentarily—developed even before a form of self-awareness is established. Accordingly, Merleau-Ponty affirms: “I am a field, an experience” (1945, p. 473)—that is, a system of relationships. It is worth pointing out that, as the ego will never completely free itself from the constraints of the environment that surrounds it and of specific life situations, this primordial stage is destined to establish itself as a constant form of experience also throughout adult life.

It is precisely this intersubjective relational framework that Melanie Klein strives to illuminate with her obsessive, dramatic observations on how the fragile ego of the baby is not a separate entity in the way a “subject” will be separate from an “object” in later life. In fact, in her account, this early ego “incessantly consumes the breast from within and ejects the breast into the outside world by constructing—vacating itself while constructing—vacating the Other” (Kristeva, 2000, pp. 62–63). In turn, Bion approaches the same issue through his notion of “proto-mental system”:

The proto-mental system I visualize as one in which physical and psychological or mental are undifferentiated. It is a matrix from which spring the phenomena that at first appear—on a psychological level and in the light of psychological investigation—to be discrete feelings only loosely associated with one another. It is from this matrix that emotions proper to the basic assumption flow to reinforce, pervade, and, on occasion, to dominate the mental life of the group. Since it is a level in which physical and mental are undifferentiated, it stands to reason that, when distress from this source manifests itself, it can manifest itself just as well in physical forms as in psychological. [Bion, 1948, p. 102; italics added]
Bion’s remark is especially significant insofar as it aims to account for the notion of an image (a psychic representation) “translating” something that is somatic in itself. It also illuminates how such a reversibility between body and mind can operate not only within one individual, but also between two different persons. Furthermore, Bion explains how, due to the incessant and unconscious interplay between analyst and patient, the analyst’s reveries can sometimes “translate” traumatic experiences of the patient inscribed in the non-repressed unconscious—traumas that produce a hole in the sensorial floor of the ego. In other words, he implicitly argues that, in the same way as the reliability of the setting (and the physical and rhythmic elements that make it possible) can increase the patient’s ability to think, so the work of figurability carried out by the analyst can heal the wounds of the body-as-semiotic-device—that is, a body understood as a language/way to generate experience that is certainly prevalent in early life, but will then always go hand in hand with symbolic language.

In this respect, one may even hypothesize that, precisely in those circumstances when the analyst deals with “black holes” in the inaccessible unconscious of the patient (veritable open wounds that may lead the latter to the verge of the breakdown of non-representation) the restoration of a certain degree of figurability may constitute a crucial therapeutic element.

**Casting**

In the autistic and psychotic areas of the mind, the main problem we must address is the difficult task of how to translate the proto-sensory data (beta elements) of the experience into images. Grotstein (2007) has called this process “mentalization”: the passage from beta- to alpha elements, in contrast to the stage (of “thinking”) in which alpha elements are ordered in a narrative sequence. In order to create meaning for and with the patient, we will find ourselves in a position of building it pictogram by pictogram and thereby developing a function of “basic figurability”, rather than making its more complex levels explicit. It effect, it
is impossible at first for such patients and analytic dyads to “film” reality—in favourable scenarios, after a long time shooting short films may become possible. Initially, pictures can only be taken one at a time: they will at first be out of focus and grey in tone, then clearer and more colourful.

This is what I tried to do with A, using the notions of projective identification, reverie, and the oscillation between negative capability and selected fact. I engaged with her, first by allowing my thinking to operate in a regressive mode, then by “rebuilding” the fictional scene of the setting, restoring its rigorously inclusive nature. Thus, I slowly managed to progressively “introduce characters” into the analytical field. It is crucial to stress that, in doing so, I did not follow a pre-established or mechanical procedure. I simply “waited for them to show up for casting”. That is, in a state of negative capability, reverie, and free-floating attention, I placed my faith in my analytic intuition and spontaneity, checking only that each “character” was suitable—had enough talent, for example—to play a certain role. This approach allowed me to access the “traumatic tears” in the fabric of the patient’s non-repressed, inaccessible unconscious.

In working this way, as in art, it is important to join skill and spontaneity. When an “actor” shows up with a particular flair for a certain part, it creates a truth effect, which only certain dream images have, thanks to their character of presence and vividness: an epiphany-like quality that outside dreams is only found at the best of times in the art that moves us. In that happy moment all the factors that are part of the aesthetic experience can be found: the effect of a pleasant surprise, the context of make-believe or play, a vibrant and almost immediate feeling of expansion of the experience and the creation of meaning.

In the beginning of analysis, the scene with A was miserably empty. Except for the character “miserable emptiness” that dominated the stage, other characters needed to tell the story of our relationship, the analysis, and her life were missing. In such a scene, the analyst’s ability to be a good casting director is needed to induce change in the field. But higher tensions would be intolerable, so minimum voltages can be introduced in the form of characters in the dialogue, unconsciously expressing the patient’s.
or the analyst’s point of view. Or perhaps they are dressed up as roles/emotions looking for an author and are given an audition, where they would have to read something from the script, act something out of their own repertoire, talk about themselves, and so on. If the audition is successful and the patient takes up or makes use of the character that the analyst offers, then the actor is definitely cast.

At times, however, the casting may take place only in the analyst’s mind, where the “story” evolves even though no explicitly shared narratives are developed. Indeed, if the analyst is attentive and receptive, his interiority will successfully represent a place within the analytic field. If something happens there, all the other elements of the field will also be transformed. Even if the analyst chooses to omit the interpretation, the new character nevertheless enters the analytic field and the game of crossed projective identifications that defines it. And if the decision to cast the character is a good one, then the field—the capacity of the analytic couple to dream or think—will expand.

In my work with A, my reveries can be seen as narrative turns of the emotional field in which we were both immersed: the result of the continuing, invisible unconscious communication between analyst and patient. The “transformations in dreaming” (Ferro, 2006) from which the characters that may initially be perceived as intruders originate (sometimes these are material objects in the analyst’s office) or seem to come exclusively from the patients, are in fact equally co-created. Godzilla, jellyfish, the sharks, the “old patient”, the coral reef, the pumas on the tennis shoes, the cartoon rabbits on the bag, and so on are all functions of the intermediate space we generated together, a kind of in-between or halfway psychic region. All of them are “characters” in an emerging polyphonic novel constantly engaging with each other and voicing different points of view. Thinking of them as products of the (interpsychic) emotional field opens up the road to A’s (intrapsychic) imagination. This road also leads to her emotions when the glass man, the math devil, Amélie—“characters” that SHE introduced verbally—all appear, followed by the cat and by Peter—a child beginning to dream! I also consider this polyphony as a self-representation not only as an emergent function of the field, but also as an index of
the progress *she* made in analysis and as reflecting her potential to advance in her studies and to live out a loving bond with a boyfriend.

These are the fairy-tale appearances that bear meaning—at last!—when faced with inaccessible states of mind. They eliminate boredom and arouse feelings of awe, interest, and relief because they make us think that something can come to life in the relationship. They appear like a series of scattered elements that organize themselves into a meaningful configuration and reflect the patient’s absorption of the analyst’s capacity for reverie and of his analytic stance and method.

Observed from this standpoint, analysis appears as a field of ever-expanding transformations more concerned with the future than with the reconstruction of the past. Or, better still, it focuses on the past to the extent that it lives on in the present, even in the form of negativity. The successful psychic transformations from beta to alpha always mark the discovery of invariants in the patient’s experience of reality—that is, constant and (subjectively) significant relationships between the different elements by which the patient’s reality is formed.

The shifts from Godzilla to the puma and from the puma to the cat are all transformations (the former being my own reverie and the latter being an image from A). However, all of them also originate from the “primary indistinctness” between physical and psychic (as well as between subject and group), which, from different perspectives, Bion, Ogden, and Ferro have termed proto-mental system, intersubjective analytic third, and analytic field, respectively. Each shift from beta to alpha (\(\beta \rightarrow \alpha\)) marks a point where dispersed, confused, undefined, and unlimited psychic data acquire definite boundaries, consistency, and order: the mental space becomes tri-dimensional. The \(\beta/\alpha\) ratio within the analytic field is slowly reduced. We can thus perceive an aspect of O (Bion, 1970)—“the name of that which has no sound, smell and texture . . . of what there is before our senses tell us what it is” (Vitale, 2004, p. 73)—as a knowable, phenomenal reality. The bundle of unprocessed, non-representable proto-emotions from which mental pain originates is gradually disentangled. The patient’s psyche is reinstated into the body, and its
wounds stop bleeding. The contact-barrier is restored, together
with the binocular functioning (conscious/unconscious) of the
psychoanalytic function of the personality—the shades protect-
ing our retinas from the blinding glow of the Real.