The analytic field: bastions, surprises and movement

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Psychoanalysis is around one hundred years old in a wide world of revolutionary ideas that have been developed over the centuries in different cultures and which make up the distinct ways we can understand the human mind. It is a great pleasure and honor to be with you in San Francisco, and I welcome the opportunity of exchanging views on analytic theory and practice.

I am going to approach a clinical concept developed in Latin America, that of the analytic field, and relate it to the vital cycle of analysts and patients, surprises and movement in the analytic process

In the psychoanalytical culture in which the concept was developed, there was an increasing recognition of the analyst's participation in shaping the phenomena observed in the therapeutic relationship, and the concept was developed from the works by Racker (1982) and Heimann (1950/1995) on the communicative value of countertransference, identification and projective counter-identification.

Let me begin with a preliminary comment. Although all scientific undertakings aspire, or perhaps should aspire to the possibility of generalization and replication of therapeutic experiences, in our field of action, psychoanalysis, a unique difficulty presents , because we all know that ours is, essentially, a science of the particular, the unique, the unrepeatable. No two clinical cases are equal, in the same way that no two people are equal, in the same way that every working day we are faced with changing expressions of the human psyche and psychological suffering. Along the same line of thinking, we ourselves are not the same with each case, nor do we have the same listening ability over the course of our clinical career.

As a matter of fact, Heraclitus had already pointed out that a river never passes by the same place twice. Recently Roger Pol-Droit (2010) pointed out that Heraclitus was known as the Obscure because he stressed that, on the one hand, everything is one, there is only one world, where all elements live together, despite their differences. On the other hand, everything changes constantly, everything moves and is in transformation; the river is not the same, the water changes and even the person who is bathing has changed since the previous bath. In my view, Heraclitus offered a very eloquent metaphor for the analytic situation: there are some stable elements of the setting and at the same time both patient and analyst and their relationship are in constant change.

For these reasons, I think that the concept of analytic field, developed by Willy and Madeleine Baranger and described initially in their work of 1961-1962 is extremely relevant and useful.

According to these authors, the analytic situation should be formulated not only as a situation of one person who is confronted by an indefinite and neutral personage – in effect, of a person confronted by his or her own self – but as a situation between two persons who remain unavoidably connected and complementary as long as the situation remains, and involved in a single dynamic process. In this situation, neither member of the couple can be understood without the other. No more than this is implied when it is recommended that countertransference should be utilized as a technical instrument.

Additionally, they consider that the need to introduce the field concept into the description of the analytic situation arises from the structural characteristics of this situation. The analytic situation has its spatial and temporal structure , is oriented by specific dynamics and lines of force, it has its own laws of evolution, its general objective and momentary aims. This field is our immediate and specific object of observation. Since observation by the analyst is both observation of the patient and a correlative self-observation, it can only be defined as observation of this field.

Regarding the temporal dimension we also observe the existence of a common field that is structured in a certain way and the temporary modifications of this structure. The field is constituted by the prior agreement concerning the duration and frequency of the sessions, as well as the interruptions (vacations, etc.) that may break up the uniformity of the field. But the analyst and patient who start to work together also know that, except for an unforeseeable event, they are going to do this for a period of several years. Their work is entered into within a temporal field whose boundaries have been established along general lines.

A relevant aspect to be pointed out is the essential ambiguity of the analytical situation. It could be said that every event in the analytic field is experienced in the 'as if' category. Of course, this is not the only situation in which things are experienced in this way. For instance, they argue, an actor playing the part of Hamlet acts and feels as if he were Hamlet, but he is not, and he does not lode consciousness of his own person. In the same way, in love or friendship, the object is always more for us than what it is 'in reality', carrying with it the weight of our former loves and friendships.

However, here the situation differs. In everyday life, we try to relate to people on basis of their objective reality and not according to our subjective projections; in the analytic situation we try to eliminate as far as possible any references to our objective personality and leave this as indefinite as possible.

It is essential for the analytic procedure that each thing or event in the field be at the same time something else. If this essential ambiguity is lost, the analysis also disappears. A good example of this would be the episodes when the field is invaded by a situation of persecution. The patient transfers onto the analyst, sometimes with great intensity, a number of internal persecutory objects whose origin is in the patient's history. Transference fear and resentment reach their zenith: however, the patient continues to come to sessions and goes on hoping to get help from the analyst to resolve the situation. In other words, the patient feels and acts *as if* it were a real situation of persecution, but keeps the therapeutic relation uncontaminated by it. If this ambiguity is lost, the analyst is experiences like any other persecutor and the patient actually attacks the analyst, calls the police or simply runs away.

The temporal aspect of the field is nothing like the time experienced in everyday situations. The time of the analysis is simultaneously a present, a past and a future. It is a present as a new situation, a relationship with a person who adopts an attitude essentially different from that of the objects of the patient's history, but it is at the same time past, since it is managed in a way which permits the patient the free repetition of all the conflicting situations of his or her history. It is this temporal ambiguity, the mixture of present, past and future, that permits patients not only to become aware of their history, but also to modify it retroactively This history is a gross weight, with its series of traumatisms and damaging situations that have been given once and for all, until re-experiencing them in the state of temporal ambiguity permits the patients to take them on again with new meaning. The

patients know they had a difficult birth, suffered hunger when a tiny baby, had a wet nurse, etc. But these traumatic situations can now be experienced not as unchangeable deadweight with an attitude of resignation, if they are taken up again, worked through and reintegrated into a different temporal perspective.

For this reason, the future is also present in temporal ambiguity. Most often, patients come to analysis because they feel they have no future. They were prisoners of their neurosis, with no prospect of at least being released from this imprisonment.

The Barangers point out that it is essentially an unconscious fantasy that structures the bi-personal field of the analytic situation. However, we would be mistaken to understand it as an unconscious fantasy pertaining only to the patient. Although it is our daily bread to recognize the field of the analytic situation as a couple field, we admit that the structure of this field depends on the patient, while the analyst tries to act accordingly (preserving the patient's freedom).

But it is bad to assume that analysts have total freedom to adapt to the patient's unconscious fantasy without losing their unity and their function as controller of the basic contract. Analysts cannot be 'mirrors' because mirrors do not interpret. Attitudes are demanded of analysts, which are contradictory in some way or at least quite ambiguous. If the patient's position in the analytic process is ambiguous, the analyst's is equally so.

With these restrictions in mind, we can only conceive of the basic fantasy of the session – the point of urgency – as a fantasy in a couple . The basic fantasy of the session is not the mere understanding of the patient's fantasy by the analyst, but something that is constructed in a couple relationship . We have no doubt that the two persons have different roles in this fantasy and that it would be dangerously absurd for the analyst to impose his or her own fantasy on the field, but we have to recognize that a 'good' session means that the patient's basic fantasy coincides with the analyst's in the structuring of the analytic session.

Naturally, this implies a position of much renunciation of omnipotence on the analyst's part, in other words, a greater or lesser limit to the persons we can analyze. It goes without saying that this is not a question of the 'liking' or 'disliking' we may feel the first time we meet a patient, but of much more complicated processes.

This structure cannot in any way be considered to be determined by the patient's (or the analyst's) instinctual impulses, although the impulses of both are involved in its structuring. More importantly, neither can it be considered to be the *sum* of the two internal situations. It is something created *between* the two, within the unit that they form in the moment of the session, something radically different from what each of them is separately.

One concept that is central to understanding the notion of field is that of the bastion. The field moves, and the analyst can intervene in it effectively when the patient 'takes a risk'. Of course, one always takes a risk to some extent when beginning psychoanalysis. One risks time, money, effort, hopes (and a career in the case of a candidate). But all this may be much less important than another aspect of personal life or fantasy that for the patient is a personal bastion (and is generally the unconscious refuge of powerful fantasies of omnipotence).

This bastion varies enormously from one person to another, but is never absent. It is whatever the patient does not want to put at risk because the risk of losing it would throw the patient into a state of extreme helplessness, vulnerability and despair .

The bastion has been described in the literature, especially in relation to perverse patients in general: they want to risk everything, except their perverse activity, a source of extremely valuable gratifications. In other persons, the bastion may be intellectual or moral superiority, their relation with an idealized object of love, an ideology, a fantasy of social aristocracy, their money or profession, etc.

The most frequent behavior of patients in defense of their bastion consists of avoiding any reference to its existence. They may be quite sincere in regard to a multitude of problems and aspects of their life, but become evasive, disguised, even lying when the analyst comes close to the bastion. We do not think there are patients without bastions, and we believe that the measure of success of the analysis depends greatly on the degree to which they have been able to accept the analysis of them, meaning to accept losing them and with them the basic fantasies of omnipotence and thus giving up to their persecutors.

But other behaviors also serve patients to the same end. They can mention the bastion and apparently accept interpretations referring to it without consenting to give them the last status: 'talk about whatever you like', 'whatever you may say about this doesn't touch me; this is my business'.

Conversely, the inclusion of a bastion within the field is always associated with intense emotional reactions, even anxiety, and permits considerable mobilization of the analytic situation. The immobilization of the field is always a protective measure aimed at preservation from intrusion by the analyst and the analyst's interpretation into a private sector of the patient´s life.

Baranger, Baranger and Mom (1983) presented further ideas, on process and non-process in analytic work. According to them, when Freud defined the analytic procedure as the repetition of the initial neurosis and the resolution of this neurosis on the level of the transference, he pointed out the two poles of repetition in the technique: the first, as inertia or 'entropy' or the second, as a moment of the processes or part of progress. Their introduction of the concept of field emphasizes a double position, i.e. in each of the participants in the process, of the repetition-compulsion. The analyst also has his way of repeating: he may enter into collusion with the patient, unconsciously captured in the fantasy of the field; he may enter into the stereotyping of the patient when he transforms the session into a ritual and he may attempt to break up the repetition by force. According to these authors, however, perhaps the most deceptive form of repetition in the analyst has to do with his enclosure in his own scheme of reference, especially if it has acquired a certain degree of systematization and rationalization, and has tended to become a routine. They suggest that the analyst's ideal should be the ferret, which never surfaces where it's being awaited, or the hidden prize of the treasure hunt. I would say that the analyst cannot be predictable in his interventions and that a certain element of surprise might be what keeps the analytic process alive, as I will describe later.

The more rigid the analyst's scheme of reference, the more prone he is to accept the role of 'subject supposed to know', i.e. according to Lacan the more he becomes an accomplice to the paralyzing stereotyping of the process. For this reason, it is recommendable

to pass through multiple schemes, harvesting for ourselves from several, though avoiding confusing eclecticism: clinical practice is more varied than our schemes and does not cheat us of opportunities for invention.

The Barangers and Mom suggest that as anti-repetition and anti-stereotyping procedure, analysis must constantly fight against the bastions being created, and try to face them as they are built up. Some bastions can appear to us as extremely proteiform, others being barely crystallized, and yet others being hard and paralyzing for the analyst. *There is process as long as bastions are being detected and faced*. In this sense, the two aspects of the interpretation (rupture and integration) are clearly complementary.

The bastion is always re-born in renewed forms: it is the most conspicuous clinical sign of the repetition-compulsion, i.e. of the death instinct. When the bastion as such is broken down, this expresses the triumph of the process over our intrinsic thanatic dullness and this victory, though momentary, is perhaps the essence of the joy given us by our analytic work.

When I presented these ideas about the analytic field and the bastion in a workshop during the meeting Freud in Asia, in Beijing (2010) , a curious metaphor emerged in the group discussion: the Forbidden City where the Chinese emperors used to live could represent a sort of a bastion, a place where no foreigner could get into, and where the most sacred symbols, values and secrets were kept and protected. In this sense, every patient, or every single person has his/her little forbidden city.

Other relevant ideas were put forward by Madeleine Baranger in a paper about listening and interpretation (1993). In her view, the unconscious is not behind but elsewhere. The listening of the analyst consists, thus, in decentering the patient´s discourse, stripping it down in order to find a new center, which is the unconscious. There are three factors involved: the explicit discourse of the patient; the unconscious configuration of the field (unconscious fantasy of the field), which includes the transference/countertransference; what corresponds at this point to something unconscious in the patient, which must be interpreted. It is by virtue of the mediation of the unconscious configuration of the field that the patient´s unconscious can express itself and the analyst can find an interpretation.

In a more recent review of the evolution of their ideas, Madeleine Baranger (2005) stressed the fact that field theory, whether or not it is called by this name, forms part of the thinking of many analysts today. She mentions some of them , who, though from different theoretical origins, have developed it along the same lines. These contributions are characterized by the mutation of perspective when focusing on the clinical situation as the fundamental fact and shifting the center of study of the psychopathology of the patient to the consideration of the analytic relationship and the process. In her view, the contributions from Green, Ogden, Cesar and Sara Botella and Bollas can be seen along these lines.

I would also include recent and extremely relevant contributions from Ferro and Kancyper , who not only used the concept of analytic field along its original lines but mainly developed it . Kancyper studied adolescence as a dynamic field and Ferro explored and expanded the universe of field and its inhabitants.

Kancyper (2009) one of the current most creative Argentinean authors, proposes that generational confrontation requires consideration as a whole, as a product of an

intersubjective relationship in which parents and their children define each other, involved as they are in a dynamic field. So he extends the concept of field out of the analytic situation and into the confrontation between parents and children and between siblings as well. According to him, the functionality of the field of generational confrontation demands a radical asymmetry between paternal and filial functions, but both are required to go through different and complex processes of psychic working through. From a clinical perspective, three categories can be described: 1. Those who are unable to confront their parents and siblings; 2.Those who perpetuate an endless confrontation through a thanatic defiance (the perverse field) 3. Those who have put behind them the thanatic defiance and have managed to engage in a trophic challenge, obtaining all the structuring benefits for the construction of identity from the generational and fraternal confrontation. Each one of these categories can be seen both in developmental terms, as well as will present differently in the analytic situation.

In his recent book with Basile , Ferro(2009) stresses that field theory lends itself to a multi-pronged approach because it opens the way to a dimension in which free rein is given to the elements of dreaming, narration, and deconstruction. This aim is accomplished in terms not only of the purely theoretical aspect, but also of its powerful implications for the theory of the technique: while taking up a position close to all relational theories, field theory has a strong technical specificity of its own, in that it breaks for the first time with the idea of making the here-and-now explicit in the session and of consequent transference interpretation. As a result, the relational aspect in effect becomes a stream flowing through the field; this river then widens out into a vast lake in which there is time for characters to emerge, to sink into the depths, to return to the background or to take the stage again.

According to Ferro and Basile, reality in the field is more virtual in nature, involving characters who are progressively subjected to a process of casting in order to express the types of functioning active in the field. All the field´s characters are born of the mental mating of the two members of the couple, namely the two minds; there is so to speak a continuous summoning up of characters and players, or an ongoing assignment of roles directed towards making the deepest levels of the field more and more susceptible to explicit expression. Commenting on the papers that are part of their book , Ferro and Basile emphasize that one can discern in each paper the connections and references to Latin American and post-Bionian psychoanalysis, in the sense of a psychoanalysis interested more in extending the ability of thinking than in recovering past events. In other words, field theory changes the paradigm of analytic work from the unveiling of a hidden meaning to facilitating the possibility of thinking for oneself of possible new meanings. The psychoanalytic laboratory then becomes dedicated not to what has been but to what may be in the future.

In my own contribution to this book, about the therapeutic action of psychoanalysis (Eizirik, 2009), after reviewing the literature, presenting a clinical material and quoting some lines from a novel by Philip Roth, I suggested that in our job, if we allow ourselves not only to observe, but also to identify and to imagine, through successive projective and introjective identifications, we might be able to build with each patient a specific analytic field, in which we can aim to do our best to analytically listen to what happens in his/her psychic reality. My view is that the therapeutic action of psychoanalysis rests in the unique experience of being listened to and understood by another in a new way, in what was described as the analytic field, which leads to the patient acquiring a new understanding of him/herself, thus reducing his psychic pain and becoming more free to enjoy his/her own capacities. This is a way of obtain insight as a result of the experience of being understood in a new, fuller way than any previous experiences provided.

The analytic field and life cycle

After describing the main features of the analytic field, I would like to connect it to the life cycle of patient and analyst, as I consider that we are in a constant process of change as analysts, and that our listening also changes throughout our own life cycle. with two clinical vignettes.

An approximately sixty-year-old patient began his session describing an episode that had irritated him to the extreme. He had a habit of going to the gym for his workout but was feeling increasingly irritated with the music that blasted so loudly from the speakers, as if to stimulate those present to do their exercises more energetically, almost frenetically. The music's high volume had become so unbearable that the patient began asking himself whether he should cancel his membership, complain by yelling at the young woman director or continue exercising, despite the almost unbearableness of the situation. Nearly swallowing his anger, he chose the third posture, but ended up going home with a feeling of frustration and impotent anger. While listening, the male analyst, also in his sixties, began to feel increasing solidarity with the patient, associating the man's description with his own experiences in airports and supermarkets, where shrill sounds and tasteless music provoked an equally enormous irritation in him. He felt tempted to agree with the patient, sharing his own experiences, almost as if to put together a mini-army of two indignant men in their sixties, fed up with the frenetic world and its dissonant sounds, dominated as it were by an enormous battalion of young people who are increasingly occupying every imaginable space.

Not without effort, he nevertheless managed to see that once again at that moment a bastion was being created, in which both patient and analyst, in a joint construction specific to that analytic field, were setting up an alliance so as to not touch on what they might be resisting against: the patient's repeated tendency to submit himself to situations in which he retreated with a feeling of impotent anger.

In addition, his revolt against the young woman called attention as well, suggesting a possible connection with a conflicted situation with his children, with whom he was in the progress of waging a silent struggle over their occupation of greater space in the administration of the family business.

Initially empathizing with the patient's feelings, it slowly became possible to examine once again his posture in this situation, as in other similar ones over the course of his vital cycle.

Would anything have been different if the analyst had been half his age? Or another sex? Or if he was older?

Let us do now an exercise along the lines of what Bion called imaginative conjecture.

Let us imagine that the analyst is 35 years old, and hears the same story. Or let us imagine, retrospectively, the same therapist 30 or 25 years ago.

A patient in his early sixties begins the session by talking about an episode that had irritated them to the extreme. He had a habit of going to the gym for his workout but was feeling increasingly irritated with the music that blasted so loudly from the speakers, as if to stimulate those present to do their exercises more energetically, almost frenetically. The

music's high volume had become so unbearable that the patient began ask himself whether he should cancel his membership, complain by yelling at the young woman director or continue exercising, despite the almost unbearableness of the situation. Nearly swallowing his anger, he chose the third posture, but ended up going home with a feeling of frustration and impotent anger.

While he listened, the analyst began to feel increasingly irritated with the patient, associating with the story his own experiences in airports and supermarkets, in which to his chagrin he had observed increasing numbers of the elderly, walking slowly or complaining about the noise and making all kinds of demands. He felt tempted to respond to what the patient had said by an immediate interpretation about the patient´s repeated intolerance towards the environments he frequented, and the need to control himself so as not to create a mini fight and flight group.

Not without effort did he manage to see that at that moment, once again a bastion was being created, in which both, in a cooperative construction specific to that analytic field, were setting up an alliance so as to not touch on that which they might be resisting against: the patient's difficulty in accepting the need to give more space to his children in the family business, where a silent struggle for power was in progress.

The analyst perceived that he was internally staging this conflict, in a complementary countertransference, identifying with the patient's children.

It was also possible, with great difficulty, to empathize with a masochistic aspect of the patient and discriminate, in his mind, the patient's difficulty in confronting adverse situations, submitting himself, from his own (the analyst's) irritation with certain conduct by two elderly people in particular, his own parents, that he had projected, identifying them with the patient.

Were the results of these two distinct configurations of analytic fields the same? Would the listening of both analysts of this small clinical situation be similar? Would the interpretations be similar? Which of the two would be capable of sufficiently empathetic listening?

To my colleagues who consider themselves able to reply with a reasonable level of conviction and a feeling of evidence to these questions, I confess my admiration and a certain envy because I do not feel able to do the same. I believe we have the opportunity to benefit from concepts proposed by different authors over the course of psychoanalysis' vital cycle, such as that of the blind spot, negative capability or of listening to listening. All of these and many others express, within our field of work, what in other areas of knowledge has been described as the principle of uncertainty, complexity, fragmentation, the provisionality of hypotheses, in short, the need for an open and attentive posture when it comes to the transforming situations of living together and the daily evolution of experiences in all human relationships.

We could imagine endless other configurations of analytic fields over the course of both the patient and analyst's lives, in the same way we could imagine distinct configurations of therapeutic pairs, in which the emotional reactions of both might be the opposite of the two I have described.

Our inevitable tendency to not tolerate irrefutable unpredictability leads us to establish diagnoses, rules, principles, recommendations to doctors and psychologists that practice psychoanalysis. We cannot stress enough that the author of the foundations of our discipline, used the word recommendations and did not neglect their relativity.

Bastions, surprises and movement

Some recent contributions by Green (2007) can be useful to try to understand, from a metapsychological perspective, the relationship between repetition compulsion and bastion. For the author, repetition compulsion can be found in situations distant from action, as, for example, when a patient does not produce any association and his/her mind is blank (no production of meaning), not as a result from repression, but from something more radical: as an effect from negation. For him, what harms a patient is the ignorance of any and all relationship between repeated fragments rather than the act of repeating. The failure in recognizing the different ways of repeating explains its persistent recurrence and, consequently, the continued denial of the same content.

As expressed in different words by the same author (Green, 2001 and 2008), it is as though time had been murdered. A distinction should be made here between the timelessness of the unconscious and the murder of time.

Saying that the unconscious is timeless does not mean that we can escape the inevitability of aging, but we can reinvest our mental representations, our memory traces, as a stockpile of life to face the hardships of reality. This is situated in the line of potential space, in the area of illusion (Winnicott, 1975), which plays a key role - making existence tolerable at least. It is the world of dreams, so to speak.

Repetition compulsion is known to be a response to the patient's difficulty in absorbing new ways of living and feeling into his own, incorporated by relating with the original objects, and behavioral and feeling patterns are repeated ad nauseam. "There is a hopeless sterility in the endless repetitions of some patients, despite the intensive analytic work." (Green, 2008, p. 225) As we can see, this is something more radical, such as the denial of time, rather than just ignoring the passage of time or the difficulty in admitting the limitations of reality and accepting the limits of the belief in our own omnipotence. Taking refuge in the timelessness of the unconscious allows us to hold the belief that we are still young and stuck in our illusions, but we know that time goes on and on. When time is murdered, however, as a manifestation of repetition compulsion, according to Green, "not only do we refuse to grow up, but we still have this crazy fantasy that we can stop the march of time" (Green, 2008, p. 224).

Green explains that in situations of severe difficulty in integrating the feelings of love and hatred, the representations linked to a given object would be destroyed in an extreme maneuver for psychical survival, but the temporal processes attached to it would also be destroyed. Thus, as time is steady and frozen, there is no possibility of coping with the mourning for the object. The individual is stuck in a situation in which the death of the object is sought and repeated at the same time, since the love for the presence of this object keeps on being paramount. The only way to meet this contradictory requirement is by crystallizing, freezing the experience of time and negating the life of fantasy.

Just like there are theoretical and clinical differences in both situations, there are similarities as well. In both situations, for example, the analyst has to be highly connected to identify when something new or surprising emerges from a session.

Therefore, we should consider the value of novelty, of surprise, of the occasional feeling that we have met a patient who may allow us to feel, relate with and talk about topics that are perhaps new to the duo, something born from the meeting of the patient's and the analyst's minds. (Knijnik et al, 2012)

A distinction should be made between the unexpected and the new, as the unexpected is not always something new. The fact that the patient repeats a behavior over and over again may be unexpected by the analyst, even after the duo has exhaustively analyzed a topic. Not knowing how to address a subject that has been extensively talked about may be quite old, albeit unexpected for the analyst, but it is not something new. The analyst should be open and prepared to differentiate between the unexpected and the new in order to face the repetition compulsion, favoring the work or paving, together with the patient, a new road to be traversed by both.

Knowing that something new that belongs to both (patient and analyst) may take place during the session does not avoid surprise or discomfort, when something unknown or not expected by us emerges at a meeting with our patient

In his work "The Uncanny" (1919/1978), Freud talks about how the infant characteristics of animism and omnipotence of thought are determinant to the feeling of uncanniness we feel when we see an image or experience an unexpected and seemingly unknown feeling, but which turns out to be well known to the subject upon a deep examination of the unconscious. This work illustrates and details the definition of the word *unheimlich* and its uses in several languages to show that the word means, at the same time, unknown and familiar. The etymologic root, its definition and the evolution of its usage actually show that "the uncanny" is not uncanny at all, it is something that succumbed to repression in childhood. Thus, it emerges into the conscience as something that we do not want to perceive, see or feel and appears as something "uncanny" (unknown, unfamiliar to the conscious).

Considering the relationship of the uncanny (unknown-known) with the infant's unconscious, whether the feeling of surprise or discomfort is something that occurs only when the analyst is emotionally connected with his/her patient is a question that deserves to be taken into account. In light of the theory of the field and bastions, it is thought that the analyst should be emotionally involved indeed, in other words, his/her unconscious should be working together with the patient's unconscious for such phenomena to arise, albeit uncomfortable to the analyst, and for the analyst to give thought to them after the session.

Would this be the reason for the discomfort, for the surprising field phenomena that may scare us, although we theoretically know that they might arise? Would the emergence of the analyst's unconscious be the explanation? Would unknown feelings, unfamiliar to the analyst's conscious in the session, be manifestations of the phenomenon described by Freud in 1919?

According to Green (2007), the uncanny represents states of non-connection, non-signification, in which anxiety is high and nothing can be done. Meaning can only emerge by

satisfying the need for some sort of bond, a psychical connection. Both the patient and the analyst have to be brave to face the uncanny.

If so, would the difference between analyst and patient, when encountering such situations, be that the former, theoretically warned about the possibility that these phenomena may occur and performing an adequate analysis so as not to prevent any awareness about them, would have better conditions to identify, restrain and process in himself/herself what has happened between them?

Returning to the bastions, we know they are areas of difficult access in the analysis, in which the analyst avoids some topics because perhaps he/she is not brave enough to face that topic. In addition to relating with the patient's pain, these are topics or feelings that are at times feared by the analyst as a person. Evidently, it would be way too simplistic to think that all areas of difficult access for the analyst would be of the "uncanny" type, but some of them may be connected to it. Another possibility, which would not invalidate the previous one, is that something really new may emerge into the analysis, something that is not found in the field of repression.

Resuming what Heraclitus suggested, it is possible to similarly conceive an analytic situation as follows: an invariance that is the general structure of the setting and the method itself, and an ever changing analytic field. Likewise, we would have the coexistence of repetition compulsion in some aspects and the emergence of the new, the unexpected, the surprising into an analytic field always in progress.

If so, would it be necessary to convey what has happened to the patient to some extent? Or would it be enough for the analyst to be able to identify the phenomenon as something legitimate and indicative that something unconscious from the duo was present in the field, guiding the reflection upon the case from that point on?

The clinical vignette below illustrates a situation in which the unexpected and the surprise were elements that allowed for a new understanding that helped the duo identify a bastion and proceed with the analysis that seemed to have stalled to some extent.

Clinical Illustration

Mr. T. sought analysis when he was 71 years old. He was a top professional in his field and was retired. He pictured himself aging peacefully beside his wife; however, "things were happening in a different way" . His younger son suffered from a degenerative disease and Mr. T could not keep on turning a blind eye to that pathology. He did not feel able to bear with his wife's requests and resented from the distance that existed between them. He felt completely discouraged, hopeless and very lonely.

During the evaluation, he adopted an arrogant attitude and scorned the professional who had treated him previously, suggesting that sooner or later they would have to engage in a conversation from which he would learn a little more about the new analyst, a sort of "reverse" evaluation. At the end of the evaluation, the analyst's feeling was one of exasperation and rejection, although the pain of that man who had apparently worked his whole life but had forgotten all those around him, especially his family, was very palpable.

It should be noted that at the beginning the analyst was recovering from an eye surgery that had been successful but put her at risk of losing her sight.

The climate that went on to be established in the course of the sessions was one of distance. Mr. T complained about his son and wife, in a detailed, sterile report of the reactions of each of them. He described facts as though he was not on the depicted scenes. By the way, this was the analyst's feeling – she was watching a movie instead of real life. The same happened in the session. There were a patient and an analyst who exchanged words and talked about something other than what truly took place within the session.

As Mr. T's "real" life was quite troubled, at some moments they discussed in the analysis what to do about the treatment of his son, for instance. This seemed to be necessary and important, but enclosed another function: it gave life to the session. That was the moment at which they talked to each other. On the other hand, it was a nerve-racking situation for the analyst, who felt she was doing a shallow, mediocre job – and even worse – she felt she was walking towards anti-analysis, a path that would take them nowhere.

It was after the passing of Mr. T's elder brother and his apparent indifference to this loss that the Mr. T's brutal pain and inability to think, feel and develop emotions, described by him as "mishaps of life", became clearer.

He maintained a constantly nonchalant attitude towards the analyst, even repelling any remarks made by her about it. The analyst thought that the man was over the hill, his life was about to end, and they were running out of time to help him. She felt her hands were tied up with someone who scorned her; they were heading for the grave. There was no light in the end of the tunnel, nothing could be done. He was alone and that is the way he would stay. But he sought help. He did not miss the sessions and did not get late.

At that point, both experienced health problems: Mr. T had an ischemia and spent a week without coming to sessions. The analyst, by her turn, was diagnosed with a sight condition, this time chronic, which made her sad and afraid. On the day that Mr. T would return to sessions, she re-read her notes on him. She thought about separating the printed pages and reading them randomly. What story would take shape? For a second, she imagined the pages walking across the table, held by little people, like ants carrying small leaves on their back. She thought of Mr. T. Was he better? Thinking that it was nothing serious relieved her, while thinking that he was going to arrive made her feel anxious. Then he arrived and, to the analyst's surprise, brought his first two dreams to that session, described as follows: In the first one, "I arrived at my office and several employees were writing about my life. They scattered papers containing notes. Littered like that, they would be able to better evaluate what my life had been like and then could write up a more accurate summary. So I decided that I would write as well and decided to write about my grandfather. I started writing in the present tense and later realized that, if someone were reading that, they would think my grandfather was still alive, when he actually died many years ago. I decided to tell everyone there. Although I told them, I kept writing the same way. In the second dream, I arrived at home and found several men at work. I was very angry at that intrusion. I went to my other apartment. I started organizing some old things, and when I went to the next room, I ran across a girl. She was there to help me."

He associated the first dream with a conversation he had with his wife about their son. She warned him about the implausible plans he was making for him. His answer was "let me

dream". The analyst pointed out that the patient was also disturbed by her presence (the analyst) in his life. Although he intended to review his life, just like those men who were gathering together, he needed her help and was ambivalent about it. He would come to the sessions, but needing them disturbed him. Surprisingly, he concurred. He said that sometimes he was really irritated with the fact that he needed help "at his age". For a moment, they seemed to understand each other, but that was an obvious dialogue. The image of someone looking at a picture at short range and then turning away and having a different view came to the analyst's mind, who remembered her "deadly game", the weariness and her grandfather "who died many years ago". And then she remarked that he underwent a hard time because he had been hospitalized, to which he responded with contempt. She added that both neglected this "hard time", because as soon as he arrived, they started talking about the two of them, who were alive. He then agreed to that. They put aside the risk of death, the fear. He said he had been feeling out of sorts for a long time, things seemed to be meaningless, and he was afraid of making new plans. The analyst noted that he felt like he was already dead, and, therefore, nothing seemed to matter, even being there. It seemed that at every step of the way all they found was sadness. Concomitantly, he kept on quarreling as if this were the only way to put up with so much pain – his brother's death, his son's illness, the wife's distance, plans that had gone awry, the time that had already gone by.

In the next session, Mr. T. went to the couch for the first time: unlike what it seemed, there was life in the analytic field, which went on to be unveiled in the meeting between the analyst's reverie and the patient's dream and the patient's act of going to the couch. This step by the patient is assumed to translate a new moment for the duo, a moment at which they took risks towards the unknown, undoing the bastion of shared immobility that had prevailed between the two of them.

Discussion

As one can see in the report of the material above, the crystallized setting in which the analyst and the patient confronted each other in the beginning could be perceived and addressed by the analyst after the patient returned to sessions. We can assume that a bastion was preventing the analysis flow from being more honest and that perhaps the bastion was linked with the idea that there was no possible life for the analysis. A shared fantasy that "we are at the end of our rope, we won't talk about death" was in place. The deadpan climate in the sessions embodied the impossibility of both to address what was unconsciously felt as intolerable. In the face of the dead threat, however, a change emerged, loaded with the impact caused by something new. Maybe their common health condition (despite being very different in intensity and severity) led both to seek the life drive that had been suppressed by the view that they were at the end of their rope and that the analyst was running out of time to help that patient.

The surprise was the discovery of synchrony between the two of them by the report of the patient's dream and the analyst's reverie. The emotional experience of having "survived" the actual threat enabled the transformation from a "minefield" of disease and restraints (the duo's bastion) to a field of life.

From a theoretical perspective, we have, therefore, on one side the description of a new way of viewing the analytic work, which, despite being proposed in 1961, only gradually started occupying a central place in the theory of the technique, For the other, we realize the need for legitimating the emergence of surprise in the analytic field as a communication tool

for something new, arising from the relationship in the analytic field and, therefore, belonging to that specific analytic couple.

If the notion of field was once revolutionary (although in the way Freud worked, according to several books of his patients, an analytic field in progress was already perceived), at the same time, as with any concept or proposal, it risks becoming an established element over time, that is, something accepted naturally, as a fact of the analytic process. There is a dialectic struggle between two trends: one focusing on novelty, on the unknown or repressed, on the *unheimlich*, and the other seeking shelter as soon as possible in the familiar, which soothes and pacifies. This second position always highlights the asymmetrical nature of the field, the different goals between patient and analyst, and subtly slides to the traditional view that there is an analyst trained and a patient seeking treatment for his/her disease or pain. However, what the Barangers proposed and what Ferro seems, at times, to take to the limit is exactly the bi-personal nature of the field and the unavoidable participation of the analyst with his/her entire inner world, his/her personality and neurosis.

If we resist to the temptation of good behavior, we will be forced to admit that we never know what is going to happen on every new day of work with each patient, let alone what may happen during a session. Bion's proposal of "no memory no desire" (Bion, 1973) is relevant to this issue, as well as the proposal of negative capability. Thus, due to this way of looking at what takes place in a session or analysis, we will have to accept our lack of knowledge, observing what happens between us and the patient and expecting for something to emerge, all of a sudden, at any time. This certainly is a very uncomfortable and distressful situation, in the face of which we can resort to several defenses that initially may be successful: a plausible interpretation 9 Joseph, 1975) a theory on what is going on, an empty and supposedly sympathetic silence, anxious questions, a moralizing attitude or intervention, and so on. However, if this is truly an analytic field, this will not work out , and very soon we will sink and be tied up with the patient, as in a painting by Brueghel in which a blind man leads other blind people. Then we will have a field situation that may help us to give thought to and try to understand what is going on, together with the patient.

Judging by the next step (going to the couch) taken after the analyst examined the unexpected, in the material reported here, this path pointed to the possibility of undoing the view (bastion) that there was no "light in the end of the tunnel", creating a meeting based on the work of ant-people, who, while carrying pieces of the patient's life, found someone to listen to them just like the way they were, either orderly or disorderly.

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