

Challenges to the therapist's "Reverie"

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Introduction

In facing the transformations in social culture, clinical work has increasingly gained importance in those pathologies outside the neurotic spectrum, which require us to further develop our understanding of mental functioning, which refers back to failures in the very first moments of the constitution of the self. We must also consider the possible counter-defensive structures in the mental functioning of the analyst in front of situations where he feels himself as a presence without meaning for the patient.

Increasing attention is paid not only to the dynamic unconscious but also to its prerequisite, *the emotional unconscious* that Bion brilliantly sensed. From this perspective, the receptive – emotional function of the unconscious depends on the quality of the earliest relationships. These early relationships construct and attribute “meaning”; the mind without such is incapable of ascribing meaning to emotional experiences and symbolizing them and is thus traumatically held prisoner in areas of *dissociated* functioning of **a pre-symbolic-sensorial nature**. These areas of functioning can take on different phenomenologies, which, in any case, underlie the dramatic fragility of the integrative processes that constitute the basis of the *self*.

I wish to explore these levels of functioning where the working through of emotion has a negative result. I consider this as a problem to link images with emotion and sensations, **a failure in the transformation of primal sense-emotional elements into symbols or signal affects**, which are then **perceived as concrete objects or bodily sensations**. In the therapeutic relationship, this results in a lack of resonance to the patient's communication that does not evoke images or thoughts, which could allow us to imagine the patient's emotional experience. On these occasions, the patient **does not make normal use of the analyst as a container and deprives him of projected emotional significance**. This represents a challenge to the therapist's “reverie”.

Reverie

“Reverie” has a penumbra of associations with music and poetry. Debussy who composed the poetic piano *Reverie* considered that music was the space between the notes. Between the notes of the spoken words remain the “reveries” of patient and therapist. It is in this space where we find the music of psychoanalysis.

“Reverie “ is a Bion's strong and creative concept related with his theory of thinking, tolerance of frustration, the need of love, and the process of knowing and *alpha* function. A *dreamy maternal state of loving care* helps the transition of archaic emotions (*thalamic and subthalamic* deep terrors, linked to helplessness) to become a human baby. At these levels, “reverie “would be the receptive organ of the baby sensations of “me” e.g. the baby's “rudimentary consciousness of himself “.

We can consider the concept of “reverie” as a selective and specialized function of maternal alpha function (α) which takes in, metabolizes, and detoxifies the infant's raw sensations (beta elements) and allows the progression from proto-sensorial levels to proto-emotions. In this way a **primitive matrix of signification** is created and facilitates the progression to oneiric elements, dreaming, thinking and feeling; **a process of differentiation of material reality from psychic reality**.

The sense elements are transformed in data sense, then in emotions to achieve the process of emotional thinking and feeling.

Bion : need of the internal presence of the love for the father.

All of that allows the conjecture that we will meet difficulties in the therapeutic process when there had been failures in this relationship with disturbances in the transformation of archaic experiences without meaning. In these cases, the therapist before interpreting the contents must create the container, the mental tissue, the matrix of signification, so as not to lend a meaning which is not there, and in this way to saturate the possibility of evolution of meaning.

It is recognised that both symbolic and non-symbolic modes of functioning are present in everyone (Bion, 1957), although one or other mode predominate in some patients and at certain times. We often meet in analysis patients who are highly capable of “external” social symbolic thinking in their professional lives, but appear to be very concrete in their analysis. They belong to a category that Brown (1985) calls ‘interactional concreteness’, a concreteness which takes place as a protection from the emergence of painful affects and as a category of resistance to treatment. However, these patients can also show forms of concreteness such as what Brown calls ‘topographical concreteness’ in which there is a move from abstract thinking to an action or sensory mode as in ‘acting out’ or psychosomatic symptoms. The category of patients I am specifically thinking about are patients who fear intrusion within the intimacy of the analytic setting, in part due to their tendency to project their own needs and intrusiveness but also sometimes due to having been excessively projected into. For this reason it is the interpretation in the ‘here and now’ of the session, pointing to the interaction and relationship of patient and analyst, that is especially threatening and thus arouses non-symbolic modes of functioning: “non-reflective internal working models (as) triggered within the context of emotionally charged attachment relationships”.

Automatic anxiety and signal anxiety

Freud (1926) established a difference between **automatic anxiety** and **signal anxiety**; the latter has both psychic meaning and a function: stirring up defences to avoid the pain of a traumatic situation of helplessness. In his theory of thinking, Bion reconsiders **automatic anxiety**, through the “nameless dread” and puts it in a relational context between two minds (mother-baby): the maternal “reverie”, as a mental container, transforms the catastrophic experience of helplessness into a bearable emotion, and affords the means to think and modulate pain. When this relationship fails because of difficulties in one or both members of the pair, the psychic processing of some emotional experiences is disturbed. These unprocessed emotional experiences stay in the psyche as unmentalized, undigested facts, neither conscious nor unconscious but unreachable due to a lack of transformative systems, which would make their observation and understanding possible. They constitute an archaic functioning that penetrates the caesura of time between the primitive preconceptual dimension and the present verbal one.

Bion (1962) describes how the pain caused by the absence of satisfaction can be experienced as a *no-thing*. The emotion awakened by the *no-thing* cannot be differentiated from the absence and is substituted by a *no-emotion* ... this emotion, namely the *no-emotion*, is analogous to “past” and “future “ standing in the place where the present was, before time was annihilated. The area of *non-existence* is created; however, it does not function simply as a static emptiness but as a greedy object that devours meaning and the patient feels pulled into the void. On these levels, “space” is not an area within which human relationship might be allowed to

develop, and as a result the notion of time through the interplay presence↔absence. It is rather the presence of an inhuman and malevolent absence that must be blotted out of awareness at all costs: static splitting and transformation in hallucinosis are at stake. Tustin (1981) extended Bion's idea of "unthinkable absence" in her description of the "black hole": when there is a premature rupture of primary "oneness" into "twoness", the necessary protection of "primary at-one-ment" (primary narcissism) is lost. Winnicott talked about an endless falling as unthinkable anxiety and Bion as infantile catastrophe: the "black hole" phenomena of falling from the third dimension of ordinary space into the zero dimension of infinity.

These difficulties in early development can prevent the achievement of the normal split of the object. I think that the split good/bad is linked to emotion: if the infant remains at the level of sensations, the developmental split becomes impossible. I understand these situations as unmentalized silent areas that remain as holes in the self. Corominas (1994) describes them as sensuous enclaves that are not integrated in a meaningful relationship and which cause problems in therapeutic progress. She relates them with pathological organizations in the adult personality, "psychic retreats" (Steiner, 1993).

These situations, rooted in problems of early development, are reproduced in the analytical process as a primitive link where there is no differentiation between self and object. When the patient functions at this level, there is a blurring of separation, the emotional experience of time remains frozen in a catastrophe from the past that is always feared in the future. When we address separation anxieties, we meet with a void: the differentiated relationship is what is feared and avoided. The patient is so panic-stricken by potential contact with a persecutory object of "non-existence" (and by this I mean the feeling of being separate, outside the mental space of the object) that he cannot think, or is defending himself so strongly against this possibility, that he is difficult to reach. In the countertransference, the analyst can feel that he is in a situation of emptiness, with a sense of none being, trying to find something to hold on to, be it psychoanalytical theory, supervisor, or whatever. Survival itself seems to be what needs to be understood. Even though it is difficult to communicate with words experiences that largely took place on a non-verbal level and which were sometimes the product of many sessions, I will describe some experiences from the case of one adult and the cases of two children. I am trying to explore models of understanding of the dynamics rooted in silent adhesive functioning without signals of anxiety or conflict, a way of achieving emotional anaesthesia. I will consider some play in children as analogous to the use of visual images in the adult for the purposes of ejection and the control of a painful emotional experience: there are silent ways of functioning, void of emotion; there are characters in the play, but no drama.

Dream thoughts (alpha). Deficit and uses.

Like Freud, Bion gives great importance to the visual function as the psychic matrix of elaboration, and points to the centrality of the metabolizing activity we carry out on sensorial and emotional impressions in order to form a visual pictograph or ideogram, in other words a poetic image that synchronizes the emotional result of each stimulus or set of stimulus. This would be a first step to "shaping" psychic reality. This very primary psychic act of representation precludes the transformation of sense-emotional experiences into thoughts. The capacity to produce images allows the storing up of the units of dream thoughts (notation). However, in order to think, it is necessary to organize them around a *meaning*, Poincaré's selected fact: "the harmonizing and unifying fact 'spatially', and 'the cause' 'temporally'". As a womb for time, the alpha function articulates the elements in a story (narrative or myth): putting thoughts in space-temporal

coordinates. We can see this in the Oedipus myth. Oedipus, solving the riddle of the Sphinx, abstracts a metaphor and finds a selected fact: the image of “man” connected to time passing by (*the animal, which walks with four paws at dawn, with two at midday, and three in the evening*). However, he cannot use this capacity to learn from his experience: he does not connect his killing of a man, at a crossroads, with the King’s death.

The image can be used for purposes of control and the ejection of parts of unwanted emotional experience when, instead of unfolding in its associations, it remains captive; it can give rise to something akin to hallucination. The aim is not to contain the experience but rather to encircle it, in order to neutralize it (Bion 1992). The image would then be an artificially produced container to hold in, imprison, inoculate the emotional experience the personality feels too feeble to contain without the danger of rupture, and so would serve as a vehicle for process of evacuation.

The difference between impaired alpha function or deficiency in the transformation of beta into alpha elements and the difficulty in using dream thoughts (alpha) to transform them into a narrative, gives way to different pathologies of thinking. The first pathology belongs to the mental functioning of the psychotic part of the personality with “noisy” manifestations (Tabak & col.1999): fragmentation, massive projective identification, attacks on linking and on the ego functions of contact with internal and external reality. In the second one, which relates to the use of symbol, a lack of linking between alpha elements prevents the articulation of thoughts. I consider it as a latent catastrophic anxiety kept at bay by a “silent unlinking” with difficulties of learning from experience. This gives way to a blurring or distortion of relationships that produces an effect in the analyst’s mind similar to the attack-on-linking because of a lack of stimuli, which would produce images in his/her own mind that would allow representation of the patient’s experience. In my opinion, this effect is rooted in archaic experiences where the working through of emotion has a negative outcome: the area of negative links (-L, -H, -K).

In his description of a patient, Bion (1962) “visualizes” him as a foetus to whom the mother’s emotions were communicated but to whom the stimulus for the emotions and their source were unknown. At times, this patient seemed to have a rudimentary idea of what was going on, but no idea of how he felt. Even if describing a functioning in very ill patients, it helped me to recognize some moments with patients who have symbolic capacity but apparently addressed intellectually “outwards”. This was the case with my adult patient, who spoke about “impressions” she could not associate with anything, or scattered images without connexion. My communication was also denuded of meaning and served only as a fetish container: these were silent ways of functioning characterized by alpha elements in an isolated state to keep at bay both the psychotic catastrophe and the catastrophic change. In the session, the analyst can feel pressure to force emotions and meaning in the patient with the risk of ending up in a container-contained inverted relationship, obtruding the evolution of meaning and the emotions.

Clinical material

Sticking to images

Ingrid's (39 years old /4 sessions a week) communication was ambiguous, scattered, full of "impressions- sensations" of tiredness. Very intelligent, well educated and very well qualified; she came to me because she was afraid of having a break down when arriving at forty. Her communication was full of pauses and deadening silences that gave the impression of an unarticulated experience. It made me think of a static splitting, a silent unlinking to keep at bay an unknown pain, giving way to isolation, and so making the emotional experience inaccessible. The analysis was often a place where she looked for interpretations as a protector fetish, something that reassured her that meaning existed and everything could be explained with "reasonable logic". Her contact with me was empty. It took me some time to discover a sort of splitting of time converting it into space. The pattern was as follows: the patient apparently spoke about facts in her life but putting herself in images in another space. So, when she started to say : yesterday when I was in the kitchen I felt this and that, it was done in a sort of way that created a concrete displacement; she was in fact in the place where she "thought the thought" as if she really was in the kitchen (her "kitchen", but not in a metaphorical sense). Therefore, nothing happened between her and me because she was in another time and another place; we were in parallel.

For many years, I had the impression of a flat and slow analysis that could be "eternal": my patient felt that "the space calmed her", she never mentioned our relationship but "the space". Her idea of time was annihilated, I was taken for granted and she hallucinated negatively any perception that could provoke any idea in her of my existence outside the "space", like meeting other patients or weekend separations.

The concept of perspective reversal helped me to understand this situation I couldn't understand at the time: the suspension of time through the reversion into space reducing a dynamic situation into a static one to avoid an unknown catastrophic mental pain.

In the theoretical part I spoke about the necessary quality of symbol consisting of the physical/ mental relationship, I mean the connexion cognitive-emotional. Bion (1965) speaks of this difficulty in his description of a primitive omnipotent↔helpless state in a patient (using the oscillation "concrete" / "symbolic" space in reverse):" *her presence shows that she "knows" that I am present; this fact is used (defensively) to deny my absence. She reacts in the session as if I were absent. This behaviour is intended (defensively) to deny my presence. The model by which I represent her vision of me is that of an absent breast, the place or position that I ought to occupy but do not*".

Sometimes I felt a pressure to say something to free myself of the unease of uncertainty, and inexistence with a patient that I imagined could function at other levels. In this hard situation, I tried to pay attention to her words, trying to understand. By doing this I realised I was put into a mental state which adhered to the concretion of the sensorial experience. In the beginning, she had no dreams and when she "dared" to dream she could only describe a "static" image. In one session, she said she had a dream where "a desert appeared"; she did not bring any associations to it, saying she didn't know what to relate it to and remained in a long silence. It seemed to me that the isolated dream image was used to encircle an emotional experience: the desert area of her inner experience and the emotional desert in our relationship. I said that her silence made me think she felt attracted to the idea of remaining adhered to the image of something arid and void: she was able to represent a desert in a dream, but apparently, she stayed there. My intervention seemed to "awaken" her, she was not conscious of her silence. She said that she felt attracted to deserts: *she*

remembered a trip to a desert area that she enjoyed a lot because there was a guide who knew a great deal about deserts.

After becoming familiar with the silences that followed an intervention of mine, I used to ask her where she went, if she had some image, trying to make more contact with her, looking for her. I wondered how she managed some possible disturbing aspects of an interpretation by subtly modifying and using them as a self soothing manoeuvre or deadening the meaning, as the following dream (from around three years of analysis) makes clear. There appears the silent reconfiguration of interpretations (going to another place) in order to avoid contact with her living emotions.

My father was telling me that my mother was dead...

...I felt surprised ... but ...between the moment when he told me and my going to check it ...there was an interval ... I don't know what I was doing ...

...I was going to some place ... I don't know where...

... Then... afterwards, when I went to look at her and went in, I saw her lying down, immobile...

She turned her head ...and I was thinking: but she is not dead ... I moved closer to touch her and I did not find her cold... I took her face between my hands...

...and she said ... I am not dead.

...I thought ..."How awful it would have been if we had buried her alive".

This dream is a vivid representation of what happened during a very long time in the analysis. I think of it as a transformation in our relationship through a true evolution of meaning. My hypothesis is that an archaic link with an uncontainable object was reproduced in the analytical relationship. The dream suggests that the verbal communication was felt as surprising, threatening and destructive of the emotional experience instead of containing it: a paternal function, in a level without differentiation from the object, becomes a hostile object felt as killing the meaning. She listened to my words, which provoked an emotional impact on her; she avoided the impact going to another place, somewhere. Afterwards, in the dream, she dared "to look and being looked at", to touch, to have her own experience, to check the emotional temperature. Then she realised that the relationship was alive; and she felt the horror of what had happened if we had buried it.

The following dream (from the sixth year of analysis) shows in more detail the equilibrium she tried to achieve to keep the pain at bay.

It was a Tuesday session last week before the summer holidays.

After a long silence the patient starts by saying: *I had a very ugly dream.*

Long silence...

The aesthetic qualification made me think that there must be a massive emotion that could not be thought or felt, and which disarticulated thoughts.

P. We went by car, I do not know with whom, by a very broad road with beautiful scenery...and this person said we would go to a beautiful village. I thought it was not worth because the scenery was already very beautiful. Then we took a curve and suddenly the road became narrower and the car could not continue.

...the driver, I do not know if it was me, did a sudden manoeuvre as if he was thinking that the car could go forward on its side and then return to its normal position and recuperate the equilibrium

Tense pause

... and I was suddenly thrown out of the car

... the car stayed on its side and I was ejected, I was thrown against a wall and then I fell to the ground.

... I woke up

silence

... the wide road must have been reduced to a narrow bridge

I stop here to comment on a difference with another dream, (from two years before) where the patient represented a more adhesive and partial functioning. In this dream my patient had to go through a very narrow mountain path, so narrow that she had to walk with her back adhered to the mountain so as not to fall into the void. I relate it with the way she adhered to my interpretations. Now it was different: we were together in the same space but without interaction: looking outside in the distance, staring at a wonderful scenery. The patient was able to represent in her dream how the images could be used to maintain a static and calm situation: a fusion in a unique mental space, looking at the landscape of interpretations. A mirage in the desert; a broad perspective where there are no people, no suffering and no differentiated spaces. The interpretations were used to get rid of the emotional experience and, at the same time, to achieve an "impression" that everything had a meaning and it could be explained in a very beautiful form and a distant perspective away from feelings. And she wanted to stay in this static position, because going to a village where there are people, time, differentiated spaces, borders, houses, life and experiences could bring conflicts. In the dream there was a conglomerate self-object, where it was not clear who was the driver and who was the "person flung out of the car", the situation was in the link. Afterwards in her associations she deduced that she was the driver and with that her active participation in this situation.

In the theoretical part, I referred to sensation-dominated-areas that fill the black hole and emotional emptiness, giving way to a difficult developmental split. The following dream shows how the normal split can be erased defensively and, in this way, the conflict and the problem to be solved disappear.

The patient's dream is as follows: *I had to make a division, but I made a mistake. Then I erased the mistake but, without realising it, I also erased what I should have divided. I wanted to ask my husband for help, but there were obstacles, the sheet of paper fell from my hands and I tripped over something. I felt lost... insecure and I was wondering how it could be that I became so flustered to erase what I should have divided. I thought of the division, the operation was simple only two figures, like the ones my daughter has. That I knew how to do it but it had been erased.*

The bottomless well

Trying to achieve mindlessness because of a dread of catastrophe, Christian developed a play that could be qualified as evacuation akin to the transformation in hallucinosis. He emptied of any meaning the representation of a toy family falling forever in a bottomless well: nothing could happen to them, there was no catastrophe, no landing, and no harm. This play appeared during the last session before a weekend, after some two years of analysis (4 sessions a week). I think of it as

his first attempt to mentalize something, which had impaired his sense of continuity and involvement, because of the uncontained catastrophic experiences. He was trying to dismantle them because of the terrible pain they caused, which induced him to convert the situation into a static one.

My description starts from my actual perspective of things that acquired meaning for me throughout many sessions. I could learn a lot about his strategies of disconnection, and feel in my own skin a relationship with an unreachable object. I think that, in his way of functioning, the only alternative seemed to be to make a defensive equilibrium through static splitting with reversion of perspective. It meant that there was no separateness from the object and as such no real distance (Joseph 1981).

My first impression when I met Christian, holding hands with his mother, was one of a lost and disconnected child, who looked younger than his eight years. I could not catch his eye; I cannot say he avoided me actively out of fear; it seemed that he was neither looking nor seeing. This fleeting impression faded during the first observation when I met a compliant little boy with a sophisticated level of language, who developed a beautiful story about a little dog, which had lost his mother, which ended happily because he found her at end of the session.

1. His favourite toys were a family of rabbits, two big rabbits and two little ones. He was the little rabbit boy and I was the little rabbit girl. This put me thus in a symmetric and contiguous position. I discovered that all this had a very concrete quality; he insisted he “was” really the little rabbit boy, and when he lost the little rabbit, he said, “I cannot find myself”.

2. At the beginning of the session, he pushed the box of toys to the edge of the table to empty out its contents: all the toys spread out on the floor. It made me think of emptying himself of feelings, but to verbalise that to him would be nonsense. I commented that it looked like a catastrophe. He looked at me and smiled. This became a ritual: he announced the catastrophe before emptying the box onto the floor. This happened in many sessions. Then he picked up some toys, a family of toy humans and a rabbit family, taking off the toy people’s clothes and changing them around between the figures: masculine/feminine, big/small. In later sessions, he removed their clothes and then started to take off the arms, to change the heads, to separate the bodies at the waist and so on. All of my efforts to link this with anger, to find a meaning, were fruitless. He usually ignored my interventions, and I felt as if I were in a chaotic place with no possibility of organizing it in some sort of meaning. It looked like a crystallization of unarticulated experiences.

During the sessions, he often became wrapped up in an endless play, his back turned to me. When I managed to reach him, he seemed in a way to confirm my interpretation through the play. However, in general, I had the impression of emptiness. It made me think on what happened with my adult patient, where after an interpretation of something of our relationship, there was a silence and then she started describing an external situation that seemed a faithful echo of what I had just said but without any emotional connection. I mean as if it was an evacuation, a perceptual transposition of an image into the external reality. In Christian, this was an evacuation into the play.

I could feel an emotional void with many meaningless impressions, which could not be felt or thought. At some moments, he wrapped himself in a defensive fantasy based on some story from the TV, which covered the void; what was underneath was the inarticulation of elements of

thought put together in a false narrative giving the impression of coherence. I often felt desperate, unable to reach him or make his experience meaningful. At the same time, he was very compliant. He could empty a female rag doll of all “her insides” leaving only the skin. It made me think of how he felt when he does not have the object: only a skin, with a void inside. At the same time, this was our shared, flat, bidimensional experience. I would consider it an emotional emptiness covered by a layer of false compliance. He reproduced a kind of relationship with an uncontainable object, which was necessary to please and to cheer up. At the same time, it made me think about the enuresis as a very primitive wrapping second skin made of warm sensations without meaning. My words could also be false containers for an experience, which needed to develop without to be covered by a false meaning lent to the patient by the analyst.

3. After some time, at the end of the session he started to create a tidy corner inside the box of toys, where he put two beds joined together: one big rabbit with a little one in one bed, another big rabbit and another little one in the other. He made a table with a TV (out of little building pieces) so they would be able to enjoy themselves and not feeling “bored” between the sessions. They became the concrete containers of his solitude in real time.

4. The evacuation of his emotions, with the concretion of his experiences in the characters of the play gave rise to a drawing, and this particular drawing was used along many sessions during the first years of analysis. He started to draw (in the same way as he suddenly he could go to the bathroom): playing silently on the mattress, his back turned to me and then suddenly he got up to the table and put something in the sheet of paper that was immediately crossed out. The drawing consisted of a “bad pokémon” (a TV character), which attacked and destroyed everything with electric rays. There was also a “good pokémon” inside a half-formed balloon, drawn at one edge of the sheet of paper, which provided protection against the electric shots. It took me a very long time to discover that some of the things which were destroyed were faces showing emotions

(“inadvertently”, he allowed me to see just a bit): a face in tears, a smiling face, which were then crossed out with black lines (electric rays) emanating from the head of the bad pokémon. What remained in their place was a black hole. I think of it as the beginning of his attempts to shape something very primitive in images, which at the very dawn of emotion were immediately annihilated. There was no more evacuation through the body; the sheet of paper became the concrete container of the emotions he tried to get rid of and to annihilate because of the absence of a mental container. At the same time, this drawing was giving shape to a “malignant space” where the absence of the object was annihilated, as were the emotions, which could appear in the space left by the object.

I think of the good pokémon protector balloon as the defensive fantasy he unfolded in the play with the aim of maintaining things in a static situation, covering up the holes of his emotional experience, filling them with false emotions so as to maintain an illusion of no difference and at-onement. Moreover, the archaic Superego, the bad electric pokémon that annihilates experiences, was also represented. In a moment of transition, when he said the little rabbit he called Christian, after himself, was no longer he, he decided to throw away the drawing.

I will now offer a fragment of a session where there is a more direct communication through the child’s complaint of physical pain.

He comes into the playroom, complaining. To my comment that something is hurting him today, he answers immediately: “My head, my head hurts, I’ve got a headache.” He takes a little transparent toy out of his pocket: It is Casper the Ghost, you know? He says. Then he allows me to

see how the little “rabbit-he” starts fighting the ghost who wants to enter the box of toys. The “rabbit-he” tries to throw him out of the box, but he fails again and again.

I say that ghosts cannot be seen and can frighten people, in the same ways as anger or terrible feelings that one doesn’t want to see or cannot think about, can cause pain inside the head.

He listens to me and shows me in detail how the ghost can pass through the wall of the box. He says, however, that he would need to destroy the wall of the box in order to make things clear for me.

- A. You need me to understand how frightening it is when the ghosts become real and go through your head and how difficult is to fight them when they are inside. You are trying hard to show this to me, you want me to understand and think about it.

P. (He farts) Hallelujah!!!! He makes himself comfortable, lying on the couch: Do you know what a snowstorm is? (I say he can tell me) a gust of wind, which raises a lot of snow into the air.

(In Spanish, the metaphorical word for fart (*viento*) and the word for a snowstorm (*ventisca*) are similar)

A. There can be very cold situations - so cold!! - That one cannot even notice the pain. Everything is confused, foggy and numb. Can I imagine how one can feel in a very cold place, with a whirlwind, in a confused state with things muddled inside one’s head that make it difficult to think?.

P. And a sudden blaze?. Do you know what a sudden blaze is? A volcano that expels a lot of fire.

A. It makes me think of situations where you could be so angry and full of rage that you would burst, expelling fire from your mouth, saying many insults. Or could you explode like farting?

P. (He starts hitting his head with the box cover)

A. You told me about your headache, now you are hitting your head. I wonder if you are angry because you do not want the headache. Or is it that you are afraid of me being angry with you, and you are punishing yourself?

P. (He looks at me very seriously, with a tragic expression on his face): I must tell you something very important. I argued with my mother; she got angry because I had not done my homework, and that was not true! She said ‘Bastard!’ and ‘Motherfucker!’ to me and I called her ‘Idiot!’ and ‘Whore!’

I will stop here in order to analyse this fragment of interaction.

At the beginning, Christian shows, through his play, the concreteness of his experience. I did not feel the fart to be a provocation but rather an evacuation-relief. Then his communication allows me to have images that I can connect with a feeling of a cold object, the lack of emotion shaped in a sensation (coldness) and confusion. However when I try to get closer to his experience and mention “farting” in relationship with “hypothetical anger” (which was not there), he probably feels anxiety and that I misunderstand him. In the session, I feel lost and confused. Then, I try to recover the communication by thinking aloud about what happened from the beginning and suggesting hypotheses. Then he communicates the misunderstanding with his mother, where he feels not only misunderstood but also invaded, attacked, confused and without any capacity to think, but rather a pressure to explode, a painful emotion that was evacuated into the body: a physical pain.

In this spiral of transformations, the bottomless play, which appeared mainly in front of separations, became transformed. I consider the endless falling into a void as an image encircling the unthinkable catastrophe of the absence: it had the shape of a defensive fantasy, reversing perspective, turning it into something that avoids any contact with the real need and separation as if that meant avoiding catastrophe. At the same time, it was a shape a “black hole” experience of falling from the third dimension of ordinary real space into the zero dimension of infinity. As I say, I was transformed into another play where the toy rabbits were fixed to the edge of the table by a long strip of plasticine (the same edge from which he emptied the contents of the toy box at the beginning) descending slowly under their own weight towards the floor, because of the plasticine flexibility. He put them in competition to see what would be the winner who would slowly “land” without falling because of the string breaking.

Reversal of time into space

The mouth and terror

One of the first drawings done by Simon (6 years old - 4 times a week- with panic attacks in the school) was a line of spikes up and down the sheet of paper, with wide, empty spaces between them. When I asked him (thinking aloud) what the drawing looking like teeth could mean, he said it was a shark, and then he drew two scared-scaring eyes in the top part of the page. Scared-scaring, frighten/frightening. Then he started to fill the top and bottom spaces, using a black pencil. In the big, empty space in the middle, he put a tiny, open, trembling form, which he coloured in red (I thought of a tiny tongue). In the meanwhile, he asked me if I would write the word ‘shark’.

One could imagine that asking for the written word would be a need for containment and for the naming of devouring terrors. In fact, he was an intelligent boy who was very eager to learn things at school. However, I think that his terrors did not even have any form. From my later experiences with him, I can see his communications now as a covering up of a void through cognitive devices and as manifestation of his compliant behaviour. In fact, I was the one who at the beginning suggested a particular form: teeth. When I asked if he was afraid of sharks, his answer was *he did not know, he had never seen one*.

The sharp teeth, the big, empty space between them and the tiny tongue suggest an early preverbal area: an empty space, a lack of form belonging to protomental levels that could not be put into words. Simon looked for a way to cover up the holes inside himself by jumping to the written word, substituting the visual image, not connected to emotions.

We could have made a splendid team, him drawing and me putting the words, as if doing that represented putting a name to his terrors: this was pure fiction. When I did not comply with his demands, even trying to reflect on his interest in learning, I perceived a dumb intolerance on his part: there was no anger or insistence but a split of frustration; he went on writing words, spelling them according to how they sounded, and ignoring me.

I will present a clinical vignette from the third year of analysis where he was more capable of tolerating emotions and of thinking. However, faced with the separation, Simon resorts to the reversion of time into space, in order to remove a painful emotion.

In a session, last week before the break for the summer holidays, he discovers a very, very small ball of plasticine on the floor. He makes it clear to me that it does not belong to him and he puts it on the table. When I comment on his thoughts of what is happening here in his absence, he suddenly realizes that this is the last week before the summer break and asks when he will be back.

I say that he needs me to remind him that I will be there waiting for him on the first of September.

P. *What a long time! That is the whole summer!*

He immediately goes to the toilet. When he comes back, he is very calm.

Silence

A. *It seems that when we spoke about the time we would not see each other, you felt many things inside you needed to get rid of. Perhaps it is difficult now to speak about these feelings.*

P. (With a disconnected air and in a pseudo adult way) *Of course, we can speak about them.*

Silence

A. *You told me that you felt that it was a long time.*

P. *Time doesn't matter because here we say good bye (putting one hand in a vertical position), and here we meet again (with the other hand he makes a gesture of putting both hands together)*

A. *I see! You went to the bathroom and, on coming back, it is as if a month had passed by and we are meeting again. Now I am the one who has to feel time is important. I have to stay here waiting for you without knowing what this is "something" that disturbs you. This "something" that makes you incapable of paying attention, and then you lose things and you feel sorry because you do not want to lose them (this was a communication at the beginning of the same session).*

P. It seems that you will not know them until next year.

Conclusion

In his hypothesis of a prelexical language that infants speak and mothers and analysts can sense, Bion introduces the notion of active containment, which consciously and/or unconsciously resorts to languages that were in operation before the acquisition of speech- *the language of sensory images*. He made a connection (Bion 1962) between countertransference and projective identification when he pointed out that the psychoanalyst may not only play the part of the patient's lost self in the patient's mind, but in his or her own mind too. He then went further: his concept of the analyst as the receptacle and/or container of these projections began to carry the implication that the receptacle could be inadequate, sometimes making the patient project even harder. He compared (Bion 1965) the analyst's "containment" and "transformation" of the patient's feelings and thoughts to the primitive but powerful pre-verbal communications that take place between mothers and tiny infants: this is how feelings become bearable and thoughts become thinkable.

In the psychoanalytic setting, a patient expresses several concurrently-operating psychic levels, belonging to "different psychic times". I think that being receptive to the communication at a sensorial level is useful and helps one to observe how the countertransference can function at this level too, in the form of sensations: sleepiness, boredom, distance, disconnection. In these situations, the analyst is put into a symmetrical position, and finds it difficult to articulate images

with emotions, which would confer meaning. Words are not an adequate means of containing this emotional experience and take a long time to catch hold of it. Moreover, if these levels are not observed, they can remain absorbed by the psychoanalytic frame and the analysis becomes a “psychic retreat”, through an intellectual play in the adult, or “making the play” to the child.

I have been trying to show how difficult is to observe, understand, contain and transform the emotional emptiness lying underneath a play or communication when the patient cannot make an ordinary use of the analyst as a proper container. Then the transformation of the void can be stopped in the body, evacuated through images or in a play without drama. For us as therapists is difficult to leave aside the need to fill the void lending a false, premature meaning. To explore oneself and the other by sensing, perceiving, making hypotheses – even at the very low levels-implies the ability to contain one’s own experience enough time (Eskelinen 2005) in a state of disturbed “reverie” until the meaning evolves . If not, the analysis can become a false container repeating the experience with the primary objects.

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