



IPSO JOURNAL 2021

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Kathryn McCormick

IPSO Former President
(2019 - 2021)



THE PRESIDENT'S WORD

Dear Colleagues, we are very pleased to present our IPSO Journal which contains numerous papers presented at our recent 26th IPSO Congress titled, “*The Infantile in Training as a Possible Creative Space*”.

Due to the global coronavirus pandemic, instead of holding our IPSO Congress in-person in Vancouver, Canada as had previously been planned, this past summer we held it online alongside the IPA Congress over two long and extended weekends - July 21st-25th and July 29th-August 1st.

As we know, this has been an unforeseeable past 20 months, different from what any of us could have foreseen and fraught with formidable challenges related to the deadly COVID pandemic. Widespread ramifications have affected our health, safety, livelihood, and that of our patients, families, communities, and nations globally. No longer buoyed by the safe confines of the known warm harbor of our analytic consultation room, we have been yanked from the shore and thrust head long into the storm, akin to holding on to the edge as the tempest whips around us. Many of us have wrestled to steady ourselves upright as together with our patients we have faced the unknown. Throughout these months of dire universal uncertainty, our ExCom likewise had to cancel all in person analytic conferences, meetings, colloquiums, scientific sessions and events, and equally important our in-person interpersonal interactions and connections and renowned IPSO spirit and vitality we are accustomed to sharing with our members and analytic community. As we have continued to hold our compass steady, we have maintained our strong commitment to offer wide ranging analytic perspectives, thought, analysis, presentations,

community, and connections via zoom. As we transition through this challenging pandemic, we are beginning to harvest the seeds of hope, grow possibilities, and cultivate renewed connections.

We are slowly emerging.

We invite you to read through the various sections of our IPSO Journal and relish and take in the various papers and presentations that with your dedicated engagement, support and investment, IPSO has been able to achieve and bring you in these trying and uncertain times.

This two-year cycle also brought a change in our ExCom leadership and a close to my work as IPSO President. As expressed in my closing remarks at the end of our IPSO Business Meeting, I feel immense gratitude at having had the incredible opportunity to work with such a highly dedicated, capable, and inspiring team of colleagues that have each significantly contributed to positively shaping the IPSO organization we have today. Importantly, I feel humbled and honored to know that I count these colleagues as friends.

A special warm thank you to Virginia Ungar, past IPA President and Sergio Nick, past IPA Vice President, and Harriet Wolfe, current IPA President and Adrianna Prengler, current IPA Vice President, for their warmth, collegiality, accessibility and leadership during my terms as IPSO President Elect and President. I likewise extend my gratitude and appreciation to the members of the IPA Board and IPA Congress Planning Committee, including Karina Guitierrez, IPA Events Manager and our former IPSO Secretary, Sebastian Montes, both who continue to be tremendously helpful and collaborative with our IPSO

ExCom. Equally important, we give our warm appreciation to our many dedicated IPSO Reps at institutes and societies all over the world that have collaborated with us to help bring you the quality IPSO programming and events IPSO is known for.

May you and your families all continue to be safe, healthy, and well. Until we meet again in person in the very near future.

Enjoy our wonderful journal!

Thomas Marcacci

IPSO Editor¹



EDITORIAL

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Dear colleagues,

It's a pleasure for me to introduce you to our 2021 IPSO Journal. The core of our Journal is made up of the papers presented by IPSO members at the recent IPA-IPSO Congress, which occurred last July. As you know due to the Pandemic and for precautionary reasons, this took place online. For this reason, the space allotted to IPSO's papers were less than usual, allowing us to present only two works per region. However, making the most of this situation, we decided to publish both the winner and the runner up of the IPSO writing award, along with the winning paper of the OCAL writing award. Due to privacy and copyright restrictions, we can only include the abstract of Cathy Rogers's and Rebeca Onate's papers, the respective winners for Europe and runner up for Latin America.

In addition to these works, you will find in this Journal two more precious contents which regard the work of two senior analysts who gave enriching contributions to the theme of the recent IPA online Congress 2021: "*The Infantile*". One is the report of an encounter with Florence Guignard, which took place at the beginning of the year within the frame of "*Meet the Analyst*", a format of online events which IPSO developed during this pandemic. In this chapter, you will find an interview with Dr. Guignard.

The other chapter reports the considerations of Bernardo Tanis in response to some questions about the thought provoking paper he presented as a guest speaker at the IPA Congress last July: "*The Infantile: Its multiple dimensions*".

I really would like to thank both Florence Guignard and Bernardo Tanis for their kind availability and their commitment to furnishing IPSO members with enriching and stimulating insights. It's admirable and encouraging to see the warmth and pleasure that IPA analysts reserve for the IPSO community. This reinforces the belief that the training period remains for many analysts, throughout their whole career, a vital and vitalizing experience. I wonder if this is bonded to the experience of analytic training, where we are always encountering the new, while at the same time being escorted by the expertise of previous generations. This experience may contribute to serve an avant-garde function of spontaneous contact with some contemporary contexts - clinical, theoretical, social and cultural - in an attempt to balance curiosity and fear, desire and reality, beliefs and doubts. Therefore, precisely this experience, in my opinion, could be a precious specific contribution that candidates can bring to the entire analytical community, within an enriching dialogue across the regions and generations.

Based on this belief I am pleased to share with you, here in the first official publication of my mandate as IPSO Editor, the project to implement the editions and the diffusion of the IPSO Journal, to give a more continuous space to the experience and work of the candidates. I hope this could be welcomed as an interesting contribution not only for candidates but for the analytical community as a whole, contributing to maintain, throughout the career span, the astonishment of the first analytical glance which, intertwined with an expert sight, will open new perspectives.

I wish you an interesting and pleasant reading experience!

**“MEET THE ANALYST” WITH
FLORENCE GUIGNARD² :
THE INFANTILE IN THE
ANALYTIC WORK**



² Paris Society of Psychoanalysis

Introduction - by Liliana Castro (IPSO member, Porto, Portugal)

On January 23, 2021 we had a special IPSO Webinar, of IPSO series “*Meet the Analyst*”, aimed to get acquainted with our guest analyst Florence Guignard.

We were very happy she accepted our invitation and we are thankful for Florence’s openness and generosity towards candidates. When we first invited and told Florence that this webinar was for candidates from all over the world, she promptly accepted and said: “*Of course yes, because you candidates are the future of psychoanalysis.*” It was very moving to see the trust and confidence she has in our generation of candidates.

We were glad to welcome in the Webinar candidates coming from 26 different countries: Argentina, Australia, Austria, Belgium, Brazil, Canada, Colombia, Denmark, France, Germany, Greece, India, Italy, Latvia, Luxembourg, Mexico, Portugal, Romania, Russia, Serbia, South Africa, Spain, Sweden, Switzerland, Turkey and the United States.

Jeremy Freeman gave a warm welcome in name of IPSO Europe to all the participants and Liliana Castro chaired the session and presented our special guest Florence Guignard. Michael Mormanis and Mary MacGowan took care of the technical details, informatics and video. In the first part of the Webinar, Luisa Marin-Avellan joined Florence Guignard in a brief interview jointly prepared with the Organization Team.

In the second part we had the opportunity to listen to the lecture by Florence on the topic of “*The Infantile in the Analytic Work*”. After we had plenty of time for questions and answers by the world candidates.

We thank Florence for giving us so much to think and discuss together and to take home with us. Finally, Monica Bomba closed our session and thanked all the world candidates for their company in this IPSO journey. You all made this event possible!

A special thanks to Florence Guignard for this wonderful meeting, to the Organizing Team and to all the world candidates that joined this encounter.

Interview Florence Guignard - by Luisa Marin Avellan (IPSO member, Geneva, Switzerland)

Luisa Marin-Avellan (LMA) - You started your professional life in Geneva, your native city, as a research psychologist working with Piaget and Ajuriaguerra. How did you become a psychoanalyst? What inspired you?

Florence Guignard (FG) - I don't know if you, Luisa, know how you became an analyst? For me, it has not been obvious. I really enjoyed to work in clinical psychology and in the field of research. Like for everybody, my life was going on with a mix of good and bad elements. But when I started to work in the field of research with

Julian de Ajuriaguerra, he was encouraging all of his collaborators to have an experience in analysis. My first reaction was to say no. Why should I go to analysis if I didn't feel like it? And one day I felt like it! I went to analysis because I acknowledged problems in my own life and I was lucky enough to be in analysis for more than eight years with Raymond de Saussure, one of the co-founders of the Paris Psychoanalytic Society and a big figure, who created also the European Psychoanalytic Federation. In addition to all the benefits of my analytic work with him, I was encouraged by his example to apply to become a candidate at the Swiss Society of Psychoanalysis, and then, I attended regularly all kinds of international meetings and Congresses. It was a fascinating period of post-war reconstruction or new creations of several European Societies of Psychoanalysis, such as Spain, Italy and Portugal. Because There were good training analysts in Geneva, I had the opportunity to meet several candidates of these country, we shared the same training, and then they went back to their own country to create or re-build their own Societies. This is so that I met Pedro Luzès, founder of the Portuguese Psychoanalytic Society, Manuela Utrilla Roblès, founder of the Madrid Society, Marta Badoni, from the nascent Italian Society, Terttu Eskelinen de Folch from the Spanish Society – to mention only the closest ones, with whom I kept a close and lifelong contact.

LMA - Our second question is what do you think that are our challenges as candidates nowadays? What do you think are the essential elements of psychoanalysis that we should hold on to?

FG - As you may imagine, I don't have "the exhaustive answer"!

The world is changing at a high speed. Today, human beings are confronted to a double challenge: to survive the Covid 19 pandemic, and to survive the massacre of our planet. We know that they are responsible for both of these catastrophes. We also know that a majority of people deny the climate catastrophe, while more and more people are afraid to die from the Covid.

Of course, all psychoanalysts – from seniors to candidates – are included in this turmoil and threatened in the same ways as other people. However, they have the privilege to be part of the people who are trained to think and to keep their attention to new events, either visible or not. And I contend that such an urge to think what is happening to us is a real privilege, as much as a responsibility. To be part of the corpus of psychic care is another privilege of us – even though our situation in it is often difficult. Such a conjunction has obliged us to find new ways to keep being available for our patients during the pandemic, and here is the first advantage for you, young people, as computers and internet have no secrets for you. Another advantage is that you also need these new means of communication to keep on being trained by senior analysts. This is why you have never imagined to wait until the pandemic is over, to continue to work with your patients and to go on training yourselves in psychoanalysis. Because your generation is on the front line of the future, you are also the ones who will keep on trying by any means to think and to work. To do so, you need to use your creative competences of attention. Fortunately, these are the first and foremost competences of every newborn. Please, keep and protect by any means your capacity of attention: this will help you much more than any theoretical corpus!

Now, the fact that we have to use new means of communication with our patients brought us to observe new aspects of their emotions, reactions, and also of ours. For instance, a patient refused to use Skype or Face Time for her sessions, “because, she said to her analyst, I don’t want you to see my inside”!!! Of course, she meant the inside of her concrete house... but still...!

When we are not in the same room as our patient, our perceptive capacities are developing and we give even more attention to the pre-conscious part of ourselves in our contact with him/her.

Psychoanalysis is going through a difficult time, as the inflation of visual matter and the speed of our way of life brought most people to prefer short and adaptive, visible, means of treatment, to a long and painful investigation “inside” themselves. You, young people, have two means to keep psychoanalysis alive: first, treat children and adolescent patients as well as adult ones, and second, keep always your attention to your own Infantile: it is the core of your analytic listening, that is a listening to the memories and to the heart of the world beating now.

And about the rules of our profession, the main thing to observe is the respect and the gratitude towards these people that address us, who are asking us for help and who entrust us with so many precious and painful parts of their lives, despairs and hopes. Then, always remember that we are doing what we can, and that there is never any shame in asking a colleague for help, whatever our age, grades and competences.

To conclude, I would like to tell you how precious it is for me to be able to communicate with you, coming from all over the world. And yes, it is fantastic to be able to see one another during this meeting! This allows us to confirm that there is always a good side in the misfortunes of life.

I don't know if I answered you properly... (laughs).

The Organizing Team

IPSO Europe: Monica Bomba (Milan, Italy), Jeremy Freeman (Sydney, Australia)

Candidate Facilitators: Liliana Castro (Porto, Portugal), Luisa Marin-Avellan (Geneva, Switzerland), Michael Mormanis (Sydney, Australia), Mary McGowan (Melbourne, Australia)

INTERVIEW WITH BERNARDO TANIS³



³ Brazilian Psychoanalytic Society of São Paulo

Bernardo Tanis (BT) - Dear IPSO colleagues, first of all thank you for the invitation to write for the Journal. I am very honored and pleased with the attentive reading of my paper and the resonance it had in you, which translates into a set of extremely pertinent questions for our clinical practice and for the training of young analysts, and why not stimulate reflection and debate with more experienced analysts. The questions even deserve a new conference, or a set of articles. I launch that idea here, but I will try to be concise in my answers and open paths for future inquiries.

Thomas Marcacci (TM) - Dr. Tanis, in the paper you presented at the 52nd IPA Congress, "*The infantile 'just below the surface'*" you say: "*In its instituent dimension, it [temporality] allows us to inquire into the forms that the infantile assumes in contemporary subjectivity, as time accelerates and compresses and our society of widespread consumption is emptied of historical meaning, condemning us to live in a perpetual present —the root of an emptiness that gives rise to compulsions and addictions.*"

How this experience of the contemporary subjectivity that you pointed out does affect the possibility for new patients to start an analysis with a high frequency?

How likely is it that patients find difficult to stay in a state of close encounter and dependency without being too scared at the beginning of their analytical path, perhaps lacking in their possibility to root that path in a good internal "infantile"? Does this make more difficult than

a generation ago to propose to a patient from the beginning such an intense relation, in time and space?

BT - Well, in the first question, in my speech, you highlight the issue of the existence of certain features of contemporary subjectivity and ask yourself, very pertinently, how it can affect the possibility of new patients starting a high-frequency analysis. How likely is it that patients will find it difficult to remain in a state of close encounter and dependence without being too frightened at the beginning of their analytic path?

I'll give a straight answer and then justify it through a certain threads of thought. As every practice inserted in the culture of its time, psychoanalysis, although not mixed with the the specific features of a certain epoch, cannot ignore them. Psychoanalysis must have the possibility of bringing individuals closer to the analytic work, which implies a possibility of developing a narrative capacity and a transference relation with the analyst. Our commitment is toward the treatment of psychic suffering, through a method that proposes to contain and elaborate anguish and crystallized subjective positions. The malleability that I as an analyst can have to create the best conditions for this process to occur is part of our ethic.

It is clear that in a cultural context in which discharge and immediacy dominate, compulsions and addictions proliferate, the acting crushes the elaboration and the false truths and the cult of the image deprives thought and frays the social bond, the establishment of the analytical process will be complex. It will be on the agenda in general how do I

go towards the other in the analytic encounter. An “other” that challenges me in its uniqueness, in its foreignness, in its radical otherness. The problem resides when we analysts have a pre-formed idea that the individual who seeks us, either an adolescent, a child, or an adult, should adjust to a pre-established setting, which would supposedly be a condition and guarantee of the process. In this way, confounding the setting with the dynamics of the analytical process. I prefer to invert the question: given all these transformations in subjectivity, what are the best spatiotemporal conditions so that, with this particular individual, we can start a process in which an analysis can take place. I know that many analysts may not agree with this idea, but many like me consider that it is the time to leave Procastus' bed aside.

Indeed the issues of the intimacy of the bond, of the contact with oneself will be a point of arrival rather than starting point: there should be a process.

If you allow me, I will do an addendum to this answer that may be useful as a background for the next ones and a foundation for the above.

I consider it relevant to establish a distinction between what concerns to subjectivity and culture in a given historical-cultural moment and what concerns the constitution of the psyche. It is not always easy to discriminate, but this issue should not be avoided.

The subjectivity of the time is part of the psychic, of the ideal instances, of the values and customs and of the super-ego of a time, like Freud already mentioned in his book “Civilization and its

discontents". Nevertheless it is not all the psyche. This seems consensual since the pioneering works of Foucault, Guattari and psychoanalysts in various latitudes. Without further details, Foucault says that his aim was not to analyze the phenomenon of power or the foundations of such an analysis, but rather to make a history of the different ways in which the human being becomes subject.

(Rabinow & Dreyfus, 1995, p. 231) A philosophical trajectory beyond structuralism and hermeneutics.

So, we can think about the effects produced on the subject by the context. Subjectivity is crossed-referenced by the historical modalities of representation unique to that society. But (always fear but), can these modes of subjectivity refer to the psychic functioning as a whole?

There would not be certain modes of functioning of the unconscious, primary processes, sexuality, drives, that question us about the elements that remain, about the constitutional laws of psychic functioning and what would be shared despite cultural diversity. Some invariables, a universality that is the constitution of functioning and the constitution of the psychic apparatus in the face of the ways in which we see the emergence of contemporary subjectivities? If so, a topic to keep working on: how does subjectivity affects or shapes these central processes of psychic dynamics.

So, going back to the beginning of your question, accepting as possible the expression of the subjectivity of the time as it is presented in each individual who seeks us, we can approach these constituent elements of psychic life, but if we want to do it by default,

imposing a setting that we imagine absolute and timeless, the risks of failure can be great.

TM - I quote another paragraph of your work: *“The current clinical practice pushes us out of our comfort zone. If we want to remain faithful to a psychoanalytic ethics that does not conform to the norm, that marks a distance from the cognitive - behavioural paradigm, we will have to face the challenges of navigating in more unfamiliar waters, along the borders and edges of subjectivity not mapped in our nautical charts.”*

What role, in your opinion, could the training experience have regarding this? Of course for the candidates the encounter with senior analysts during seminars and supervisions is a great source of learning but do you think that senior analysts could be nurtured as well from their candidates in training? I am thinking, for example, about the peculiar experience candidates could share with their senior colleagues, providing them continuously with a fresh contact with something new. For example, candidates likely have a different contact with social and cultural contemporary manifestations or have still to be engaged in experiences bordering on psychoanalysis which nonetheless could be very interesting to be observed from a psychoanalytical perspective.

BT - The training process is an extraordinary laboratory for the development of the analytical listening, so that young analysts can share among themselves and with their more experienced colleagues their impasses, doubts and questions. Current educational theories and experiences have long abandoned the vertical perspective in which

the teacher knows and the student must receive this knowledge. As if knowledge was something given only a priori and not built in the space inbetween. Freud liked to quote Goethe in this sense, “what you inherited from your parents, conquer it to make it yours.” I think now we can go further. Young people can and should allow the more experienced ones to be nurtured by the immersive contact that they have with their time and the ways of living, feeling and wishing. This porous exchange can sometimes destabilize the known, frighten more experienced analysts or threaten the constituted knowledge, but isn't this what psychoanalysis has always preached to open the doors of circulation of affects and desires prevented from organizing and circulating with greater freedom?

The institutes, when organizing the training of analysts, often sinned by an excess of bureaucratization and/or rigidity. This has led to debates and splits within the psychoanalytic movement. I think that today the IPA has become a more porous institution, recognizing pluralism and diversity, expanding the way in which analysts can intervene in community and culture, as well as enriching ourselves when we leave the rigid walls of our offices and institutions. Thus, this porosity, the transit across borders between young analysts and more experienced ones, between different fields of knowledge, between experiences in the community and in our offices, in my view, contribute to a more lively and creative psychoanalysis.

TM - Moreover, you say: *“One of the achievements of analysis is the possibility of transforming a negative feeling of loneliness, the mark of certain configurations of the infantile, into an experience in which loneliness manifests itself as the foundation of uniqueness and as the*

ability to turn to the other. The infantile can contain in itself a potential reserve, a resistance to the forces of a negative narcissism that favours disconnection.”

This makes me think of another fundamental part of the psychic: the “adolescent”, along with its function of criticizing what has already been established previously, trying to find a new personal way.

Thinking to our analytic role, which relation between the infantile, the adolescent and the adult part of ourselves could be useful to make us search for the otherness, preventing or limiting narcissism, dependency, or disruption?

BT - It is very good that you touched on the theme of adolescence. Returning to my answer to the first question, I consider that it is during adolescence that the subjectivity of the current times is present with the greatest impact. Adolescents experience a moment of construction of ideas, inhabiting often an uncomfortable space between childhood and adulthood. This transition is experienced with psychic pain and anguish, but also with dreams and hope, involves nourishing from the infantile, while at the same time aims to create something new, involves the use of instinctual resources in the construction of their gender sexual identity and ideals, processes mediated by the values of their time (the subjectivity of the epoch).

When you ask the question of our role as analysts, my experience has taught me that we must be patient and follow this adolescent search. Sometimes we can become support and containers, sometimes we will be seen as representatives of the adult world, which paradoxically

they repudiate, but to which they wish to belong. As Winnicott said, a paradox that we must not resolve, but rather sustain.

They fear being imprisoned by models that curtail their freedom and autonomy, but at the same time they feel nostalgic for the safety of childhood. Adolescents are dominated by the pair illusion-disillusionment, hope-hopelessness, potency-impotence.

So the issue of narcissism that you mention is tangled up in all these polarizations and young people are extremely sensitive to it. As analysts, we are confronted with our own adolescent experiences and anguishes that must be elaborated, to account for being present in the analysis with young people, not with “resolved” adults as “model adults”, but as those who can welcome uncertainty and disillusionment, but also dreams and projects.

TM - It is very clear how important the infantile is in the adult patient. From a clinical practice point of view, how does the analyst-in-training make interventions that specifically speaks with the infantile part of the patient. In other words would one address the patient in a way that speaks more to the younger part of the patient? How much, in your opinion, this could pass through preverbal elements? For example, the lived experience of sharing with the patients sensations from the same environment. Or using the body in its psychic value to catch the patient’s unconscious communications and to express a psychic intervention, like relaxing to contain the patient’s anxiety. Or taking care of the material elements of the voice: tone, rhythm, volume.

BT - The infantile in the adult is the object of analysis par excellence. This infantile, as I try to show in my paper, is integrated by the repressed, but also by the elements that were never represented or symbolized.

However, I prefer not to speak in parts that, in my opinion, run the risk of objectifying the infantile. The infantile is fluid, rigid, but also is movement, it is not an instance nor an internal object, it contemplates aspects of the self but also of the interiorization of experiences with different others, of encounters and disagreements, of satisfactions and frustrations. It is a remnant, but a remnant in the sense that it is the result of the adventure of becoming: of becoming a subject, and in this sense it is of extraordinary wealth and potential. Creativity and transformation can emanate from it, but it can also be doomed to repetition compulsion and paralysis. Indeed, being aware to the different signs and modes of communication, both verbal and non-verbal, in the analytic situation favors the approach to the infantile, giving rise to transformative processes.

However, as André Green says, we must not forget that representation is the goal of the analysis in this sense, capturing archaic states and non-elaborated traumatic experiences that wait for a symbolic representation or, as Roussillon would say, for a subjective appropriation.

Dear colleagues, I hope that these considerations result in a stimulus for dialogue and exchange. That they will favor a creative psychoanalysis respecting their history and traditions, but also being open to the new and to the uncertainties that we face in times as difficult as these that it is up to us to live.

IPSO MEMBERS' PAPERS

We publish in this section the papers of the winners and the runners up of the IPSO writing awards presented at the IPSO World Congress 2021

Philip Lance⁴

IPSO writing award winner for North
America

**JOSEPH SANDLER'S
IMPLICIT THEORY: A
CONCEPTUAL ESSAY**

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Introduction

This paper reviews the concept of implicit theory from its origin in Joseph Sandler's classic paper (1983) to subsequent uses of the concept by later generations of analysts. As a "conceptual investigation," this is a research paper of the kind described by Dreher (2000,) who said that conceptual research referred to the systematic attempts to clarify the explicit and implicit use of concepts. Sandler observed that a close study of clinical sessions showed that analysts often made inconsistent and contradictory use of theory. The analyst's theories were not aligned with her practice. He argued that this disjuncture between theory and practice opened a space to conceive of implicit theory. In other words, the disjuncture could be explained if we assumed that the analyst was working with a theory that was implicit. Upon reflection, this implicit theory could be discerned and then made public.

Sandler used Freud's topographical and structural models of the unconscious to formulate his concept of implicit theory. As new conceptualizations of the unconscious emerged in the world of psychoanalysis, the concept of implicit theory changed with them, weakening the specificity of the concept. The concept has also been used in two distinct ways: Sometimes it is used to refer to the judgement of an outside observer who infers an unexpressed theory from the data of an analyst's clinical work, while at other times the concept is used to refer to unconscious mental activity of the analyst that determines her manner of working in the session. This differentiation in meaning has not been recognized in the literature

until now and has led to confusion about the concept. These two perspectives on implicit theory have been conflated by writers who may not recognize that implicit theory is more of an heuristic device than a conceptual object. Implicit theory can help us to understand an analyst’s work from the inside (what implicit factors influence the analysts work) and from the outside (how can an observer derive theory from an analyst’s clinical vignette or case material). I will call these contrasting views the “objective type” of implicit theory and the “subjective type” of implicit theory, and I propose that they offer us a dialectical view that is peculiar to the discipline of psychoanalysis.

Two significant books employing the concept of implicit theory

Before reviewing the historical origins of the concept of implicit theory, I want to underscore the relevance of the concept by mentioning two significant books that rely upon the concept. These two books were written by leading European and American analysts under the auspices of the European Psychoanalytic Federation.⁵ The first book, “*Psychoanalysis Comparable and Incomparable: The Evolution of a Method to Describe and Compare Psychoanalytic Approaches*” (Tuckett, et al., 2008) described the work of the

⁵ The working parties of the European Federation were replicated in the North American region of the IPA beginning in 2008. Rudden and Bronstein (2015) described the results of one of these North American working parties. In addition to the instruments developed by the WPCCM and the WPTI, there is at least one other method that was developed by the North American Working Party on Clinical Observation that was consistent with this grounded theory approach—the Three-Level Model (Altman de Litvan, 2014).

Working Party on Comparative Clinical Methods (WPCCM). In a review of this book, Joseph Aguayo said,

“The assumption here is that most analysts enact their theories of practice rather than thinking about them in any systematic way. Many analysts do not actually think it valuable to spell out the principles of their practice. But the dangers of such a complacent attitude are manifold: if one cannot explicate one’s own model, is there a tendency to develop a sort of xenophobic attitude toward models that are alternative to one’s own way of thinking?” (Aguayo, 2011)

The second book is *“Psychoanalysis: From Theory to Practice”* by J. Canestri (2006). This book described the work of the Working Party on Theoretical Issues (WPTI). These two working parties, the WPCCM and the WPTI, had slightly different goals but they shared an appreciation of Sandler’s insight that something was going on in the consulting room that was shaping the analyst’s practice other than a rational employment of public theory. Tucket said that both of these working parties were influenced by Sandler’s “seminal notion of implicit theories in psychoanalysis,” a notion that “has been taken up widely” (2008, p. 158). Both devised tools to derive “theory from practice in just the way Sandler hoped would prove possible” (2008, p. 159). In the case of the WPCCM the tool was called “the grid.” The objective of the WPCCM was to compare the work of prominent analysts from different schools in order to discover if there were new ways of distinguishing and describing their practices that allowed for grouping them without necessarily making reference to any particular psychoanalytic school. In the case of the WPTI the instrument was called “the map.” The objective of the WPTI was to ascertain the

theories, including private ones and novel ones, that individual analysts used in their practice. You might say that the WPCCM's objectives were nomothetic and the WPTI's objectives were idiographic, the difference being one of focus. Nomothetic approaches look at multiple samples to draw universal conclusions. Idiographic approaches emphasize the subjective and unique experience of an individual case.

These instruments, the map and the grid, enabled the working parties to investigate clinical presentations and to become "at one with" (Bion, 1970) the mind of the analyst in order to discover the "lived theories" (Canestri, 2006, p. 4) that revealed the analyst's implicit answers to questions such as, "What does the analyst believe is wrong with the patient? How does the analyst understand transference? What does the analyst believe about the goals of analysis? What does the analyst believe facilitates psychic change? The analyst may or may not be able to articulate answers to these questions, but an observer may infer the answers from the analyst's speech and behavior in the session.

Sandler's concept of implicit theory from his 1983 paper

Implicit theory is a concept that is associated with the work of Joseph Sandler. He used this concept to describe the "implicit, private theories" (Sandler, 1983, p. 38) that analysts used in the consulting room. He said that these implicit theories stood in contrast to the "standard, official, or public" theories (Sandler, 1983, p. 35) that

analysts often used to communicate to others about what they did in the consulting room. “Public theories” were authorized, canonical formulations. For example, Sandler said,

“The fledgling psychoanalyst will bring with him into his consulting room what he has learned from his own analyst, from his supervisors and other teachers, and from his reading. He will carry in his head the theoretical and clinical propositions that he has gathered from these various sources, and these propositions will be, for the most part, the official, standard or public ones.” (Sandler, 1983, p. 37)

We can assume that when an analyst identified a “school” to which she belonged, she would refer to one or more public theories. Sandler observed that what analysts did in the consulting room was often incongruent with public theory. This observation was confirmed by a substantial amount of evidence collected in the two books cited above: Canestri, 2006; and Tuckett, et al., 2008. Sandler called this non-public, private theory “implicit theory.” In this paper, I use the terms “private” and “implicit” interchangeably when talking about theories, likewise, the terms “public,” “explicit,” “official,” and “standard.”

Sandler believed that if analysts were to reflect upon their practice, they would likely discover that they were working with partial theories drawn from distinct, and not necessarily compatible, explanatory models (Sandler, 1983, p. 38). These analysts might also discover that they were working with “private theories” that had never seen the light of day, so to speak; theories that had yet to be formulated and hence to become “public.”

Sandler used the word implicit in the first sentence of his 1983 article. He said, “If one looks carefully one can find an implicit unconscious assumption in many psychoanalytic writings that our theory should aim to be a body of ideas that is essentially complete and organized, with each part being fully integrated with every other” (Sandler, 1983, p. 35). By drawing attention to this “implicit unconscious assumption,” Sandler laid the groundwork for his argument challenging the assumption that we need or ought to have a unified psychoanalytic theory. Sandler seemed to be more comfortable with pluralistic tolerance than some of his colleagues, but my point here is that Sandler used the word implicit in this sentence to describe an “assumption.” Later in the paper he used the word to describe “concepts” and “theories.” It seems to me as if he was using the word implicit to point to various kinds of semantic phenomena that contribute to the construction of private theories. These phenomena ranged from assumptions (which might be thought of as prejudices that shape one’s perspective), to concepts (which are abstract ideas), to theories (which “comprise a system of scientific statements,” according to Dreher’s (2000, p. 13) definition). This suggests that Sandler’s usage of the word “implicit” in his concept of implicit theory was meant to cover a range of phenomena, including various components that comprise theories.

The historical context of the invention of the concept of implicit theory

Sandler was a theorist who was keen to understand, learn from, and fairly represent the diverse perspectives that had begun to characterize psychoanalysis in the second half of the twentieth century. These diverse perspectives were evident within his own society, the British Psychoanalytic, but also within the international community. For example, within his own society he sought to integrate the contributions of Melanie Klein with those of Anna Freud. In his 1983 paper, he traced the “stretching” of the concept of transference through the work of Sigmund Freud, Ella Sharpe, Melanie Klein, and Anna Freud. “Major changes in technical emphasis brought about the extension, the stretching of a concept such as transference, so that it came to include a variety of object-related activities which need not be repetitions of relationships to important figures in the past” (Sandler, 1983, p. 41). Sandler was saying that in their private practices some analysts had altered the concept of transference from the way that Freud understood it. In hindsight, it appeared that the analyst had been using a novel implicit theory of transference that was only subsequently made public.

It seems to me that Sandler used the concept of implicit theory to describe an inconvenient but pragmatic reality of psychoanalytic practice, as if to say, ‘See, this is how clinical psychoanalysis works—you approach the patient with a reservoir of public theories that inform your practice, but in private you do something slightly new and different from what the public theories enjoin.’ The new thing might eventually become a public theory after having been articulated, examined and deemed viable by peers. The fact that the new theory might conflict with aspects of the old theory was not to be

lamented but accepted as a natural process of evolution, as long as a “necessary conservative trend in psychoanalysis” was observed, “one which functions to support and to protect fundamental psychoanalytic propositions and which has a significant stabilizing function” (Sandler, 1983, p. 35). Sandler was striving to preserve a place for both continuity and evolution in psychoanalytic theorizing—implicit theory was the bridge element that made it possible to have both. The concept formalized and legitimated the place of “private theories” in analytic practice and their useful and necessary role in gradually altering public theories.

Sandler was unlike prominent psychoanalysts including Brenner, Rangell, and Green “who shake their heads ruefully over the fact of multiple psychoanalytic techniques, as if multiple ways of practicing psychoanalysis and psychoanalytic psychotherapy signify a deplorable fracturing of something that should be a unity” (Stern D. B., 2012, p. 34). On the contrary, Sandler took the view that “we have a body of ideas, rather than a consistent whole, that constitutes psychoanalytic theory,” (1983, p. 37) and called for “a loosely jointed” (p. 36) theory rather than a “complete” theory.

It seems to me that implicit theory for Sandler was like an “x” factor—a mysterious unknown element that interfered with theoretical systematization and coherence. On the dramatic stage of theoretical performance, implicit theory was the antagonist to the protagonist of public theory. The trickster quality of implicit theory made it vulnerable to being impugned as a maddeningly illogical concept. After all, in ordinary language we use the word “theory” to mean a verbal formulation that attempts to explain a phenomenon. With that

usage in mind, the concept of a nonverbal, unformulated theory is an oxymoron. In order for this marriage of contradictory terms (“implicit” and “theory”) to be viable, one would need to accept that verbal formulations could exist in the unconscious while at the same time that “theories” could exist in nonverbalized, non-symbolic forms. This dual character of implicit theory is consistent with Freud’s theory that the unconscious could be derived from the repression of formulated experience as well as from experiences that had never been formulated. One place where this distinction can be found is in “Remembering, Repeating and Working-Through” (Freud, 1914) where Freud describes two types of memories that can be recovered in analysis, those which are based upon “impressions and experiences” and those “which could never have been forgotten because it was never at any time noticed—was never conscious.” The reason that I believe this distinction between formulated and unformulated experience is significant in the context of the concept of implicit theory is because it is easier to imagine an implicit theory that is based upon formulated experience (such as repressed words or repressed thoughts) than to imagine an implicit theory based upon unformulated experience (how could something unformulated be said to constitute a theory?).

Keeping in mind this dual aspect of the implicit (formulated and unformulated), you could say that we are dealing with a fourfold conceptual apparatus involving 1) the implicit, 2) the theoretical, 3) formulated experience, and 4) unformulated experience. If we were to create a table with two columns labeled “implicit” and “theory” and two rows labeled “formulated” and “unformulated” we could create a

grid with four quadrants specifying the implicitly formulated, the implicitly unformulated, the theoretically formulated and the theoretically unformulated.

	Implicit	Theory
Formulated	Implicit formulated	Formulated Theory
Unformulated	Implicit unformulated	Unformulated Theory

To show how this “mapping” of the concept of implicit theory is not a meaningless fancy, consider a hypothetical analyst who is operating from an assumption that has never been consciously acknowledged because it is based on unformulated experience. For example, my office is located in a guest house behind my home. In the past, when I met new patients for the first time, I would instruct them to come through the driveway gate into the back yard and then follow the stepping-stone path to the waiting room. Several years ago, a new patient arrived at my home and sent me a text asking if I would come out to meet him at the front sidewalk. I went outside and discovered that he was a young black man. Only then did it occur to me that my implicit, unformulated assumption that it was safe for a new client to let himself into the backyard of a white psychologist in a mostly white neighborhood was not necessarily a fair assumption to apply to everyone. In this case, I was operating with an implicit, unformulated assumption. I was able to make my implicit assumption explicit through my own self-analysis (with the unintended help of my client!) but at other times, an analyst might require the help of an outside

observer to identify the relevant implicit assumptions that are structuring her practice.

Alternatively, sticking with the example of meeting new patients, it occurred to me that during initial meetings I often listen to patients on multiple theoretical “channels” (Chessick, 2000) until I find the channel that enables me to receive the patient’s signals in the most helpful way at that particular time. As I am listening, there are “segments” from Lacanian, Kleinian, and Bionian theory passing consciously through my mind. This would be an example of using implicit, formulated theory with a patient. These formulations are present in my preconscious and come to awareness after a client says something that triggers my memory of these theories. Nevertheless, an outside observer of these initial sessions might be hard pressed to discern any consistent theory from which I am working. In fact, it might appear that I am working haphazardly without the kind of consistency that was operating when I was making assumptions based upon my unformulated White experience.

These two examples pertain to the first column of my table—the implicit column. We could also say that they correspond to the subjective type of implicit theory. They illuminate implicit factors, formulated and unformulated, that determine my work with patients. The second column corresponds to the objective type of implicit theory. Outside observers, studying a piece of clinical work might adduce the clinical material as evidence of the validity of an already formulated psychoanalytic theory; or an outside observer might study a piece of clinical material and discover a new, not-yet-formulated theory.

This polyvalent understanding of implicit theory is implicit in Sandler's paper. Take this passage and its footnote, for example:

“With increasing clinical experience the analyst, as he grows more competent, will preconsciously (descriptively speaking, unconsciously) construct a whole variety of theoretical segments which relate directly to his clinical work. They are the products of unconscious thinking, are very much partial theories, models or schemata, which have the quality of being available in reserve, so to speak, to be called upon whenever necessary. That they may contradict one another is no problem. They coexist happily as long as they are unconscious.” (Sandler, 1983, p. 38)

In a footnote to this passage, Sandler says, “I am referring to theories and schemata which are the products of secondary process activity, reflecting the work of the Preconscious system of the topographical model, or of the unconscious ego of the structural theory” (Sandler, 1983, p. 38).

It seems to me that in this passage Sandler was including within “the implicit” both formulated and unformulated experience. When he spoke of the “products of secondary process activity” he was referring to formulated experience; when he spoke of “the unconscious ego of the structural model” he was referring to unformulated experience. This distinction may not have appeared important to him at the time that he was writing this paper but it seems important to me because the matter of formulated vs. unformulated experience has become a significant topic in the psychoanalytic literature (Levine, Reed, & Scarfone, 2013; or see D.B. Stern, 2010, p.20 for a list of authors

including Bion, Bollas, Fonagy, Mitrani, Stolorow, Stern himself and others who have written on this topic). It would be easy to identify the concept of implicit theory with only formulated experience or unformulated experience when in fact the complex nature of the concept is exposed by considering both.

Christopher Bollas (1989) provided an example of how Sandler's concept of implicit theory as formulated experience could be used to understand aspects of the psychoanalytic process (but to be clear, Bollas was not discussing implicit theory directly in this passage). He itemized a list of 26 "psychoanalytic theories that are 'around' in the analyst's preconscious as a world of objects available for use by both analyst and analysand." Among these theories were the Oedipus complex, alpha elements, beta elements, the law of the father, etc. Sandler might have called these concepts "part-theories" and "theoretical segments." Sandler said, "They may contradict one another [but that] is not a problem" (Sandler, 1983, p. 38) The point is that as we learn more and more psychoanalytic theory, we collect more and more theoretical segments that accumulate in the drawer of our preconscious where they await retrieval in the context of the appropriate clinical moment.

In contrast, many contemporary psychoanalysts utilize the concept of implicit theory to refer to unformulated experience. Take, for example, infant observation researchers who refer to the "the implicit domain" which seems as if it could serve as a synonym for Sandler's implicit theory. Daniel Stern puts it like this:

“Because of the scope and importance of the implicit domain, the space of the unconscious must be adjusted. . . .The nonconscious can be divided for clinical and theoretical purposes into three areas: a) the dynamic unconscious, which is kept out of consciousness by defenses, particularly repression; b) the preconscious, which is kept out of or revealed to consciousness by shifts in attention; and c) the implicit, nonsymbolic and nonverbal, but not under repression.”
(Stern D. N., 2006)

Infant observation researchers like Stern pay attention to the unformulated interactions between the infant and caretakers, identifying these as critical determinants of what gets repeated later in the psychoanalytic process.

“Recurring patterns of intersubjective transaction within the developmental system give rise to principles (thematic patterns, meaning-structures, cognitive-affective schemas) that unconsciously organize subsequent emotional and relational experiences. Such organizing principles are unconscious, not in the sense of being repressed, but in being prereflective; they ordinarily do not enter the domain of reflective self-awareness. These intersubjectively derived, prereflective organizing principles are the basic building blocks of personality development, and their totality constitutes one's character. Psychoanalytic therapy is a dialogical method for bringing this prereflective organizing activity into reflective self-awareness, particularly as it shows up within the therapeutic relationship.” (Stolorow, 2015)

Interested in gaining a Lacanian perspective on the implicit in the context of implicit theory, I spoke to a psychoanalyst with knowledge of Lacanian theory. He said that he generally agrees with these characterizations of the implicit

“but they do not include the realm of desires, non-symbolized fantasies, emotional arousal, and creative outputs emphasized by Lacan and, I believe, Bion. The Lacanian idea is that these unconscious elements somehow strive for representation and symbolization in the subject. They are not so much meaning-structures as meaningless forces in search of meanings.” (Kirshner, 2021)

In any case, the point I am making by quoting these three theorists (D.N. Stern, Stolorow, and Kirshner) is to show how unformulated implicit theory is different from formulated implicit theory. In its unformulated version, implicit theory becomes something that works covertly to shape the content that comes into view in the clinical situation, but it cannot be said to exist as formulated experience prior to its construction by the analytic dyad. From this perspective, implicit theories are not lying around ready-made in a drawer waiting to be re-found (as in the Bollas example); they are possibilities that come into being in the context of a particular analytic dyad including the peculiarities of the analyst’s unconscious as those interact with the analysand’s.

A Swiss army knife concept

One way that we can appreciate the nature of the concept of implicit theory is by recognizing that Sandler invested it with an ambitious remit. The concept was a tool serving to facilitate many tasks pertinent to Sandler's involvement with the discipline of psychoanalysis. He used the concept to help explain the growing pluralism within the world of psychoanalysis; the evolution of psychoanalytic concepts; the disjuncture between a clinician's public theory and private practice; and to describe the process by which idiosyncratic private practice produced new public theory. Having been the editor of the *International Journal of Psychoanalysis* (from 1969 to 1978) and on his way to becoming the President of the International Psychoanalytic Association (in 1989), Sandler was under institutional and scientific pressure to hold the center for the discipline of psychoanalysis. New public theories were proliferating rapidly and psychoanalytic concepts were proving to be stubbornly inexact with a tendency to evolve continuously. Sandler's "loosely jointed. . . body of ideas" was in danger of becoming a "*corps morcele*", to use a Lacanian phrase.

Current use of the concept in literature and clinical practice

Jorge Canestri is a writer who utilized Sandler's concept of implicit theory, itemizing many components of the implicit that go far beyond

the rough division of formulated and unformulated experience that I essayed above:

“The quantity of elements of every type and origin that contribute to the construction of these “theories” or partial models is not to be underestimated. Among these elements are the specific contents of the analyst’s unconscious and preconscious, his Weltanschauungen, the psychology of common sense, his connection to a psychoanalytical group or school, the quality of this connection and the relationship he has with the psychoanalytic “authorities,” his scientific and pre-scientific beliefs, his personal re-elaboration of the concepts of the discipline, his countertransference, etc. The list could be much longer and is always open to new influences.” (Canestri, 2006, p. 14)

I would say that Canestri is describing the “subjective type” of implicit theory in this citation. He is describing the factors above and beyond the analyst’s public theory that influence the analyst’s mind. In addition to the factors itemized above, Canestri refers to the “frame of the frame”—a phrase that Canestri borrowed from J.L Donnet (Canestri, 2006, p. 32). The frame of culture surrounds the traditional frame of the analytic setting. Culture brings ideologies and values that are not always known or visible to the clinician and these ideologies and values shape analytic behavior as much as public theory shapes analytic behavior.

Another example of how the subjective type of implicit theory has been used in the literature is found in D.B. Stern’s article, “Implicit Theories of Technique and the Values that Inspire Them,” (2012). In this article, Stern said that implicit theory “is the expression of value

positions that we often have not reflected on.” He said that these value positions end up determining the kind of technique we adopt. This sense of implicit theory has nothing to do with defensively repressed ideas or intersubjectively derived affective undercurrents but rather with unacknowledged and unexamined culturally acquired prejudices that precondition our response to patients.

Dreher (2000) similarly writes about the subjective type of implicit theory:

“In clinical practice, explicit theories and likewise the concepts that constitute them are subject to a multitude of personal influences from analysts, their experiences, conviction, assumptions, value systems and, of course, their unconscious processes. And all these personal influencing factors. . . shall be summarily treated here, for the time being, as “implicit knowledge” (Dreher, 2000, p. 170).

In this passage, Dreher seems to prefer the phrase “implicit knowledge” over the phrase “implicit theory,” raising the question of whether there is a useful distinction to be made between the two. This is another example of how the concept tends to bleed into adjacent conceptual territory, demonstrating a capacity to encroach and fade at the same time. Substituting the concept of implicit knowledge for implicit theory opens up new avenues to explore as we consider the possible meanings of implicit knowledge. Take for instance the fact that there are two kinds of knowledge: There is knowledge about something and knowledge about how to do something. This could be described as the difference between formulated informational knowledge and unformulated pragmatic knowledge. In English, we

have only one verb for “to know” but the romance languages have two words. For instance, in Spanish, there is “saber” and “conocer.” The verb saber is used in relation to informational knowledge, such as knowing a building’s address. The verb conocer is used for pragmatic, relational knowledge such as knowing (being familiar with) a person or a place and how to navigate around them. When contemporary analysts use the concepts of implicit theory or implicit knowledge, they may be referring to either the propositional or the pragmatic kind of knowledge. Sandler used it in both senses but when he said, “Psychoanalysis is what psychoanalyst’s do” (1982) he was suggesting that being a psychoanalyst was more about how to do something with a patient than what could be known about a patient.

Peter Fonagy argued in this vein that “practice should be liberated from theory” (2006, p. 70) and he encouraged practitioners to use “their accumulated implicit understanding of the mind” (p. 70) to experiment with new techniques. Fonagy’s conception of “implicit understanding” suggests a non-theoretical, procedural way of understanding. Much of what we understand about how to practice psychoanalysis we learned in the trenches and we did not forget it because it worked, much like we learned to ride a bicycle through practice, not by reading the manual. We could think of this as the implicit theory method for learning clinical technique rather than the explicit theory method for learning technique.

Conclusion and suggestion for use of the concept

Sandler's conceptualization of implicit theory was a creative way to explain anomalous features of psychoanalytic practice, including the discrepancy between an analyst's professed public theory and actual private analytic behavior; the slipperiness of psychoanalytic concepts; and the rapid proliferation of new and contradictory theories. The concept is ambiguous and paradoxical in the sense that it marries two terms that are often seen as opposite of each other. The ambiguous character of the concept and its resistance to specificity makes it difficult to use with theoretical precision. The concept is used in two broad ways by writers to refer to either the judgement of an outside observer who infers an unexpressed theory from the data of an analyst's clinical work, or to the unconscious mental activity of the analyst that determines her manner of working in the session.

The objective type of implicit theory remains useful for analysts such as those in the Working Parties described in this paper who study clinical material in order to learn and theorize about psychoanalytic process. We need methods for observing psychoanalytic work, our own and others, in order to derive hypotheses and generalities about how psychoanalysis can help patients. The concept of implicit theory supports the development of these methods by suggesting that we can find hidden theories embedded in analytic work if only we look for them.

The subjective type of implicit theory teaches us that every analyst's clinical work will have idiosyncratic features because of the plethora of "personal influencing factors" (Dreher, 2000), the unique combination of ingredients proper to each psychoanalytic dyad, and because of the nature of meaning-making itself as understood in some psychoanalytic schools. This essential originality in the work of every analyst means that her practice will resist theorizing and will remain to some degree unknowable in regard to its determinants and undecidable in regard to its truth statements.

The concept of implicit theory does not have a listing in the PEP Consolidated Glossary (Tuckett & Levinson, 2016) which serves as a comprehensive compendium of psychoanalytic concepts. Perhaps this paper sheds light upon that omission by demonstrating the perplexing qualities of the concept. Nevertheless, we could say that the concept is archetypally psychoanalytic because of its dialectical nature—it sustains within itself a generative contradiction that conveys something of the psychoanalytic task itself—to be able to say something to our patients, or bring them into speech about unsayable truths.

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**WE SING: MUSIC, ABSENCE,
AND MOURNING IN THE
ANALYTIC COUPLE**

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In the dark times

Will there also be singing?

Yes, there will also be singing.

About the dark times.

— *Bertolt Brecht*

Sam recalls scaling the walls of his crib and falling to the floor. He makes his way to the door, finds it locked, and bangs on it. He hollers for his mother for hours with no response. He eventually stops, falls silent, and goes dead. “Mother found my body” in the morning. His head was bloodied from the fall. “She yelled at me for getting out of the crib.” Alone with feelings of rage and worthlessness, Sam went selectively mute for eight years of his childhood.

Material from early treatment consisted of narratives of being abandoned by his parents at essential moments. Initially, I was saddened by the neglect and brutality. His stories were repeated, often word for word, without variation. As time went on, I experienced his stories as numbing. There were stretches in our hours where I couldn’t think and a deep fog would fill my mind.

I found myself making interpretations, and vocal affirmations of listening, yet it felt impossible to create substantial contact. My efforts at organizing his experiences and exploring the meaning were of little value to him. When I tried to gather my thoughts, I could barely hear my own voice, as if it were muffled through water. Sam

talked about ending his life and I felt the futility of words. I believed I needed to provide responses, to let him and myself know that I was still there. Yet, slowly, I became more and more mute.

In “The Meaning and Uses of Countertransference,” Racker (1957) suggests that an analyst’s countertransference identifications are either complementary with the patient as the subject or concordant with the patient’s projected object. Were my increasing silences and feelings of futility an enactment of his parental abandonment? Was I experiencing his feelings of deadness, dread, and resignation? I clung to these ideas to make meaning of what was happening. At the same time, I had a sense that such understanding was getting in the way of hearing deeper resonance. My bodily experience of being present with Sam was too threatening. I was fighting a sense of coming apart.

In one session, Sam started grunting at one of my attempts to say something. In the past I had tried to interpret what the grunts meant. But this time, without thinking, I grunted back. He grunted in response, and again I grunted back. It seemed a little crazy to me. Then things started to change. Our voicings intersected; tempos became fixed then fluctuated. We were making music. Together in a territory where words were lost to both of us, the exchange took on feelings — of surprise, frustration, and anger. Later, it turned playful, even comic. We grunted in varying beats, pitches, and tempos. He led, I followed. I slowed the tempo and he echoed. This series of back and forth grunts shot through the fog that had enveloped us.

Sam eventually moved towards using words, ending the session with a new emotional story about him and his sister riding bikes past their hometown limits, going beyond where they were “allowed to go” (permitted by parents), and eventually discovering a secret cave where they could rest before returning to the dangers at home.

Body, Music, Self

Approximately 15 weeks after conception, human beings begin to develop the ability to hear the “swishing, thumping cacophony of our mother’s body” (“Sounds of the World: NYT Special Edition,” 2018). This aural capacity happens before the senses of sight and smell are developed. When a baby is born, the mother talks to her baby. The sound of her voice is inherently a transformative phenomenon, taken in and incorporated as essential as food in creating the psyche-soma. Soon after birth, a critical period for acquiring language begins. Hearing the mother’s voice activates brain regions responsible for language learning. Baby talk, or what researchers call “infant-directed speech,” is characterized by a raising of pitch and lengthening of vowel sounds. In essence, it is singing. A mother can often comfort her infant with this soothing voice alone. Music starts with one, and echoes a time of a mother/infant unit. Simultaneously, sound also serves to synchronize the parts of the unit as it becomes two — a mother and an infant. The music of sound is the mother tongue from which one’s inner world grows.

One does not need to be able to read the notes on a page, identify a melody, or tap out a rhythm to be impacted by music. Music enters at a level before language. Sam, and patients like him, who have experienced traumatic rupture before the formation of self, cannot be reached solely by words. In these cases, language, and its pull toward the symbolic, has the danger of replacing growth with massive dissociation. A first and essential task of the mutual sounding exchange between Sam and myself was to become music. Only after we relinquished the realm of symbolic language, and returned to the communion of sound, could our work move forward. Music is experienced first within the body, and then eventually in the mind.

In “The Skin Ego” (1989), Didier Anzieu describes the early establishment of the Self ... “as a pre-individual psychical cavity possessing a rudimentary unity and identity as dependent upon tactile sensations ... and through the introjection of the universe of sound ... which he interiorizes to reinforce his (nascent) Self and the rudiments of his Ego, the bath of melody (the mother’s voice, her singing, the music she causes him to hear) have made the first sound mirror available to him.” (p. 169)

Anzieu suggests that processing sound is a constitutive experience and a primary task of early coming into being. This bodily territory is the matrix from which we emerge. In “The Meaning and Use of Metaphor in the Analytic Field,” Civitarese and Ferro (2013) describe a state of

"[...] anonymous, prereflective, and prepersonal intersensoriality/intercorporeality even before any actual self-reflective capacity exists.... [It] paves the way for the entry of the transcendental ego on to the world stage. ... [It is a phase where] ... subject and object are not distinguished from each other ... they mold each other in an incessant, fluid to-and-fro traffic of sensations regulated by the porosity of the flesh. Subject and object co-originate in a primordial medium to which both belong. Touching something is, at the same time, being touched." (p. 192)

This is the experience where music creates contact while it responds to contact, where it is embodying while it embodies, where it shapes and is shaped. Music serves an incorporative function that initially melts separateness while it leads towards distinctiveness. Bion, in *Attention and Interpretation* (1970), describes O, which:

"[...] stands for the absolute truth in and of any object; ... it can be known about, its presence can be recognized and felt, but it cannot be known. It is possible to be at one with it." (p. 30)

Bion's at-one-ment is the (process of) approaching and the (destination) state: "the experience of At-one-ment resembles possession and sensuous fulfilment" (Bion, 1970, p. 30).

I would add my description of "at-one-ment" as a return to the restorative state of unity with the maternal body. When the analyst falls in step with the patient's unconscious rhythms, the effect of at-one-ment can be experienced by both. Bion is suggesting that working without reference to the music of the patient is atonal — outside of a mode and without a home. Bion's use of at-one-ment

carries the sense of return, for making amends and repair (“atonement”). It is possibly the closest we can come to compensation and healing for a foundational loss.

While sound locates self and the finding of other, it paradoxically echoes the experience of the loss of self and generates a “language” for mourning. Sound is a language of primary process that shows up in many forms, including musical reveries linked to auditory experience. It can address the patient’s clinical material at a more foundational level, and thus deepens the action of the therapeutic process.

Sam - Call and Response

The following week, I found myself in a familiar state with Sam. I was trying to listen to him, having difficulty comprehending and hearing while my mind began to fog. His words were somehow a threat. I could sense a rift, a kind of remove, growing inside of me. I could not fully understand, only that a retreat was necessary for self-preservation. I felt lonely and the sense that I didn’t have it in me to remain in my body.

At that moment, Sam howled. I felt immediately near him. I described my state simply and expressed appreciation to him for “rescuing” me from my disembodied state. He was surprised and moved by my response. He knew I was gone, and he knew what that was like to be “gone.” He shared that he felt he had rarely reached anyone. Afterwards, I began to notice how much more freedom there was in

our sessions for both of us. We exchanged positions from rigidly defined roles of patient and analyst, to call and response. Outside of the consulting room, change also occurred. He joined a group and gradually began “making noise” in social situations, speaking up, being heard. He also joined a singing group, and used it regularly to sing songs that shed light on his inner life.

It would be possible to think of this exchange in many ways. Was I somehow picking up on the traumatized and dissociated parts of Sam’s Self? Through projection, was he communicating a felt-sense of his experience? Was my “being gone” a re-enactment of the experience of his parents? If these were useable formulations, then it follows that I could find words that would allow me to feed the experience back to him in a digestible form. But, I believe that these formulations about what to say to him would have been in a too distant register and would have likely delivered an interpretation in the wrong key. I knew from previous interactions that insight after many years of psychotherapy had not been mutative for him. These experiences needed to be sung.

Early on in life, one does not find oneself in an intellectual/cognitive way. One locates oneself proprioceptively in relation to lived contact with the other. The sound dimension of our grunting, his “howl” cutting through my breakdown like a foghorn in inclement weather, and my taking hold of his offering all provided ways of finding places together and eventually in between. When an analytic exchange works from this territory, it is neither located solely in the clinician’s own experience nor the patient’s, but occupies an additional register that is mutually created and inhabited. I am suggesting that both

clinician and patient need to return to a state of aural dependence before we can hope to have words that truly touch.

My challenges with Sam demanded a musical, spontaneous, and improvised response to his early trauma before words could prove useful for either of us. Once we had this shared musical experience between us, we could build from there.

Rachel - Beats as Shaping, Losing and Finding

This next clinical example explores the impact of sensory and auditory deprivation that distorted a patient's internal sense of self, and how eventually an experience of entrainment provided a map toward workable ground.

Rachel was polite, quiet, and reserved in my office. She let me know that when she was an infant her mother had suffered from depression. Rachel was attended to by her father, an anxious man chronically concerned with his wife's fragile state. Afraid that Rachel would wake the mother, her father would place her in a dark closet and close the door when she cried. In her culture, babies were suppose to be quiet. She couldn't recall how long she stayed in that dark place.

She began each session with a period of silence. She seemed to absorb the ambient sounds from the street — voices, traffic, and music from the dance school across the way. Only then did she speak, giving a description of the previous day — “It was horrible, horrible,

horrible, horrible, horrible, horrible....” Her language rarely had embellishment. Many of our sessions felt outside of time. We were in a black hole where light and sounds entered and were absorbed but never escaped. When I attempted to provide words, she sunk into a more deeply depressed mood.

In “Remembering, Repeating and Working Through,” Freud (1914) theorizes that, in some patients, the compulsive repetition of behaviors acts as an unconscious placeholder for a usable memory. Her repeating was not so much a recollection of previous events but a substitute for a memory that could not yet be made use of. I had the additional sense of it as an unsymbolized memory frozen in the psyche-soma that could only be expressed in repetitive, rhythmic form. Music, through timing and rhythm, gives form to sound. When repetition is musical, it is both constitutive and guiding. Repetition of a note, melody, or phrase can speak of beginning, returning, and ending of a composition. One can join the player in rhythm, then diverge safely with some sense of faith about how to return to home note.

At a loss, I began noticing the loud silence and the “horribles” she repeated at the beginning of each session: “The weekend was horrible, horrible, horrible, horrible, horrible, horrible, horrible, horrible” (Count: 8). “Yesterday (Wednesday — a smaller break as we meet Monday, Tuesday, Thursday, Friday) was horrible, horrible, horrible, horrible” (Count: 4).

These measures became units of sound, beats of a drum, or rings of bells indicating intensity of an emergency.

The silence framed the start of each session before she chanted this “horrible” refrain. It was spoken slowly, and the tempo was remarkably consistent. It also evoked an uncomfortable relationship with temporality. The repetition and duration conveyed to me the feeling of time stretching out endlessly.

I shared with Rachel my sense of “horrible” primarily by matching. I modulated my interpretations to be more attentive to beats per measure and tempo. When Rachel described a break as “horrible, horrible, horrible” — I said “The break was endless, we were together, but then we were lost, lost, lost.” She began to hear herself and me in the vocal mirroring. This provided a shared felt sense of her early bodily experience.

Winnicott (1971) describes an $x + y$ experience of liminal space, where the infant is both one with the mother and on the edge of her absence:

“The feeling of the mother's existence lasts x minutes. If the mother is away more than x minutes, then the imago fades, and along with this the baby's capacity to use the symbol of the union ceases. The baby is distressed, but this distress is soon mended because the mother returns in $x + y$ minutes. In $x + y$ minutes the baby has not become altered. But in $x + y + z$ minutes, the baby becomes traumatized. In $x + y + z$ minutes the mother's return does not mend the baby's altered state. Trauma implies that the baby has experienced a break in life's continuity [...]” (p. 97)

For Rachel, this was the abyss of shapeless silence — a zone of echoing memories of calls without response. Hearing the music of her

calls gave shape to time. On my side of the couch, I had a bodily sense of being lost, and prematurely trying to understand the meaning of her “horrible” only exacerbated that feeling. Finding words before finding the music invited a collapse into an overly cognitive and deadening state. What seemed most useful was the shaping and echolocation function of her communication. We were finding the crash zone — the covered over expanse of the disaster. In addition to being a call to action, there was a quality of induction her words had on us. I eventually put into words my experience of our moments together as a loud white noise — equal intensities of “Hurry Up! This is an emergency!” and “Too late, there is nothing alive here.”

The poet Robert Hass (year) writes in “Listening and Making” that

“Rhythmic repetition initiates a sense of order. The feeling of magic comes from the promise of a deep sympathetic power in things: heartbeat, sunrise, summer solstice. This can be hypnotically peaceful: it can be terrifying, to come near self abandonment and autonomy, to whatever in ourselves wants to stay there in that sound, rocking and weeping, comforted [...]”

“In the same way freedom from pattern offers us at first openness, a field of identity, room to move: and it contains the threat of chaos, rudderlessness, vacuity. Safety and magic on one side, freedom and movement on the other; their reverse faces are claustrophobia and obsession or agoraphobia and vertigo. They are the powers we move among, listening to a rhythm, as the soul in the bardo state moves among the heavens and the hells [...]”. (p. 116)

Haas captures the sonic quality of the liminal state that Rachel existed in, the black hole where neither living or dead could emerge. This patient's early experience of trauma had stopped time and rhythmicity, and destroyed her sense of being and timing in the world.

The previous example of Sam speaks of the impact of the early and persistent absence of umbilical sounds between Infant and caretaker. This last example of Rachel illustrates the presence of a disruptive experience that generated overwhelming waves of affect that the patient contended with by deadening any sense of herself, and other.

Liz - Sounds gets in and break us down — Music brings mourning

The yelling match between mother and father would erupt nightly. "I can't recall a meal that did not end in screams and tears." The fragile quiet was present only when family members were "stuffing food into our mouths" — reloading — "calm until the food was swallowed," then tension would rebuild and be shattered once again.

Liz's mother would threaten to leave the family and never come back. Her father and older brother would taunt her as she fled. Liz would retreat to the quiet of her room, numb out with TV and sugar cereal. Despite her threats, Liz's mother would come back, and remained in the marriage for over 25 years. "Sometimes it took a few minutes, sometimes hours, and occasionally days." Upon her return, she would find Liz in her room. She would collapse and Liz would comfort her.

The reversal of child taking care of parent had many problems. One had to do with Liz's young feelings. When her mother threatened to abandon the family, she took her at her word. "At first I believed I'd never see her again, then I stopped believing in her." Often she felt overwhelmed from the "inside out" feeling powerless to stop the cycle, and uncomfortable with her mother's merging dependence on her. "I felt like I got swallowed up and died inside." When her mother returned, though she felt relief, Liz also identified with her father's and brothers' contempt. They did not hear the mother's threats as pain, only the ravings of a madwoman. These sentiments may have harmonized with Liz's own feelings of rage, but didn't fit with her feelings of longing and sadness at the loss of her mother. What was also notable was that Liz reported this scene repeatedly, and always with a flattened factual tone, as if it were simply the statement of facts.

Liz came to my office with a trail of problematic relationships with women. She dated two at a time, always keeping one in reserve should the current front runner lose interest for her. She liked the pursuit and the activity required to get a girlfriend. She felt enlivened by the tension of the chase, while having a companion and being in relationship were another matter. Calm and closeness brought a different kind of tension at a lower frequency. As soon as the courtship would settle, she would inevitably begin to speak about her partner as interchangeable bodies, with a set of parts (hair, breasts, ass) that she initially liked, compared and eventually found fault with. In music, a "coda" is a passage that brings a piece to its end. For Liz, critical comments about her partner's body parts, and irritations with

not having her “ear” for a moment (which meant being interrupted when she was talking) were the notes that signaled the end of each relationship. What seemed consistently silent were feelings of loss, sadness, or vulnerability.

Liz lived out her anxieties in relation to our analytic work in a myriad of ways. She had started taking Prozac a few years before starting our work together. In the first year of increasing session frequency to four times per week, she reported feeling better, though she was unsure if it were the Prozac or our work. When we discussed the possibility of discontinuing the Prozac, she agreed to try it. She tapered down and stopped taking the medication. At the same time, without telling me, she started to use a light visor to address what she now believed she suffered from — Seasonal Affective Disorder. Additionally, and without consulting me, she began to see an EMDR therapist on the day we did not meet. When this eventually came out, I spoke with her about these actions, interpreting that depending on me felt too dangerous, that seeing another therapist on a fifth day could be a way of letting us know she wanted and needed more, but did not want to put “all her eggs in one basket.” She rebutted these ideas. They were annoying to her. Liz complained that I was harping on “need” and “depending on.” My comments were like flies buzzing around her head. They needed to be swatted down. She told me she was trying to decide whether or not to end our intensive treatment and keep the one-day-per-week session with the EMDR therapist, or get rid of her. Liz planned to make the decision over a weekend, when, by definition, I would be absent for her.

These comments and explorations of mine may or may not have been accurate, but they did nothing to generate contact or safety. These interpretations were too cognitive, too cohered, and issued in the wrong key (Markman, 2006). Liz became more guarded and argumentative.

Liz started a Monday session much as she had in the past. First, she gave me the traffic report about road conditions while en route to our appointment. She described leaning on her horn in the intersection near my office. This repetitive sound cue was like a starting gun to a race where I already knew the finish. She gave me a statement of facts of the weekend that I was not supposed to interrupt. I felt straitjacketed. I imagined hearing the sound of her horn outside my office as it interrupted my previous session. I associated to a report about the Israeli army experimenting with “The Scream,” a non-lethal sound cannon used to counter the regular Palestinian demonstrations and riots faced on their long-contested borders. It produces dizziness, nausea, anxiety, and fear — the feelings of breakdown from within. I recalled my own memory of a year abroad in Israel, a Sabbath horn sounding over Jerusalem. As the city fell into quiet, a fellow student trying to get home was stabbed by an assailant disguised as an orthodox Jew while waiting at a bus stop.

The sound reverie also brought a visual reverie: Edvard Munch’s *The Scream* — the iconic Expressionist painting capturing waves of traumatic anxiety and overwhelm. Standing alone on a bridge, a genderless figure screams into the night, ears shielded from its own piercing sound, with two nebulous figures in the background.

This series of reveries was registering the unformed, unconscious struggles of my patient and myself. Somewhere in the mix were my anxieties about feeling hopeless and impotent as Liz's analyst in our battles over her psychic territories — the life and death nature of her inner world, the danger that a disguised member of her tribe or family could perpetrate an assault. Questions of identity and gender, shame and humiliation were always on the border, requiring her vigilant attendance lest she be penetrated.

Going off her usual script, Liz shared an early adolescent memory of sneaking into her parents' bedroom after school. She went through her mother's dresser, found and put on a pair of her mother's underwear and bra. She then stuffed the underwear and bra with socks. (Breast and phallus together) Her Father returned home early that day and discovered Liz looking at herself in the mirror. He stood there in silence as Liz removed her garments and put them back in her mother's dresser. This was a previously unshared memory, told with a vulnerable caution that I had not heard before. We talked about how piercing her father's silence was and the amount of shame, and humiliation she felt.

The next day, Liz spoke about taking her daughter to a concert. She began to sing a few lines from the song, "I will follow you into the dark." As she reached the line "fear is the heart of love, so I never went back," we were both stunned at her freedom and vulnerability in singing. Eyes filling with tears, she expressed how alone she felt as a child when her mother abruptly left home in the wake of the dinnertime screaming matches. She talked about how terrible it was feeling "like a girl... that might become a hysterical woman," longing

for her mother when she was gone, and how she had “to be a boy” or risk attack from her father and brother. She realized that as her daughter grew older, she would be leaving Liz home alone again in a silent house.

For Liz, the threat of possible emotional incursions was life-threatening, constant, and chronic. When alone, she briefly felt omnipotent and self-sufficient. But the sense of separateness presented another problem — feelings of being cut off and locked away in silence. To feel connection was to invite claustrophobia. As a significant other drew near, her anxieties increased. She could be seen and heard briefly, but feeling close quickly generated feelings of humiliating and shameful dependency. Within the music, the armature of her shame and vulnerability could be bypassed without triggering catastrophic agonies.

Songs serve many purposes. Here, music facilitated a mourning that tolerated being seen and heard by an other. Liz’s song and music were giving form to previously unrepresented experiences of grief. The patterns, sonic textures, and symbolic nature of the call of her singing, dream/memory/ association, and my reverie/musical counter response created a cohering reciprocity where unformed grief could take shape and allow psychic movement to occur. Her experiences of loss and identity-confusion could reverberate at a level that could be shared, felt, and integrated. Her grief finally could be witnessed, providing a sense of atonement and at-one-ment with the other, being in unison without being interrupted or distorted — contact without invasion — oneness without engulfment.

Ending Thoughts

Psychoanalytic ideas have freed us from the idea that the mind resides solely in the brain. Similarly, I have come to believe there is a territory of aural dependence that relates to hearing located beyond the ear. I conceive of it as an essential auditory exchange between mother and infant, a mutual sounding, shaping, searching, and locating that builds resonant space throughout the body of the mother/infant unit. Music is inherently a primal and regressive experience. It is only after sounds become music as pattern, shape, and form that it becomes usable in the work.

I'm suggesting that there is a certain way we need to be with patients that requires the analyst to dwell and work in this auditory zone until the internal coheres. In research conducted by Beebe et al. (1988), data demonstrates the constitutive importance of a caregiver's attunement to the infant at early stages. Vocal congruence, timing, and rhythmic exchange in this dyad predict quality of attachment capacities. Interestingly, poor timing, and out-of-sync exchange, as well as rigid, "too good" responsiveness generate their own difficulties. Auditory contact and interpersonal timing that is responsive, yet with enough room and variation for novelty and play, create fertile ground for relational attachment, resilience, and growth. This research suggests the importance of attending closely to these sonic registers.

In the treatments presented, each patient entered the work attempting to contend with profound losses. The analyst has his own work to do

around loss, his own task of mourning. If the treatment is going to prove useful, the analyst must fail the patient, “blunder,” as Ferenczi might describe it, and enter the silent abyss of ongoing rupture. The analyst’s “understanding” of the patient must fail, and the analyst must surf the shockwaves that follow. There are periods when analyst and patient must be out-of-sync, offbeat, and out of tune. These failures often show up in an inchoate fashion, sometimes as musical reverie, as responsive and improvised “actions,” and misguided thoughts. When the analyst gives up his own moorings, he has the chance to discover the real partner and territory in the process.

The creation of music and sounding together is mutually interpretive and generative. It invites spontaneity, affect, and freedom. It is cohering without being restrictive. Sometimes the music is playful, sometimes deafening, and sometimes deadening. With patients who experience early loss or absence where words are rendered inadequate, music is the vehicle to return the self to a bodily language. As the analytic couple tunes into and works in this register, the hearing of the patient’s unconscious experience can transform noise into sound, words into lyrics, and listening into song.

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**COUNTERTRANSFERENCE: A
TOOL TO “TRANSLATE” THE
IMPRINTS OF THE
INFANTILE**

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“But how can I be sure, when your intrusion is my illusion? How can I be sure if you change my mind all the time? I asked for more and more, how can I be sure? When you don’t give me love (you give me pale shelter), you don’t give me love (you give me cold hands), and I can’t operate on this failure, when all I want to be is completely in command...” Tears For Fears, Pale Shelter (Brainsky and Padilla. P.207)

To choose a fictitious name for the patient referenced throughout the present elaboration represented for me a complicated task which demanded much labour. Dalila is a hebrew name which finds its roots in the word: “D’lilah” (Wish/Desire), and which means: “of delicate skin” and “the one who holds the key”; a situation which, in many ways, expresses my being with regards to the patient.

For Freud, countertransference implied a form of “resistance” projected by the psychoanalyst onto his patient due to his own unconscious conflicts. Countertransference could emerge due to the analyst’s inability to approach the problems, and behaviours which the patient communicates (Sandler, J. 1973). Great progression was made with regards to psychoanalytic matter at the moment countertransference started being viewed as an important phenomenon in the analyst’s quest to reveal the hidden meaning within the material expressed by the patient. Heimann, P. (1950) contends that countertransference lies within every feeling which the analyst experiences towards the patient. The analyst must then “preserve”, rather than dispose of, the feelings which arouse him in order to subordinate them to the analytic task. Heimann affirms that: “(...) the analyst’s emotional response to the patient within the

analytic situation represents one of the most important tools for his task. The analyst's countertransference is an instrument of investigation directed towards the patient's unconscious." (Heimann, P. 1950, p. 130). The analyst must use his emotions and thoughts as a key which opens up the patient's unconscious. Through this, I am once again led toward the patient's fictitious name and one of its meanings: Dalila: "The one who holds the key".

As a reason for the analysis, the patient refers having overwhelming feelings in the face of a recent cancer relapse diagnosis. It must be mentioned that, as a result of my previous experience in therapeutic accompaniment of patients with terminal illness, I know what a cancer relapse signifies. To begin with, I know that the disease comes back with greater strength and as such, with a much more aggressive symptomatology. From here on, my distress and unrest about the situation began to emerge: How severe would it be? Am I the right person to help her during such a painful situation? What if she dies during the treatment? It was the mere consideration of this last thought that made me tremble. Dalila arrived punctually to her first interview; she came very well put together and with makeup on. The first thing that comes to my attention is a colourful turban which enframes her enormous and beautiful dark eyes, and which hides the evident hair loss. During our first sessions, she explains to me the complicated and painful path the disease has made her follow. The first symptom manifested itself in the form of a discomfort in one of her breasts. The diagnosis was: breast cancer. The treatment began with a mastectomy and chemotherapy. At the end of this procedure, approximately one year after the diagnosis and "apparently" now free

from the cancerous tumour, the patient undergoes a reconstructive surgery. This surgery then entailed many more interventions due to strong complications following an implant “rejection”. Shortly after, a new wound is observed, this time it is on the other breast. The diagnosis for this is devastating: breast cancer with lymph nodes metastasis. This precipitates overwhelming feelings of fear, anguish and desperation. Conjoined with this, she adds that something else that led her to seek psychotherapeutic treatment was a feeling of sadness and emptiness which has been flooding her ever since the relationship with her partner ended. There is something here that calls my attention; the relationship comes to an end a few months before the last diagnosis. Could this loss be associated with the manifestations of the disease? The first thing that comes to my mind is the thought of an unresolved grieving process, an absence of speech and of its respective affects which prevent the elaboration of grief when facing a loss. For McDougall (1989), an unresolved grieving process can be related to some serious psychosomatic manifestations that can even push one toward his death. Is it this last loss that refers her to a previous state of pain which she cannot deal with? When an individual depends upon another for his internal sense of coherence, separation and death become psychically identical. In this way, the end of an amorous relationship could revive the feeling of void. The individual does not only lose the hope that resided within the amorous, but rather he also loses his very being through the sensation that he may never recover it. I ask myself: “What is it that she is reliving?” “What did she lose or who did she lose?” “Could this loss be associated with her disease?” I reflect on the feeling of ‘void’ to

which she refers to as she mentions the rupture of the relationship with her partner.

Dalila lives with her parents who, according to her, hold onto a destructive relationship; they are together, but they “hate and ignore each other”. Her father is an addict and her mother lives immersed in a state of depression for as long as Dalila can remember. She describes her as a “ghost without any skin” that roams around the house lamenting herself. It is now that things begin to make more sense to me: “It is not a matter of the psychic consequences of a real death of the mother, but rather of an imago in the psyche of the child constituted by a maternal depression, which transformed the living object into a distant figure (.....) The dead mother is therefore, contrary to what may seem, a living mother who, to use a figure of speech, is psychically dead in the eyes of the child of which she takes care of” (Green, A. 1986, p. 167) Could it be that traumatic mark left by and through the infantile experiences of hopelessness and abandonment manifests itself through her body? Despite the aforementioned, she says that she has had a “relatively” happy childhood, but that ever since she was little she has always been of delicate health, she ate little and had many digestive problems. Constant sickness hindered her development and at times impeded her playtime. McDougall, (1989) claims that psychosomatic symptoms are a recourse which the individual finds, from a very early age, to endure psychic suffering; these are infantile attempts at self-healing and are used as solutions for a mental pain which appears as intolerable. In the infant, it is the body which “speaks” and as such it is through it that the infant reveals his position in the world. The

following concern emerges in me: could it be that her constant state of sickness during childhood and her breast cancer are related to the mother-daughter relationship and the early loss? I think of the relation and similarity between the words *mama-mamá* in Spanish language⁸. To my mind, both are losses which can be so devastating that they become irrepresentable and unwordable. “The psychosomatic symptom takes recourse to the symbolic function of the organ toward which it turns. The choice of this or that organ is determined by the mechanisms which govern the functioning of the unconscious world (...) in such a way that one or more drives are condensed or displaced within the body. The symptom thus chooses a bodily organ as an expression (...)” (Pedreira y Menéndez. Pág. 90). Dalila could be imprinting onto her body, that which she cannot represent, something beyond the loss of a breast (*mama*), the “presence-absence” which the mother figure signifies (*mamá*). The breast cancer and the breast itself become the focus of attention for her. In this way one could say that: “The psychosomatic disease hides behind itself: 1) A failed relationship with the primary objects and 2) A demand for a different kind of relationship. For this, the suffering individual surrenders his body to being the only means of expression, since he no longer has any other alternatives.” (Brainsky and Padilla, p. 247)

Another thing that caught my attention during our first meetings was that Dalila narrated her life as “if nothing was happening”; she spoke to me of her job, travels, and outings with her friends. She was “proud” of all she had done despite her disease. But listening to her

⁸ *In Spanish, breast cancer is translated as “cancer de mama” which draws a parallel to the Spanish word for mother: “mamá”.*

narrative, it seemed that she was talking about an external tragedy; it seemed that she was not the one afflicted by the disease. However, there was something that was not consistent with her narrative, her enormous and beautiful dark eyes seemed full of sorrow, burnt-out, and empty. McDougall (1989), emphasizes that in the psychosomatic states the body reacts to a psychological threat in such a way so as to maintain the structure which is in danger, and at risk of being dismantled. A sharp split is thus produced between psyche and soma, and it is the latter which receives the full blow of the feared situation. Due to this strong splitting, people cannot perceive the emotions which emerge from the distressing situations. This author believes that in the psychosomatic states affect is “frozen”, and verbal representation “pulverized”. It became clearer to me that the affect related to the disruptive situation was in a “frozen” state, for there was no affective contact in the words she expressed. They seemed “insubstantial” and “empty”. Smadja (2011), referencing Pierre Marty, holds that the psychosomatic disease is characterized by an insufficient mentalization which holds psychic expression of conflict and desire back. The symbolic thought, in some way, could not be established or was lost due to a trauma which has been disrupting the mental apparatus since a very early age. In facing the excess stimuli and the long-lived repetition of the traumatic experiences, the offloading mechanisms appear as insufficient, giving way to a ground from which a serious disease could emerge.

The therapeutic process continued, but every session filled me with a feeling of anguish. Like her, at times I also felt unable to put into words that which came up during our meetings. To be more explicit, I

will present fragments of some sessions that give account of the phenomena that occurred during the course of the treatment. It is important to mention that, at times, what the analyst hears is impregnated with the sensing of different phenomena which could be interpreted as attempts to communicate certain primitive and infantile aspects of the patient. I decided to name the different sessions according to countertransferential reactions in order to understand the patient's internal world. The sessions will be spoken about in chronological order:

1. Depression (“The breakdown”): “The psychosomatic patient makes the body speak and this inscription on it is in order to elude the intolerable mental suffering”. (McDougall, 1989).

It is in this way that the language of the symptom expresses that which has not been said. Several months after beginning the treatment, Dalila comes with multiple troubles and with a stomach ache.

p- I have insomnia, I don't feel well, my stomach hurts, I don't even know what I could have, nor where it hurts. I am annoyed, irritable towards everybody. I feel exhausted, but despite being tired I still want to do a thousand things; I can't stop... (I think of the manic defenses and the necessity to flee from the pain. Her insomnia: “Sleeping” has become parallel to stopping, to dying. She fears death. I myself fear for her death. I see her worn out and I feel tired.)

a- Perhaps you make yourself busy in order to avoid any contact with what you feel.

p- I am very scared to recognize myself as diseased. I think I feel sad, but I don't want to feel it. If I feel it, I become sick...

a- Maybe it could be the other way around, being unable to put that which you feel into words makes you sick. Your body reveals that which you cannot express...

p- (crying) I am very sad (...) I think I have been this sad, even before the disease. I am fed up with seeing my mother depressed all the time, she is like a ghost, she complains, I carry her weight on my back, I am not willing to carry her any longer... Do you know what I mean? When she is angry at me, she gives me "the silent treatment"⁹. (An image comes to my mind, that of siamese twins joined through their stomach (the pain which she spoke of at the beginning of the session). If siamese twins share vital organs one must "sacrifice" himself or die, in order to let the other live).

p- When I got back I told her: "mommy, I love you...", she turned a cold-eyed stare toward me and said: "good, I also love myself...". This is the reply she has given me since I was a child. She used to say it as a joke, but today I realized how painful it has been, my soul aches. (At this moment, in the middle of a very long silence, I begin to recite some fragments of a very popular mexican song in my mind:

⁹ This is a colloquial expression which refers to being completely ignored by a person. Not being heard, not being seen and not being spoken to by the other.

“**La Llorona**¹⁰”: “Ay de mi, llorona, llorona de un campo santo (...)
El que no sabe de amores, llorona, no sabe lo que es martirio (...)
Tapame con tu rebozo, Llorona, porque me muero de frio (...) Si
porque te quiero, quieres, llorona, quieres que te quiera más, si ya te
he dado la vida ¿Que más quieres? Quieres más!” (This fragment of
the song expresses the grief felt by those who loved and lost. It is a
“love-pain” story)... ” I shudder as I begin to feel a profound sadness
and a sense of emptiness within my body. What more does this
“llorona” mother want if there is nothing more to give? Nothing more
but life...)

a- how difficult it becomes to speak when there is nowhere to unload
what you feel. Let’s talk about your sadness...

When parents have important narcissistic disorders and can only care
for themselves, they “need” the baby in order to compensate for their
narcissistic deficiencies. According to Brainsky and Padilla (2016),
the infant (from the latin word *infantis*: “the one who does not speak”)
is “forced” to satisfy the parents’ demands in order to avoid
abandonment, in order to prevent the disillusion; if the feeling is that
one is not capable of giving rise to life, how can one feel alive? If
there is no room to aspire, then life is put at risk, for there will only be
room for survival if one pleases the other. As such, relationships thus
turn out to be similar to being with “dead” objects which one cannot
satisfy. These same authors make reference to the “devitalized object”

¹⁰ “**La Llorona**. Is a popular Mexican song, originated in the istmo de Tehuantepec region in Oaxaca, México. There is no unique version; around its harmony, many authors have created or derived lines which turn it into a love-pain story which represents traditional mexican music.

and emphasize that the mother's state of mind during pregnancy and during the first few years is essential for the transmission of the feeling of vitality (**aliveness**) to the child. For the symbiotic mother the vitality of her child is dangerous because she considers it as synonymous to separation and death. The way in which one exists as a different other is through the body; feeling that it is this body which hurts, one which is distinct to the mother's. In the end, it is pain which accomplishes a function of self-perception. (I remember her stomach ache and the image that came to my mind during that session: the siamese twins). On the other hand, the maternal depression (**deadness**: "la llorona") is transmitted to the child, making him live his body as a place for sorrow, pain and death.

2. Mausoleum ("Her body, her house"): "That is perhaps what we seek throughout life, that and nothing more, the greatest possible sorrow so as to become fully ourselves before dying" Céline. *Viaje al fin de la noche* 11

P- I don't feel anything in my body today, I just feel very tired... They called me from work, they are asking me to go visit them, but I don't have the strength for that, my place is there. They await. I don't want to go... It's nice, but cold. There are some white marble walls, it's spacious, but I don't like ample spaces, they scare me... (As she described the space, the image of a mausoleum came up in my mind; lugubrious, cold and filled with death. I thought of death: "She

¹¹ Kristeva, J. (1991). *Sol negro. Depresión y Melancolía*

doesn't want to go". I begin to feel sad: "I don't want her to die!" I think: "I don't want to die!" I begin to worry about my body, about my health, and I begin to tremble. I am surprised by these thoughts and bodily sensations. In the middle of this silence, I examined my bodily sensations and my thoughts in an attempt to understand whatever she could be transmitting to me. I was trying to "translate" and put into words what we were both feeling: The fear of death.)

The image of this "mausoleum" was for me a way of representing her own body; she does not feel that it is a dwelling which nurtures life, but rather one which conveys death (Deadness). She feels tired, her body is fatigued, but at times it seems that death is the only option to silence the suffering.

With respect to the intensity of my countertransference, Brainsky and Padilla (2016) talk about the concept of a "psychosomatic countertransference" or "countertransference psychosomatosis" which is characterized by:

1. A lack of hope or concern for the life of the patient. This is due to the shortage of symbols and words that allow the patient to think.
2. A tendency to turn one's attention toward the sometimes unattended soma (due to the danger of death), the intolerable psychic pain.
3. An analyst's concern over his own health and his own death accompanied by various sensations felt by the body.

3. Envy and pain: “Little by little, I have learnt to use pain as a compass. When the patient went silent, but still manifested pain, I was sure that she had not said it all, I urged her to continue speaking until the pain vanished. Only then would a new memory be awakened” (Freud, S. Case Histories, F.E. Von E., Pg. 116).

p- My feet hurt as soon as they touch the floor, getting out of bed is painful. Damned chemotherapies! I had never felt this way! I had not felt the pain in my body, I had not felt this way until now!... (At this moment and as an unconscious move, I cross my leg) That! Doing that hurts! (I feel guilt)

a- how painful it is for you to feel yourself and your body.

p- I don't want to feel it! (Silence) (she cries) everything hurts. I had to stop seeing my friends, I can no longer see them, they all keep on going with their lives as if nothing was going on. I feel very tired...

a- How **enraging** it must feel to know that you have had to stop your life while everyone else keeps on going “as if nothing was going on”

p- It's not fair! (silence) I have to let you know that I have to stop the therapeutic process, I don't feel well and now that I will begin once again with the chemotherapies, I will not have the time, nor the strength. I'll contact you later to continue.

a- Don't you think that perhaps this would be the time when you most need a space to talk about all this you are feeling?

p- It may be, but at this moment I can't anymore, I feel very tired... coming back to the treatment weakens me and now I am having a hard time getting out of bed.

a- If you need anything you can call me... I'll be here for whenever you feel like you can come back.

(I begin to realize how **envious** she feels. However, I am frightened to point this out, thus why I said "**enraging**". I could not speak about it, I felt fear due the massive charge withheld by what she was transferring onto me, the envy, the hatred, the desire to destroy me in an attempt to get rid of the pain of perceiving me as her mother, as that cold object which does not pay attention to her and whose life keeps on going without feeling her pain. I am healthy, I have kept on working and I have lived on "as if nothing was going on". I can walk, I can cross my legs. I notice her fragility, I myself feel fragile, I don't want to hurt her. I now think of the other meaning of the name I chose for her: Dalila: "of delicate skin". That is how I perceive her, as if any contact could hurt her already "delicate" skin.

Dalila was trying to communicate with me in the same way in which she has communicated with her objects, imprinting onto the canvas of her body all of her childhood psychic suffering. In the end it seems, as Viñar (2009) points out, that it is the structure of the infantile stage which organizes the childhood tales. It is in the encounter between both where her story is reconstructed; it "embodies" the transference and the countertransference, giving place to the relationship and to the intersubjective form of communication between patient and analyst.

With respect to the transference, Brainsky and Padilla (2016), emphasize that the transference's psychosomatosis is characterized by the presence of the following elements:

1. A great dependence shown by the patient, due to the absence of elements which allow her to think. The patient seeks a thinker and an object which provides the experience of "support and containment".
2. Due to the intolerable psychic pain, the patient focuses his attention on the soma and intends to direct the analyst's toward it as well.
3. Predominance of feelings of death, which are a consequence of having experienced primitive forms of anguish, an unspeakable terror.

4. Interruption of the analysis, and her return: "It is the embracing words and the silent containment of the analyst that create new skin pores which enfold the analysand, healing his psychic wounds." (Brainsky and Padilla. 2016. P.228).

Why would she decide to leave? We must not fall into "psychologizations" (Zuckerfeld, R. 1999, Pp. 281-296)¹². There is a concrete reality, she is sick, she is weakened. In the face of a medical prescription to continue with the treatment, it is a fact that she has neither time nor strength; however, she leaves, "interrupting" any relationship and any emotional ties she holds with me; she fears reliving, now through the transference, that relationship she held with her childhood objects. She fears that I may become that "ghost

¹²Maladesky, A., López, M. Y López Z. (compiladores). (2005). *Psicosomática. Aportes Teórico-Clínicos en el siglo XXI. Cap. 16. Psicosomática: Vulnerabilidad y Resiliencia.*

without any skin”. Relationships are painful for her, she is hurt by the emotional ties made, she fears that this space may be like being in a “mausoleum with cold walls”. After her departure, I felt guilty: “What was I missing? Maybe I should have helped her metabolize the content of her unspeakable fears, put into words that which she could not think of. Frequently, I thought about those silent periods in which my thoughts and feelings worked only as a “sounding board” to that which, in my understanding, was what the patient was trying to transmit. That which was being recreated through our very relationship.

Our separation made me think of her constantly. After reflecting on the situation and analyzing it, I made the decision to send her a message a couple of months after. Not without first questioning this decision: “Could this situation simply be an instance of enactment¹³?” Rather than this, I think it was more a way to reveal myself as a living presence within her world, a presence which contrasted with the “dead” figures at the end of her relationships. It was a way of letting her know that: “I see you, and I validate your pain”. Are we not supposed to reveal to the patient that it is possible to establish a different type of relationship to that which she has previously experienced? If I am being honest, I am not too sure if what I did was adequate, but what I can express with certainty is that this resulted in her making the decision to return to the treatment for a while. Several months after having concluded the first part of her medical treatment

¹³ “A phenomenon which is impossible to elude during the analysis; when the analyst is affectively related to the patient. If this relation is not present, there is no true analysis. The enactment is present in every human interaction”. (Chused, cited by Moreno, E.) (S.F.)

she once again decided to pause and interrupt her therapeutic process with me. She told me that she needed a long vacation. She bid farewell not without first thanking me for my “presence” and “promising” to come back some day. Today I think of her with a certain feeling of nostalgia, it is a fact that saying goodbye was not easy, but deep down, I still preserve the hope that she has beat her disease and that she has “triumphed” over death. It may be that my “wish/desire” (D’lilah) is that this process has helped her to a certain extent to not imprint upon her body that which she has been unable to represent.

Further Reflections regarding the case study:

Dalila’s process gives me room to reflect on the relevance of the “infantile” stage which manifests throughout the analytic process. It is essential to allow those infantile aspects to emerge within the linkage in order for the possibility of a new becoming to exist. Let us remember that the childhood instances persist and leave traces on the adult life, traces which are inscribed on the body as well as in the psyche throughout one’s whole life. Through the “living core of the infantile” (Guignard¹⁴), something dynamic is established, a past which is not yet dead, but which remains “alive” and which lingers in the present. Being in touch with the infantile has a great impact on the

¹⁴ Cited by: Ungar, V. (2020) *Ateneo on line: Lo infantil en psicoanálisis: ideas en juego... En tiempos de pandemia, aislamiento y estado de emergencia*, ApdeBA.

analyst and it allows him a certain relational connection to the patient's most primitive manifestations. The analyst deals with the "unconscious child" within the patient; and the patient perceives the analyst as a parent figure; this relationship that is established in the analytical dyad gives rise to intense feelings within both; it is for this reason that it is hard for the analyst not to respond, to a certain extent, to the infantile fears of the patient. (Ungar, V, 2020).

It is important to take note of those moments and circumstances in which the transference and countertransference phenomena seem to be "activated. For there is little doubt that these do not only refer to one or the other, but rather they manifest the analyst-analysand relation (Bernardi, 2009). This case study revealed the phenomenon of countertransference as a "key" which opened some "doors" to her unconscious processes. The intersubjective representations which emerged from the countertransference experience, opened, to a great extent, an "access" toward the understanding of the "unthinkable" aspects of the patient's psychic reality. It was through the long silences, the daydreaming, the emotions, the sensorial experiences, through the interplay between my subjective experience as the analyst, the analysand's subjective experience, and the experience generated between the analytic pair: The experience of the analytic third (Ogden, T. 2014), that we may have achieved a form of communication which is beyond words.

It is a fact that Dalila feared death, and any belief that I did not share that same fear would be one which has been taken hold by a feeling of omnipotence. When a patient is approaching death, it is undeniable that we too confront our very finitude, vulnerability and fragility. We

confront the ephemeral essence of our own lives. It is in this way that, although it is important to maintain certain necessary limits upon the understanding of countertransference as a tool for our practice, in the cases where the primitive forms of anguish prevail, we are not exempt from feeling overwhelmed by our own infantile aspects, from finding the “child within the psychoanalyst” (Guignard, F. 2004). It is relevant to attempt to understand the “encrypted” message before asserting and interpreting: “With greater countertransference, smaller interventions...”(Ungar, 2020). It is the analyst’s duty to rethink the material, to try to recognize and understand the symbolic message for himself. In this way there can be an opening to self-reflection which gives rise to an analysis of the intersubjectively generated experience and as such, making use of the transference-countertransference tool in favour of the treatment. That is how Dalila’s process was, as, for a short time, she allowed me to walk by her side, holding her hand whenever she felt disheartened. This experience will forever remain in my memory. She taught me to understand the messages which I received through my countertransference, as well as the experience which arose from the relationship between the two. It must be mentioned as well that, without her knowing, she also helped me analyze the traces left by my infantile footprints in my own psychoanalytic setting, pushing me to try to put words onto those nameless forms of anguish.

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**TRANSFERENCE AS AN
EVENT: MARKS OF THE
PRIMARY INFANTILE LOVE**

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Abstract¹⁶

At the clinic, the question the patient makes to the analyst comes up over and over during the process. The question is neither verbally articulated nor consciously, but it becomes evident by the speech, by the unconscious formations and by the transference. This way we find ourselves many times with the transference unfolded that emerges suddenly and massively. In order to think about the patient's conflict, it is necessary that both, the desire and the prohibition unfolds on the same plane, that is to say, on the conscious plane: the transference. This is where the libidinal marks of early moments haven't been able to access the symbolic register. It is during the meeting of two transferences (the patient's and the analyst's) when the event happens, it is surprising, leaves a mark, causes suffering and affects the body. If the analyst allows himself to be taken by those events which are repeated and updated as a helping request, then there is a possibility to think together and be able to name those childhood fragments of primary infantile love where those narcissistic wounds took place. This work presents a clinical case which main objective is to understand these transferential phenomena.

¹⁶ Due to privacy limitations, the author preferred not to publish the full text

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Winner 1st prize OCAL-IPSO Congress
2020.

**THE BOUNDARIES OF THE
CLINIC IN THE PRACTICE OF
ONLINE PSYCHOANALYSIS.
BEYOND DISTANCES, THE
POSSIBLE AND THE
IMPOSSIBLE?**

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We will meet again, where the breeze is breeze, where singing is singing and words are written on paper. Where the glances cross, and the hugs meet, without the distances of a goodbye...

I. Introduction

To begin my presentation, I must mention that at the time when I originally considered writing this work, at the beginning of 2020, I did not imagine the validity and massification so abrupt and necessary that the exercise of online psychoanalysis could reach, in our context. Suddenly and transcending the borders of the imaginable, last March we were surprised by a pandemic, which, although it has been handled in different ways in our countries, has had the common factor of physical distancing and with it the urgent reinvention and readaptation of the everyday, including human forms of communication, from the most private to the institutional; from the familiar to the corporate.

This is how in few weeks, we suddenly began to have remote analysis and supervision, seminars on virtual platforms, teleworking, scientific meetings of psychoanalytic organizations by video calls and an endless number of unexpected movements that have been thought out on the fly, in order to be able to sustain a continuity that would allow us to continue working, "finding and thinking," despite the non-presence. This situation has directly touched the psychoanalytic world and has forced to confront restrictions and resistances both personal

and institutional, at a speed that would not have been imagined even in the most optimistic of dreams of an avant-garde psychoanalyst of these times.

We have witnessed the fall of walls and prejudices: at the private level, analyst and patient have had to begin to meet in a new modality, different from the office, and have had to quickly couple to a space on which they could have some reservations more or less marked, depending on each case, and that even some would have preferred not to choose; however, this way of working has emerged as an alternative to continue treatments that otherwise would have had to be suspended for several months, without knowing when they could be resumed. At the institutional level, travel requirements for condensed analysis, as well as the obligation of supervisions and face-to-face seminars that some institutes firmly supported, as a result of instructions from the IPA, disappear immediately, when before such a possibility was denied even in cases of justified need. The same fact of the format of the FEPAL Congress that was also forced to change to a virtual modality; gone are the trips, hotel expenses, food and tourism that we allowed ourselves to meet again in an event with the warmth and proximity of the meeting between colleagues. New forms of relationship and communication, perhaps different, but no less valid than the face-to-face.

This context leads us to consider a novel psychoanalysis, but not without criteria and a framework with its own characteristics, but always necessary to enable its operation, and leads us to think almost obligatorily about something that was already being implemented: the

psychoanalytic practice at distance and in line, with its variants, possibilities, limitations and particularities.

II. Thinking the clinic: Field and borders

The notion of a two-man dynamic field introduced by Willy and Madelaine Baranger in the early 1960s, in the midst of a rioplatense psychoanalysis of notorious Kleinian influence, would mark a novel milestone in the theorization of the time and take into account both the phenomena observed by them in their previous work with groups , as the productions of previous years on countertransference. The approach would be that of a context of its own, given by the same analytical situation, which would involve analyst and analyzed in a relationship of two linked and complementary people, who cannot conceive of each other without the other, as well as the encounter around a shared unconscious fantasy; it is a field of the couple where this production does not belong to the analyzed but to both and before which, the task would not only be to take record of it, but to understand it as something that arises from the interaction in the session.

This fantasy would have to be allowed and recognized by the analyst, although keeping a certain distance, in a kind of unfolding that would give him a second look at himself and the analyzed (that is, the field). By taking into account this fantasy, the analyst would intervene on the main or secondary point of urgency, from an unconscious place, through a set of projective and introjection identifications, given

within an own environment in which important factors such as spatiality, temporality, the functional, an always triangular character (due to the presence of the absent third party) and an essential ambiguity without which the analysis would not exist (Baranger and Baranger, 1961-62; Etchegoyen, 2014). Just as the temporal structure, for example, would be given by the agreed duration and frequency of the sessions, when thinking about the dynamic field, the spatial structure, was defined by the place where the sessions took place, that is, the analyst's office, with all the variants and modifications that it could suffer affecting the same field (even way in which the enclosure was arranged , eventual moves and other changes). It was a psychoanalysis conceived for face-to-face work theoretically and technically; by its time, moreover, it was the only one possible.

Beyond some criticisms that point to this conceptualization as symmetrical, although the authors defend the asymmetrical character of the field (since the analyst is involved in a different way than the one analyzed), this Latin American contribution is of great importance in the understanding of the transferential - countertransferential interplay of a session. The analysis, therefore, is a situation of two people, in which absent third parties are always present and what arises in the session is creation of both the patient and the analyst. However, the openness to new forms of work, beyond the conventional session in the office, leads us to question whether it is possible to experience the same field phenomenon despite the absence of bodies in the same physical space and with a very different configuration of the spatial structure. And why wouldn't it be possible even with its variations? At the end of the day, the analysis takes place

in the exchange between analyst and analyzed, not strictly in the office, although this is an environment that facilitates analytical dialogue.

In an online session, analyst and analyzed meet, greet each other and work from different geographic locations. The setting is framed in different dimensions, but it is still fundamental to be able to sustain the analytical work. The boundaries of distance are crossed, however, we find other barriers typical of this type of work, such as the absence of body registration, less availability of nonverbal material and a partial image at best, since even using the camera, we can see only up to the torso of the other; on some occasions, connectivity difficulties or problems arise on the part of our interlocutor to get places and moments with enough privacy to enter their internal world. These are vicissitudes that derive from the absence of the common space given by the office. Other boundaries, perhaps given by the way in which transfer, countertransference and resistance can be established in this mode of work, will they have different ways when dealing with a different analytical situation?

III. Some criteria and limitations

Some time ago, the restrictions established by Freud (1904), when he set out the criteria of analyzability in his writing *The Psychoanalytic Method of Freud*, lost strict force. The developments of modern psychoanalysis, in the middle of the last century, allowed us to enter the field of psychoanalytic treatment of psychoses, narcissistic disorders and enabled the emergence and development of

psychoanalytic psychotherapies to address cases that it would not have been possible to face from the classical psychoanalysis, perhaps due to economic limitations, time constraints, the need to provide care in hospital contexts , or by factors specific to the patient that did not make him a candidate for a couch analysis four or five times a week. With or without a pandemic, the need to face this type of treatment remotely also implies variants in the criteria that we must manage to work psychoanalytically, taking into account the necessary limits to avoid falling into an omnipotent procedure on our part.

Privacy and adequate connectivity that allows you to see, but above all to listen clearly to the analyzed, are very important aspects to consider. Remote work, with a different configuration of the spatial structure, makes it necessary to include these elements as part of the framing; even enunciate them at the time of starting treatment with a patient that so far we do not know. In the office it would be obvious that we offer a space with the right conditions to be able to work, but at a distance, we have to help build a favorable situation. Likewise, the presence or absence of the camera in the call can be relative: if the patient works face to face in face-to-face mode, it usually maintains the same form during the video call. However, having the session only with voice, without making use of the video, should not be an impediment, rather it could encourage a greater association, such as if the patient were on the couch from where he does not see the analyst. Some colleagues report greater tiredness from attending through electronic devices, which may have to do with holding one's gaze on the screen or seeing oneself in the camera-mirror thrown by the video call device. This way of working would also favor the process of

identification and symmetry (Lander, 2020) and little ease and spontaneity on the part of the patient when the work is beginning, so there are analysts who prefer to work only with the use of audio.

Remote psychoanalysis was in its epistolary origins and in the most current times began to be by telephone. I have noticed as a common practice among analysts, that when the analysis took place on a couch, the call was usually initiated with a camera and then worked only with audio, thus seeking to combine presence and free association. Perhaps it is an artifice, as well as the couch itself, that facilitates working conditions, but often this choice is subject to the preferences of the analytical couple. Some patients work in a more spontaneous way in person and find it difficult to adapt to a temporary change of modality at a distance, but how many times are these resistances not their own and we transmit them to those analyzed? How many times is it not also due to our predilection for face-to-face or our own distrust of working by virtual means? Does it make you uncomfortable to stop being analysts in the office and be analysts online?

Cases should be considered when remote treatment would be contraindicated or simply would not work effectively. For example, decompensated patients who go through severe depressive conditions, or in acute psychotic episodes, would have to be seen in person. These cases require the close assistance of the psychiatrist, before they can be attended online. If it is a psychotic structure, although it is stabilized, it would also be more complicated to work with these patients and perhaps in the case of some other patients with narcissistic pathologies, nor is working remotely the appropriate

means for their treatment, remembering that it may be better than not offering care, but that sometimes an additional support is necessary and that, before individuals with severe alterations, this method can be little convenient. However, this additional support could be offered with a greater number of weekly sessions, close family accompaniment, or by liaison with a psychiatrist if medication is required.

Ricardo Carlino, author of the book *Psychoanalysis at a Distance* mentions that in principle only this modality is possible for neurotic adults and some adolescents. It adds among the contraindications the work with children, to subjects who threaten to kill themselves (due to the need for face-to-face containment and possible hospitalization) and has expressly mentioned that it would not attend to a psychopathic patient by this means – taking into account the possibility that the sessions may be recorded for malicious purposes – highlighting that, in conditions of distrust and insecurity, the only thing necessary and possible to analyze is this environment not conducive to analysis (Carlino 2010, 2020). A similar position has been maintained by Lutenberg (2014) when referring exclusively to telephone psychoanalytic treatment, which he has considered experimental and to which he prefers to conduct at least three face-to-face interviews at the beginning. Among the contraindications, in addition to those mentioned, it adds severe pictures of addictions and highlights that, in cases of psychosomatic patients, it is important to have a clinician in the place of residence, as well as when there is a need for pharmacological support, citing the case of bordering structures and the decompensations of mental emptiness. We might

think that this type of remote treatment requires a certain ego strength and a psychic structuring that not everyone can have.

IV. A cross-cultural psychoanalysis

One of the peculiarities of remote analysis is that it is increasingly cross-cultural. To this is added, that except for the pandemic situation that has limited life and human contact to as we were used to, almost always the remote resource has been used because one of the two members of the analytical couple can not be present in the office where the duo would usually meet and the reasons almost always refer to transfers and migrations, sometimes of the analyzed, sometimes of the analyst, and sometimes of both.

"To leave is to die a little, it is to die to what one loves" said the poet (Haraucourt, 1891). Certainly migrating is more than just moving from one place to another, or changing the place to live, since whoever does so is exposed to an extremely complex phenomenon that puts part of the emotional balance at stake (Nicolussi, 1996). In the words of Carlisky and Kijak (1993), migration is a phenomenon of such magnitude that it generates transient or permanent changes in the psyche. Whatever the causes of these decisions, online psychoanalysis makes it possible to transcend borders and continue treatments that at other times would have been destined to be interrupted, or at best, exposed to premature termination. It is currently possible that an analyst born in the Río de la Plata, who has lived much of his life in another Latin American country, but who has recently emigrated to North America, can attend in high frequency to

an analyzed born in a different country and residing in Europe, even if they had not met before in person. Cross-cultural factors come into play, different accents, some expressions of common use and others different, but they are possible borders to overcome, if the effects that can be generated in the field are taken into account, they are taken into account and worked on, as another element of the analysis, as it is the connection via the Internet.

Different ways of manifesting transference, countertransference and resistance in a situation that may be different from the usual, but equally facilitating an analytical process. At the time, the effects of migration and exile were studied (Grinberg and Grinberg, 1984) and it has also been considered as a factor that affects the field, the fact that, for example, analyst and patient meet and work in person, being in both cases migrants or children of immigrants, even belonging to the same cultural-religious community; one could say: "traces coming from parents and ancestors, entering into resonance" (Carlisky and Kijak, 1993). It is possible that with technological advances we must look beyond our more traditional procedure, taking into account the possibility of meeting others, different and similar at the same time, as psychoanalysis has done since its origins, but this time considering the same factor of remote sessions and greater cross-cultural diversity. Perhaps instituting it as part of everyday practice takes time, but above all openness and a change of attitude in everyone as psychoanalysts.

Summary: The contemporary rhythms of life and constant interaction with technology had favored the emergence of new resources for psychoanalytic work at a distance. However, the COVID-19

pandemic forced the speed of some changes to accelerate: resources used for teaching or exceptional cases, suddenly become overcrowded in the face of restrictions on physical contact. This leads to think the clinic and its borders, starting from a different configuration of the analytical field, being conditioned the communications by ways that do not cover all forms of the face-to-face, having to consider new criteria and limitations for this modality of work, which could represent a different analytical situation, marked in many cases by the cross-cultural and the migrations of patients and analysts.

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ART IN TRAINING

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Abstract¹⁹

This presentation illustrates the developmental progression of a candidate over five years in training. It describes how the candidate's learning was enhanced by the act of painting and the paintings themselves. These abstract and expressionistic paintings use words and symbols to explore psychoanalytic theory and personal psychoanalysis. The abstract paintings develop key psychoanalytic concepts such as countertransference or the repression barrier to weave cuneiform-like notes to evoke a visual sense of the concept. The expressionistic paintings provide an evocative view of the candidate's progression in her personal analysis, depicting her emotional learning using layers of colour and texture to reflect multiple levels of meaning. Early art works explore the illusionary nature of the analytic setting and later artworks explore feelings underlying her defensive organizations like envy or the terrors of a breakdown previously experienced.

¹⁹ It was not possible to publish the full text for copyright restrictions.

Thomas Marcacci²⁰

IPSO Writing Award runner up for Europe

**PRIMITIVE PSYCHIC
LAYERS: ANALYTIC
INTERVENTIONS THROUGH
PRESYMBOLIC ELEMENTS**

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Introduction

In this paper I would offer a reflection on two psychic issues rooted in infantile layers of the Self: the need for holding and the creative relationship container/content.

I will base my thoughts on some clinical material regarding the first period of analysis of a patient who has got a traumatic experience with respect to both these issues.

She has felt both an aspect of traumatic presence and absence. On the one hand, a sense of intrusive presence: the breakthrough of the environment into the childish mind, forcing it to react defensively, obstructing the possibility of discovering itself (Winnicott, 1965). On the other hand, the absence of an interpsychic experience (Bolognini, 2019a) of a signifying container, space for transformation between somatic and psychic and for elaboration of drives in feelings (Bion, 1963).

I will consider which analytical interventions could have been useful to contact and start to transform this double traumatic infantile dimensions of the patient.

In particular, I will consider thoroughly on the one hand how a holding function could have passed through preverbal elements: the sight, the posture, the sound of the voice, the sensations given by the room. On the other hand, in a complementary way to this strengthening of the sensation of "going on being" and of cohesion of the Self, we will reflect how a container/contained function could have been vitalized through the possibility of giving thought to deep states of the Self, not yet conceivable by the patient, which have been

contacted starting from a resonance of somatic experiences between analyst and patient.

Clinical material

Frida is a young woman in her thirties. In the first session she tells she feels “*like a GPS navigator in recalculation*”: meaning that some internal landmarks that have oriented her in the past are changing, but there is still no new map to give her a direction. This makes her live a sense of bewilderment, of loss, “*like falling into thin air*”.

She explains that she has only recently realized how she feels burdened by the dynamics within her family of origin, which are pervasive inside her and suddenly occupy the stage of her mind, recalled also by any present context, charging it with a negative emotion that it would not deserve for itself. She tells that her mother is severely alcoholic and this has impacted brutally on Frida since the beginning of her life. The time she spends with her family mainly gives rise to difficulties, sorrow, sense of guilt. She struggles to talk about these feelings, which barely emerge through a few words. A strong intensity, complex, difficult to express.

Hopes and disappointments, intrusiveness and fragility, difficulty in speaking. When Frida contacts experiences that bring her pain, she blocks herself, in silence. She tries to withdraw even from her own thoughts and feelings, pretending to control herself, but then perceiving an internal pressure that could no longer be contained. A situation of impasse of thought, like she is kept in check between the conflictual drive to welcome or, contrariwise, to cut away

undifferentiated and flooded internal contents. The only words bound to this choked pain are: "*I don't want to feel like this anymore, it is stupid, it makes me angry but I can't stop*".

The absence of the words, during the sessions, gives space to the bodily expression of anguish, which manifests itself in the air with a vivid bad smell of suffering, of effort, of fear: primitive communication, which penetrates inside the other beyond any contrary will to hold it back. Unconscious intentionality, hidden even to her but overbearingly searching for a mining (Macchia, 2018).

Frida has a deep fear to let herself go and we could hypothesize two aspects of this. On the one hand, the fear brought by the encounter with the environment, which elicits both the fear to be intruded, and the feeling of falling into thin air, of losing parts of her Self, not finding a reliably holding in the environment. On the other hand, to let herself go brings her the fear to deeply encounter herself letting emerge and welcoming her body's requests, drives, emotions. Frida's suffering is linked both to psychic contents and functioning, deeply involving the intrapsychic and the relational level.

We can trace these difficulties to primitive layers of the mind, which anchors her present experiences to internal dynamics, rooted in the past but eternally present.

F: "Mom can be really awful! She is always so unreliable, inconstant. One moment she has one face, then another. I've always adapted myself, too much."

The fear to let herself go to a situation that elicits the rise of two issues of the mind rooted in the infantile, the seek for holding and the container/contained relation, has brought substantial repercussions on the patient's attitude towards the analytical setting, as the refuse to lay on the couch without seeing me and the lack of free associations.

“With Mom, it was always like that. We had to see what she looked like. She changed rapidly: she seemed sweet...then suddenly something moved in her eyes and she hit me.” “She gets lost every now and then and has to be brought back to what she was saying. Instead, if I say something, I am not listened to, or she could suddenly interrupt me, pretending to already know what I would say. I never know if she would understand, give value and remember what I say”.

I believe that, through the first period of analysis, a slow consolidation of Frida's experience of being allowed to rely on an environment that would hold her, therefore being able to experience and perhaps progressively introject a holding function, mainly has passed through preverbal experiences: the consulting room, my glance, my posture, my voice.

The consulting room (Collovà, 2013): quiet, silent, warm, welcoming her every time with the same smell. Frida herself has helped me to fully grasp the value of these perceptive elements of the setting. Those perceptive elements were to me simply an unperceived background, while for Frida they were elements in the foreground, to be noticed with attention to feel what was going on.

Our glance (Wright, 2009): an immediate basic contact, which have taken us to a primary level of bond building, the founding level of any

further possibility of relationship. Often, during the sessions, I've found myself observing her, feeling like at the time of the infant observation, trying to give thought inside me to how I saw her and to what passes through our gaze.

Long initial silences, in which slowly the breath found a common rhythm, in which I could feel in my body the tension in the air, bearing it and trying to give it a first transformation with my body itself, relaxing, offering to Frida's gaze my presence, ready to welcome and hold her.

A psychic body, in a continuous breath from perceptive to representative.

The listening of my body's perceptions and of the images that take shape in the rambling of my thoughts slowly has become not right a guide but at least an indicator, sometimes useful to hypothesize a first form for indistinct sensations, suspended in silence as if waiting for thought (Ogden, 1997).

My voice, over time, has unfolded its importance as a sound, with a container and transformative value in itself, well before the possibility of being a vehicle for symbolic contents (Di Benedetto, 2000): a material voice, a sound that moves the air favoring an attunement, opening the way for further communications.

From session to session, on this basis of perhaps sufficiently good experience of reliability, even words have found a more stable support and in turn have given more stability to the experience.

As the lived experience that there is an intrapsychic and interpsychic container consolidates inside herself, more shaped and communicable contents begin to emerge.

Therefore, even the description of her feelings with internal objects gets outlined in a broader way. Frida's explicit allusions to her painful memories are rare and very brief: it is like opening the door of a forbidden chamber, of an inner world of chaos and pain.

F: "I realized that my mother was sick, I saw her sometimes falling on the ground, drunk. I wanted to help her... but what could I have done, I was little... then the only thing I had to do was to be near her on the ground, to hold somehow also for her... but sometimes I couldn't afford it and tears came out... then she looked at me and said with contempt: < what the fuck are you crying for?!>"

Frida has identified herself with this internal blaming object, devaluing any sufferance, desire or anger within herself.

After almost one year of analysis, however, it starts appearing in Frida an internal possibility different from this blame. Gradually, sometimes she could feel those internal contents even in a warmer and more welcoming way.

This evolution does not involve only Frida's intrapsychic experience but also the interpsychic functioning during the sessions, therefore allowing unthought contents to become imaginable right within the interaction between us. Before, contrariwise, Frida has been able to report only thoughts already well formed and concluded by herself. A gradual unblocking of thought, since the second year of analysis, as can be seen looking at the following clinical material, which I report here extensively:.

[Before Frida's session, my first one of the day, I feel somehow muffled, in a state of opaque torpor of the mind to which I cannot give an objective explanation. I have to drink a second coffee, which is rare for me. Frida lingers silent for a long time, then hints at a nightmare she had last night but she doesn't remember at all. I encourage her, transmitting confidence maybe more by the sound of my voice than by words. A tone which I have not sought voluntarily but that I feel coming out reassuring, confident and curious.

So, then, Frida begins to tell and, word after word, she reports the longest dream since the beginning of the analysis. Indeed, the previous dreams, before then, have been limited to short hints, single images or just echoes of sensations after the awakening, on which however she did never think further.

“I am alone, I roam through a deserted city...I feel somehow muffled, numb, I don't perceive things well, like I'm still half asleep. There's an air of discomfort, of danger around me, like a war context, even if there's no one there. Suddenly I see a crowd of people I don't know, They run away from something, scared. I'm afraid, on the one hand I want to run away, but on the other I'm curious and I want to go towards what everyone runs away from, to see what it is: I feel it's important.”

I emphasize to her the breadth of the dream, welcoming the novelty of such a vivid memory. I start asking for some free associations. She does not add any further. After a while I try to add: “And what about the sense of muffling?”. In fact, I am struck by the resonance between my sensation just before the session and her state in the dream: it seems to put an accent on a shared functioning. Nothing comes into

her mind on this. I try to hint: “It seems almost like the situation in analysis: between wake and sleep... the mind works differently”.

Here she hooks right up: “Ah, I wasn't sure before but now it occurs to me that you were in the dream as well. You wasn't as usual, you had a different look, you was instigating me...”]

Before the density of the contents expressed, I think this clinical example is important because it shows Frida's improvement in letting her thought flow, not only reporting contents already formed but allowing the live happening of a work in progress within the container of the analysis. It is a development of the container that, at the same time, allows the appearance of a further content, as the new fragment of dream that comes to her mind in the course of our interaction. This brings into the field the difficult dynamic linked to anger, until then strenuously removed.

[I repeat: “I instigated...”. F: “Like you know what words to use to bring out the grudge, the anger. Not that I was angry with you, however...”]

I comment: “Sometimes who instigates makes others a little angry...”.

She says: “*This anger is useless...well, it could be not completely useless , because I feel it so it should not be useless indeed...however, I would like to stay with the others without it ruins everything.*”]

I evaluated very much with her this final sentence she has said and which seemed to me of great value. In my opinion, in fact, it allows to give a glimpse of the emergence of a different internal functioning: the recognition and acceptance that her own feeling is not useless, even if unpleasant for her, but that it has value as a part of herself,

which has a meaning and a usefulness that could be understood. The rising possibility of a good intrapsychic containment, we might say.

Conclusion

Concluding, we have considered how a holding function could have passed, especially at the very beginning of the analytical path, through preverbal elements: the sight, the posture, the sound of the voice, the sensations shared in the consulting room. In my opinion, these elements should be considered proper analytical interventions which, although they escape formalization, must not escape a deep reflection.

We have thought, moreover, that a container/contained function could have been vitalized by giving thought to deep states of the Self, not yet conceivable by the patient, which have been traced out starting from a resonance of somatic experiences between analyst and patient. Experiences of unison, like the one described above, constitute a profound basement for further psychic dynamics, allowing the development of the tools for thinking and for being in relation (Bion, 1965).

In my opinion, examples like this show how this unison is deeply rooted in primitive layers of the psychic, the most resonating with the body. Therefore, I would like to underline the usefulness to pay great attention to the states of our body during the session, as somatic side of a possible reverie. Somatic and psychic, indeed, are in continuous resonance, in the intrapsychic as well as in the interpsychic level. We may assume, therefore, that body sensations could help in entering in

resonance with something which regards the patient and moreover, the analyst's body itself could furnish a first psychic containment, rooted in very deep layers of the Self.

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