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The Patient as the Analyst's Best Colleague: Transformation into a Dream and Narrative Transformations

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«...the best colleague you are ever likely to have — besides yourself — is not an analyst or supervisor or parent, but the patient».¹

I shall here apply this Bionian principle («the patient as one's best colleague») to a dream which I shall present as evidence that the α -function is constantly at work. A kind of satellite navigation system dreams in real time what takes place in the analyst's consulting room after an interpretation. This «dream» need not in my view necessarily be interpreted, but it can be used to facilitate the development of the field.

Through the example I shall give below, I also wish to share some of the salient aspects of my method of working. Whereas the concepts of the field, of unsaturated interpretation and of narrative transformation are now quite widely accepted, the notion of *transformation into a dream*, as a complement to other types of transformation, no doubt calls for some explanation. Transformation into a dream is an activity carried on constantly by the analyst's mind, which strips the patient's communication of its reality status and regards the patient's narration as a dream that assembles, transforms and constructs itself in real time in the encounter between the two minds at work. This is so because the central operation performed in analysis is deemed to be enrichment of the «dreaming ensemble» (Grotstein, 2007). In other words, development of the α -function and of the apparatus for dreamingdreams is seen as the purpose of analysis. This implies a constructivistic vision of an unconscious engaged in an ongoing process of construction and transformation — an unconscious that must at the same time be dreamed (thoughts in search of a thinker) and will expand as it is

¹ In Bion's second discussion at IPTAR in 1977 (Bion, 1978). A similar comment appears in the *Italian Seminars* (Bion, 1985): «... the most important assistance that a psychoanalyst is ever likely to get is not from his analyst, or supervisor, or teacher, or the books that he can read, but from his patient». Statements in the same vein can be found in the *Tavistock Seminars* (Bion, 2005).

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- 199 -

being dreamed (Bion, 2005). I must confess that, during a session, I never think about the problem of the patient's history, infancy or sexuality; I simply listen to what he² says, and try to contain, describe and receive his emotions, help to incorporate them into a narrative fabric, transform them into a dream, and enter into the dream of the field, while observing the functioning (or dysfunctioning) of the field as well as whatever, in the patient, is pressing to be alphabetized.

Clouds of sense data, fragments of anxieties and of split-off parts, and the rain of evacuated matter — these are the raw materials that await the operation of «analytic functions of the field» to transform the turbulence, β - and α -elements into visual pictograms, images, thoughts and emotions. In particular, I place my trust in the idea that, through this approach, the method and instruments for so doing will be passed on to the patient. That is to say, I expect that the patient will subliminally introject the mode of functioning of the field, even if I do not know very much about this mode of functioning. Perhaps the precipitate of all this will be narrated in a diary-type genre or in the register of infancy, but for me any other scenario would be equivalent provided that it leads to the capacity to think, feel and dream. I am more interested in memories of things that never happened (memoirs of the future, as Bion might say) than in those of the past. Again, everything that is pressing for transformation in the patient will necessarily stem from his mental functioning, which is in turn bound up with his history; hence the risk of breaking down doors that are already open if one insists on explicit reconstruction of the past — so I look more to the reconstruction, or construction for the first time, of the apparatus for dreamingdreams.

With a severely traumatized patient, I am at first not very interested in what happened to him and where and why; instead, I am concerned to «put him back together», to «sew him up», to support his vital functions, to oxygenate him and provide him with the necessary volume of fluids. My approach is to look forward rather than back; in other words, I want to make up a deficiency in the patient's dreaming function, involving the need for alphabetization, and am implicitly thinking about how to develop his capacity for «digestion and alphabetization». Given an adequately «cured» patient, the problem of «expertise» would then arise, but that is already another story.

However, let us consider these ideas on the basis of a concrete case.

Filippo (in his third year of analysis at four sessions a week; this is his Wednesday session).

(At the end of the previous session I was not satisfied with how I had worked, because it seemed to me that my comments could easily have been construed by the patient as criticisms that were out of tune with what he was saying and as prematurely

² [Translator's note: For convenience, the masculine form is used here for both sexes].

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- 200 -

suggesting other viewpoints. I had told myself that next day I must be more receptive and accepting, and more able to grasp good things in addition to drawing attention to the negative).

Patient: I had a dream, or rather, I had the same dream twice. There were aeroplanes, explosions, a kind of bombing; and then some very long teeth appeared. They pierced through people, but didn't kill them. I managed to save my skin by hiding behind a solid wall.

Analyst (*I think this is an accurate description of his view of yesterday's session and of my having interpreted «with teeth», but prefer to avoid immediate saturation in that sense*): What does the dream suggest to you?

Patient: I don't know ... it has something to do with emotions ... the others were wounded, pierced through by projectiles, whereas I was able to save my skin.

Analyst (*I imagine that my interpretative excess activated explosive emotions, and that unrecognized aspects of the patient's self were wounded, but am unable to abstain from a rigid type of interpretation not based on reverie*): Was I perhaps a bit like a bomber who had you in his sights?

Patient: Not at all. There was a good climate in yesterday's session. Afterwards I went to my mother's for lunch, but then I had a terrible stomach ache. She/you [the Italian word *lei* can mean either] has/have no idea about hygiene when she/you make(s) something to eat. That evening I went to Milan for dinner at an ethnic restaurant and the food was indigestible. My brother was with me and said: «Where the hell have you taken me to eat? I feel like throwing up».

Analyst (*I feel the need to offer an unsaturated interpretation so as to tone down the persecution; for me, it is a transference interpretation because I «dream» the characters summoned up there, in the field*): So, on top of your mother's indigestible food there was the African cook's? You had a double ration of indigestible food.

Patient: My mum made roulades filled with all kinds of rubbish, including old rubbish, and the cook had a saucepan full of a mixture of all sorts of stuff — an absolute mishmash.

Analyst (*I refrain from interpreting this in terms of the effect of my excessive interpretations of the previous day, followed by today's premature one, as I am wondering how to interpret in a way that won't make him «throw up» immediately*).

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- 201 -

A brief silence follows.

Patient: And then my mother has a funny habit: she acts like that character in the TV series (a kind of witch) who cuts off the flowers from her roses, throws them away and puts just the thorny stems in the vase. Yesterday I saw a programme on TV where a boy was taken out in a boat by his mother; then he was abandoned and went to work as a chimney sweep. He was motherless but managed on his own by working. I also saw Gabriele Muccino's last film, about a father and child with no wife or mother; they live like tramps, but they somehow get by.

Analyst: All very upsetting, but hope won through in the end. (*But I can't resist adding another, superfluous comment*). I was also thinking that maybe I tended to «bite» yesterday. What I said was like sinking my teeth into you. I picked up on the thorns in what you said and emphasized only them, but threw away the flower, which is what I should have appreciated.

Patient: Why do you say that?

Analyst: Well, I criticized your way of fitting in with the law professor's wishes (*which I had seen as a paranoid trait in the patient and criticized before owning and understanding the source of the persecution*), and above all when you mentioned the carpets and I stressed how you ought not to let yourself be trampled on (*I had wanted to interpret his way of bending to other people's wishes, but clumsily got the timing wrong*), instead of picking up the fact that you also wanted someone to teach you how to make a carpet yourself — to weave the thread into a fabric, and to organize threads of thought.

Patient: Yes, what you said did surprise me.

Analyst: Perhaps my «biting» and then not saying anything triggered all sorts of feelings in you, from persecution to abandonment — being without a mother. You were left having to sweep all the soot from the chimney by yourself. But the main thing is that you got by even when being bombed and when you were left all alone: you managed in spite of all the difficulties.

Patient: And with his father's help, the boy in the film brought all his plans to fruition and learnt how to dream for himself.

Analyst: Let's hope the Eritrean or Sicilian cook (*the patient knows where I come from*) will not make any more indigestible food like that.

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- 202 -

Patient (*laughs; after a short silence he goes on*): Yesterday my dad and my girlfriend's father had an argument about how to look after a vegetable garden. Martina's dad uses a rotovator, which is very fast. My father thinks it's better to use a hoe and do it by hand, partly because it goes deeper but mostly because, though the rotovator breaks up the surface better, its pounding ends up making the soil impermeable and preventing osmosis with the deeper layers. They decided to take one piece of the vegetable garden each, like the division into departments at the university: law on one side and economics on the other — each kept well apart.

Analyst: It sounds almost as if they need a barrier to keep the two areas separate.

Patient: Well, otherwise it ends like two cocks pecking at each other. I saw some cockfights in the Far East. They are exciting, but blood is shed and they go on pecking even though they are hurt. I'd rather play computer games. There is actually a cockfight game, but at least the blood isn't real.

Analyst (*I think he is drawing my attention to a risk: when I interpret too much and too automatically, this may superficially convey the feeling of a well tilled field, but can in fact make a deeper layer of the field impermeable, thus preventing even deeper levels from emerging. So I refrain from making this interpretation, which I feel would be like decoding rather than the fruit of reverie*): But perhaps law and economics could come to an arrangement, like the one between your father and Martina's.

Patient: Well, I realize that I'm also speaking about two conflicting attitudes inside myself: on the one hand experiencing emotions even if it makes me bleed because they are explosive, and on the other covering behind a wall like at the beginning of the dream, or in a video game.

Analyst: But why do you think of the two attitudes in terms of «either one or the other»? There are some dishes, such as Sicilian caponata, in which salty and sweet flavours can coexist, like your mother's fiery nature and your father's excessive reserve in your own situation.

The style of interpretation in which I often seemed to be hunting the patient down, which also pervaded the preceding sessions — a style quite unlike my usual one — was an expression of the way the field had contracted the patient's illness, which consists in the difficulty of integrating quasi-autistic defences with a some-times

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- 203 -

explosive passionate nature. At the same time the patient becomes *my best colleague*, who can tell me how to heal this illness of the field and work towards the integration of these aspects.

The analyst's oneiric frame of mind gives rise to α -elements and dreaming. The analyst — or rather, at this juncture, the analytic function of the field — is the guarantor of the dreaming process and of the weaving and reconnecting of narrations. This is not of course a matter of just any reverie, dreams or narrations, but of ones that tend towards «O» or, where this is not possible, «K», and the inevitable oscillation between the two.

So my interest centres on the working of functions, instruments and apparatuses about which we do not know everything and which, as stated, we constantly enrich while working. The same applies to the unconscious, whether we see it as the depository of proto-emotions or of thoughts without a thinker (basically, what could here be described as β^1 - or β^2 elements), or as what comes into being by way of, and after, dreaming.

However, what does this mean in terms of clinical work and, in particular, of technique? In my view, it means that we can look at the instruments used by the analyst differently; among the many new instruments at our disposal I should like to draw attention once more to *transformation into a dream*, mentioned earlier, which is done within the analytic field when the analyst is able to trust his own negative capability.

If all mental pathologies are due to a deficiency in the transformation of β^1 and β^2 into α (through the α -function and dreaming), healing will only be possible by boosting the functioning of the entire *apparatus for dreaming dreams*. The more successful this process, the less the mind — the patient's, the analyst's and the field's — will be falsified by the continuous action of «transformation in hallucinosis», which gives rise to evacuation, an activity that works in the opposite direction to dreaming. Only dreaming — whether in the form of the α -function, of daydreaming or of night dreams — can guarantee the recovery of mental health; that is to say, dreaming paradoxically leads to a better vision of reality and truth.

Espousal of historical reconstruction as a basic principle can actually amount to a transformation in hallucinosis of what is happening in the analytic session, which is thereby evacuated. For instance, if a patient tells how her father abused her as a child and this is simply backdated to her history and not seen also as a dream of the field in which she feels abused either by the analyst or by proto-emotional states of her own which she is unable to contain, emotions that cannot be woven into a fabric and transformed are thereby being evacuated into the history. Conversely, the fate of something that can be transformed and «dreamed» is that it can be forgotten or remembered marginally.

A possible device that both exemplifies and simplifies the process of transformation into a dream is to prefix the phrase «I dreamed that...» to every one of a patient's

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- 204 -

communications. In this connection, Paola **Camassa (2007)** wonders whether it is analysis as a dreaming field that produces these dreams,

or whether there are patients who produce dreaming fields — i.e. who always dream, every step being a dream, so that the associations signify what is happening.

Transformation into a dream becomes the most important transformation in the analytic field, alternating with narrative transformation and the narrations accruing from the selected fact and the concatenation of such facts. Narrative transformation involves the element of additional camouflage that confers tolerability on emotions that would otherwise be inaccessible (Ferro et al., 2007).

It will therefore be seen that analytic work — the analytic laboratory, or, in more homely terms, the analytic kitchen — is rich in other phenomena, other modes of functioning, obscurities, lies, fragments of «O» and «K», all of which can be used in the development of instruments. In an evolving vision of psychoanalysis (Grotstein, 2007), we have in effect moved on from a psychoanalysis of contents to one of instruments and functions for feeling emotions, thinking thoughts and dreamingdreams.

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 - 205 -

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