

On the Patient's Becoming an Individual: The Importance of the Analyst's Personal Response to a Deprived Schizoid Patient and Her Dreams¹

FRANCO BORGOGNO

In reality I am often afraid that the whole treatment will go wrong and that she will end up insane or commit suicide. I did not conceal the fact that to have to tell her this was most painful and distressing for me, the more so as I myself knew only too well what it means to be faced with such possibilities The result was, quite unexpectedly, complete appeasement: "If at the time I had been able to bring my father such a confession of the truth and to realize the dangerousness of the situation, I could have saved my sanity." . . . Was it not an unconsciously sought antidote against the hypnotic lies of her childhood? Full insight into the deepest recesses of my mind, in defiance of all conventions, including those of kindness and consideration? If it had been simply brutality or impatience, it would have done no good; but she saw how I had to struggle to do it, and how much pain this cruel task caused me. [Ferenczi, 1932b, pp. 37-38]

I do not think such a patient . . . will ever accept an interpretation, however correct, unless he feels that the analyst has passed through this emotional crisis as a part of the act of giving the interpretation. [Bion, 1992, p. 291]

1. *Theoretical-clinical premise*

Two assumptions form the frame and the theoretical-clinical background of the analytic journey that I will illustrate here:

1. What patients want and what some of them literally need – as was stated both by Ferenczi in his *Clinical Diary* (1932b) and, after him, by Bion in *Cogitations* (1992) – is to experience "live" during the treatment how the analyst feels, manages, and works through the interpsychic events at the root of their affective and mental suffering;
2. This type of experience is needed especially for those schizoid patients who, during childhood, were profoundly deprived on an affective level.

To discuss and test these assumptions, I will present in this first chapter, which constitutes the heart of the book, some key moments in the long analysis of a very silent and inert young woman whom I shall call M. In particular, I will delineate those aspects of the treatment which are generally applicable to cases similar to hers:

¹ The basic structure of this chapter appeared in *Psychoanalytic Dialogues* (Borgogno, 2004a): I thank Taylor and Francis for having granted permission to republish it in a slightly modified form in this book. Some of the ideas and case material discussed here, though, were previously published in a different version in Borgogno (1995c) as a contribution to the study of depression, and, more recently, in a paper on psychic deadness and the analyst's being forced into a deprived, neglected, killed-off state (Borgogno, 2000c). I originally presented M's analysis in detailed form as "Dall'ambiente creato alla parola e alla storia: Transfert, controtransfert e working-through nell'analisi di una paziente schizoide deprivata" ("From Co-Created Environment to Words and Personal History: Transference, Countertransference, and Working-Through in a Long Analysis of a Deprived Schizoid Patient," an unpublished manuscript) in order to qualify as a training and supervising analyst, during 1994 and 1995 (Borgogno, 1994–1995).

the primitive nature of their depression and desperation, the origin of the “unthinkable loss” that they feel they have suffered, their typical transferences and defenses, and the therapeutic factors and type of working-through process that are required of the analyst in order to gradually establish real contact. Through the detailed exploration of clinical material originating from various phases of this analysis, I will also point out the determining role that the analyst’s unconscious emotional response had in recovering levels of development and emancipation that had never before been reached, especially underlining how this was not only an indispensable tool of comprehension with which to meet the patient (Heimann, 1949; King, 1978) and an important means of *environmental facilitation* (Winnicott, 1967a), but also – to use Michael Balint’s (1968) expression – the prime mover of a “new beginning.”

In the course of such treatments, more than in the majority of our analyses, the pathogenic emotional climate and the relational characteristics of the developmental environment in which these patients grew up is necessarily re-created in the sessions, permeating the “longer-term wave” of the analytic atmosphere and thus inevitably influencing the analyst’s subjective reactions. The latter undoubtedly constitute a crucial channel of information and communication for intercepting and identifying the specific quality of mental pain that colors and characterizes the patient’s existence.

Furthermore, M’s internalized psychic environment was likewise directly reflected in her dreams, although she was not even minimally conscious of this. In effect, her dreams seemed to capture and signal the slow development of the emerging *interpsychic realities* in our relationship; they almost seemed to function as an organizing element for the possible future articulation and working-through of these interpsychic realities. However, these dreams – as often happens in such cases– had to first be lived, thought, and dreamed by the analyst (Bion, 1962b, 1992; Ogden, 2005), in order to reach the point of being subject to real symbolic communication on the patient’s part, and sometimes they also had to be put into action (Jacobs, 1986, 1991). A reciprocal *enactment* (see in this regard Levenson, 1983) is in fact very often an obligatory step whereby the patient might him / herself recognize the internal relational configurations in which (s)he is entrapped. In this way the patient may arrive – only at a later time, and in the wake of the analyst’s demonstration that he has been capable of releasing himself from these configurations – at an ability to resist them. As a consequence, the patient will gradually be able to fully accept and integrate those basic needs and affects that he has dissociated, inasmuch as they were delegitimized and ignored in the past by his caregivers (Ferenczi, 1932b).

2. *The Case of M*

The Early Years of Analysis: Birth

M’s first analytic dream provides a good introduction to the kind of problems that characterized our

initial encounter and subsequent interaction. When M asked me to analyze her, she was twenty-five years old and had just broken her pelvis after falling from a horse. This accident, following several previous accidents that had physically afflicted other members of her family in that same period, triggered a depressive breakdown that had been latent – her studies had been at a complete standstill for a while, and she felt very isolated, blocked, and lonely. “My life,” she said during the initial phase, “has been invaded by something macabre: a shadow or a black hole.”

The dream M brought to our first session was, I believe, a sort of calling card, a picture of her experience of herself and her relationship with her maternal object, and a prototype for the transference-countertransference dynamics that would later permeate our analytic relationship, leading it to be essentially a traumatic history of the draining of thinking and emotions – a traumatic history that repeats itself and that you cannot stop, and in which someone ends up witnessing its occurrence, impotently, becoming ever more exhausted and overwhelmed with the passage of time due to this unchanging reiteration (in the past, M as a child, and in the analysis, I myself).²

Here is the dream:

A Japanese person of uncertain identity was committing hara-kiri in a cloister and wanted me to see it. So I started to run, but this person followed me and every now and then caught up with me, arch after arch, collapsing on the floor with the intestines coming out. I was horrified and disgusted.

If – however – from the beginning, this dream was for me the patient’s calling card, such was not the case for M, since for a long time the fact that the Japanese person could be both M herself and her mother, to whose suffering M had been forced to serve as a witness-participant in the past, was imagined solely by me. In fact, for a long time M would not seem to be aware of either the portrayal of dreadful and intolerable deprivation that the dream put into play, and which she feared would be reactivated in the analysis, or the particular pathogenic and numbing way of relating – here condensed in the oneiric image – that would suddenly spring to life and take shape between the two of us.

In the transference-countertransference process, therefore, I would be the one who, put into the role of M as a child, incapable of bringing any remedy to the situation, assisted M – who had fallen into the place of a mother “deprived of enthusiasm for life,” a mother who was often sick and suffering due to unknowable physical causes and to some “terrible secret” that tormented her, but about which “one does not speak at home.” It would be from the understanding that grew out of my acceptance of the *role-reversal* manifested by M, without her

² Perelberg (2000), too, emphasizes that the dreams brought in at the beginning of an analysis have a predictive meaning with respect to its future course and development, and in particular with respect to the transference-countertransference relationship that will emerge. The aim of the analysis will obviously be not to repeat what the dream portends, but to arrive at a transformation thereof.

awareness (without her awareness since she was completely identified with her mother), that my interpretations of the feelings of pain, anger, exhaustion, withdrawal, emptiness, unreality, and resignation circulating in the session would gradually emerge. These were the very feelings that M had suffered during her childhood when she was forced to take care of a very fragile, psychologically absent mother who was also intrusive (all this was heaped onto her as a little girl – undigested sufferings and tensions, and especially an annihilating pessimism). Furthermore, the mother had not been helped by her husband, who was himself depressed because of numerous losses he had suffered, and was plagued with worry about not being able to financially support his family.³

M's dream was thus the means that I utilized to understand her past and the ways in which it was being re-enacted between the two of us.

As associations to the dream, but without making any explicit connection, M said that "It was impossible not to see the blood and guts," and that "both people in the dream were incapable of speaking." She added that in the dream her age had not been the same as her actual age, and also that a friend of hers had broken her pelvis in an accident, though in her friend's case it was discovered that she already had a defective hip. At this point, M uttered a groan, saying: "It's certainly better to have an accident than being ill from birth, because that can be fatal."

My immediate thought at this point was that M's parents might have tried to abort her; this was certainly true for M at a subjective level, but it also seemed probable that M had not really been wanted. Later on, in fact, during the following sessions, she was to mention "a saint who helps children who are not supposed to be born," referring to a difficult labor that puts the mother at risk. Although this appeared to confirm my hypothesis, it also sent a shudder down my spine as I began to wonder whether I had the means to help her. I realized that I had embarked on an ordeal in which, in order for M not to die, I too would have to become a saint or at least to appeal to the heavens. However, on rereading my notes, to my great surprise I understood that, without realizing it, I had already assumed an optimistic attitude in the face of what M felt was part of her ineluctable destiny. This is a crucial element in my present analytic vision: the analyst must be more hopeful than the patient; he or she must manage to keep hope alive and convey this to the patient. Commenting on the sentence about the saint with a questioning tone, so as to let M continue, I had said "*who were not supposed to...*," rather than "*who are not supposed to...*" In so doing, I had immediately opposed myself to an imperative destiny and thus opened the way in our analysis (by telling her that she had come here because she wanted to be born) for the possibility of a psychological birth that would begin with a happy and consensual meeting, though only when the subject herself

³ The kind of role-reversal to which I am referring here – though outside my focus in this paper, as is the place of "the negative" related to it – is a bi-personal process that was first presented in the clinical diary of Ferenczi (1932b), with his attempt to work-through Elizabeth Severn's case of "terrorism of suffering." In my view, a clear and theoretically impressive picture of such a process is present in Heimann's (1965, 1969) thought and – more recently – in a paper by King (1978) on the "affective response of the analyst to the patient's communications," and has also been rediscovered by the Neo-Kleinians (Feldman and Bott Spillius, 1989; Bott Spillius, 1992).

felt ready and decided to be born.

Today I would consider the image of the saint itself prognostically less alarming and omnipotently demanding, since it includes, though at a considerable distance, the “pre-conception” of a good mother. The problem can then be to lead the person to use this nascent “pre-conception” in a healthy, non-idealized way. Her desire to display her “innards,” from her account of her first dream, could equally be read, on the other hand, as a prognostically favorable sign⁴ – an offering, that is, of availability and of unconscious, absolute “sincerity,” beyond the kind of “evisceration” that her deficient maternal object produced.

From what I was able to gather over the years of the analysis, it seemed true that M had not been wanted. Her mother (who herself told M this) had actually tried several times to have an abortion because she felt too old to have a baby and the family was poor. Both of M’s parents were orphans whose fathers had died when they were born. Indeed, this was the secret nobody dared mention at home in the superstitious fear that it might happen again, especially considering that M was conceived late, when her parents believed they were past the age to have children and felt wearied by life.

All of this gradually came out, not in M’s accounts, but in the transference and countertransference, which I slowly metabolized through my constant and often silent working-through of the *re-enactment* in analysis of an agonizing experience: an experience, I repeat, of “psychic hemorrhage,” and of a complaint woven mainly from physical pain and vague and tormented themes. Grasping it required me to receive the catastrophic feelings and anxieties that M was transmitting in her own primitive way (mainly through evocation and projection), as well as to recognize several minor errors I had committed regarding appropriate care and psychological aid for her problems and needs. These actions had made real and present once more M’s past as a severely neglected child who was overloaded with psychic burdens that should not have been hers to bear.

It was this continuous and sensitive attempt (within the limits of what I knew how to do) to offer words and affective meaningfulness to orphan M – an *orphan*, I would say, of “parental transformative reverie” and “representation” – that gradually enabled her to acquire first a less painful body and later a personal idiom through which she could express and narrate, at a more conscious level and in the first person, the various episodes of her life. The gradual reacquisition of sensory and emotional elements that had been blocked and extracted, and self-observational skills that were atrophied and reduced, became evident in the growth of fantasy and dream activity through which M – although maintaining it at a certain distance (other epochs, other countries, other planets) – was slowly brought into closer contact with her childhood experience. These fantasies and items included crusades of underfed and starving children and mothers, violent medieval wars where someone was imprisoned in a dungeon because officially that person was not supposed to exist; the appearance of horrible and grotesque Martians disguised as kindly hosts who would suck one’s brain out, or of others who

⁴ This point was particularly highlighted by Glauco Carloni when I discussed this case at the Psychoanalytic Center of Bologna on March 9, 2000.

were actually good but had been wrongly accused.

In other words, from her struggle between life and death, old and new, hate and love – conducted on mysterious planets, in tenebrous monasteries and bleak castles, in deserts and fantastic lands – a “me” slowly emerged with needs, feelings, and anxieties. She now needed to be “somebody” and no longer “nobody”; to have a name, a genealogy, a personal history (in brief, a recognition of the self), and to free herself from the lethal yet seductive oppression of a mother who had not wanted to be born herself, and who did not want M to live because existence, she felt, could only be a source of an unbearable suffering and incomprehensibly tortuous pain.

This evolution, an inchoate awakening in M of differentiation and of awareness of the traumatic deprivation she had experienced, was well expressed by this dream:

On a grey planet where it rained constantly, there lived a queen who hated both life and her son, to the point that she was always trying to kill him by throwing him from the palace windows. The child, however, had learned to fall standing up so that nothing would happen to him, and the queen greatly admired this skill by which he avoided serious injury or suffering. Then, suddenly, spaceships began to arrive on the planet. At first they appeared to be enemy craft, but in actual fact they wanted to protect the oppressed population from this cruel game between the queen and her son. At this stage, a young woman calling herself “Nobody” appeared, warning the strangers to be very careful of the hate between the queen and her son, and after providing information on their wicked plans, she joined in the strangers’ attempts to set the population free and defend them.

New Rumbings of Life: A Surprising Emotional Response and Its Consequences

In this section, I describe a subsequent phase of the analysis in which an emotional response from me surprised both of us and immediately led to a peculiar and vital shift in our dialogue.⁵ But it was only later that my response – returning with renewed strength – was understood in terms of its most significant aspect from the point of view of M’s analysis (and for the treatment of schizoid and deprived patients in general), revealing itself to be fruitful and mutative in the sense of triggering and encouraging a structural change in M’s ways of placing herself in relation to herself and to others. The material I refer to here focuses on both the stages of this episode and on the “digestion” thereof that we carried out together.

Until that period during the fourth year of M’s analysis – although she had by then graduated, found a

⁵ I must admit to having been pleasantly “surprised” to discover, years later when these notes of mine “transmigrated” from the slips of paper in my notes into their first “public-action” (Bion, 1992), all the value that an influential author like Bromberg (2006) assigns today to the “safe surprises.” By these he means those “unanticipated relational events” (Bromberg, 2006, p. 12) that not only mark the trail of – as Theodor Reik (1936) had already intuited – the “royal road to the unconscious” of the patient (Bromberg, 2006, pp. 198-199), but also assume the value of essential therapeutic transactions – since, through these, new scenarios are immediately disclosed and can be explored by the analytic couple. Other examples of this interpsychic phenomenon can be found in a previous work of mine entitled *Parla il campo: immagini e pensieri (The Field Speaks: Images and Thoughts)* (Borgogno, 1995a). Regarding the manner in which Reik conceptualized and made use of these, see Sacchi, 2010.

job, and made some friends – M had continued to be very silent and closed toward life, and certainly in her relationship with me. Our fights up to that point had only occurred in her dreams, but we had developed a sort of vicious circle in which the mere existence of each of us seemed to annoy the other, with the result that the other would switch off any signs of life. I was either the menacing child who wanted to be heard – clamoring about its needs, demands, and desires – or I was the mournful and resigned mother who paralyzed and discouraged the child by wanting her to be “good” – meaning dead – and willing to sacrifice herself.

I will report two sessions here in order to vividly depict, “live,” the sphere in which the reaction that I intend to comment upon occurred, as well as our concomitant, reciprocal, explicit “discharge” from a relational atmosphere that had until that moment been mostly limited and oppressing.

On Wednesday, the third sessions of the week, M was silent. After ten minutes, I asked her what was going on. She said that she had “squared up and closed ranks,” and after another period of silence, she repeated the same expression, referring to the health service assistant where she worked who obstructed everything and wouldn’t let her make a move because she thought it was either too risky or else inadequate. Then she repeated the word *squared* in an almost proud tone, very different from the half-complaining, half-fed-up one she had used the previous two times she had uttered it, saying that she had stood up to the woman, or (better) that she had “squared up to her.” [While she was talking, I wondered if concealed in this was a cryptic criticism of me, since during the previous two sessions I had spoken about the tormented experience she had had in growing up, or whether she was seeing herself despite her defensive splitting, describing the *she* who wanted to move but was blocked by the other *she*. I was struck by the unusual term *squared*, which reminded me of the war⁶ and the Piedmontese expression *square-headed*, meaning stubborn to the point of absurdity in persisting in an unproductive action.]

At this point, an enormous truck passed in the street under my office, making a loud rumble. M started and turned her head, a behavior I found highly unusual, so I said: “A rhombus⁷ in answer to the square.” I suddenly felt awkward and a bit out of place, so I was even more surprised when my patient laughed openly, saying with some enthusiasm that her colleagues had admired the determination with which she stood up to the health service assistant. [At the beginning of the session I felt confident that I could reflect on what was happening, but now I felt differently; I couldn’t understand. At first, I had thought that the loud rumble might have frightened her, as though it had been my superego-driven reaction to her “squaring up and closing ranks,” whereas, on the contrary, she seemed to be amused by the whole thing. I felt as though I had tried to be funny without realizing it, relieving myself of pent-up aggression, maybe taking advantage of the fortuitous rumble, while she remained perfectly calm and even happy.]

I said that something about my expression “a rhombus in answer to the square” had made her happy, and I was wondering what it might have been. She answered that the situation had cheered her up, especially the fact that I had used, as she put it, “a word that was really you,” even if she didn’t know exactly why. I suggested, though I wasn’t sure, that the rhombus and the square were different geometrical figures, and that maybe she appreciated that: the fact that each of us had our own language and our own ideas, as she had discovered at work where she had made herself heard.

She went on talking about her work, where she thought she was building something and putting herself on the line. I said that squaring up was a sign of a certain consistency and solidity, and that discovering this had cheered her up: in that moment she obviously hadn’t been afraid of standing face to face – almost in a fighting stance – but, on the contrary, had felt it was both pleasant and

⁶ I am referring to a typical disposition of troops on the battlefield in ancient times.

⁷ The Italian word for *rumble* is *rombo*, which is also the Italian term for the geometrical figure *rhombus* – an untranslatable play on words.

constructive.

At this point the session came to an end. [And I began to think we had reversed our roles: M was now comforting and positive while I was full of doubts. Was I her mother who couldn't control M's diversions, the games she was playing, and who, perceiving them as dangerous, tried to put a stop to them? Or were we suddenly starting to discover a new mode of being together, one that was freer and more playful, that I hadn't perceived consciously but to which I had quickly attuned myself and welcomed at the preconscious level, before becoming scared of the novelty? And if this was true, could what had started between us also be considered a beginning sexual transference that I hadn't recognized but whose threat I nonetheless felt?]

The next day, during the following session, M began by recounting a dream. She said, "I was standing near the entrance to a cave while a man who was with me was inside searching for me, not realizing that I was already outside looking for paths." She told me that the man was heftily built and seemed like a coalminer because his face was black and he had a light strapped to his forehead. Interpreting the dream, I said that I thought it might mean that she was feeling more separate from me than she had in the previous session. The man with the black face could have been me, a "cave" expert (not long before, we had discussed primitive and underground life in these terms), who, in the previous session, had looked for her "inside" (in an old and for her a typical position), hesitant in the face of the new things that were emerging.

M remained silent for a while, and then said that she had been thinking again about the rhombus and the square, that saying "rhombus" had been typical of me and that she had really enjoyed it, even though since she was a child she had only loved perfect and symmetrical figures and objects, such as the circle and the wheel. I replied that we had talked about this quite often (it was her attempt to be at one with the object; a way of excluding any otherness and interruption; a representation of the idealized fusional relationship; a way of being concretely inside the other's body, mind, and heart; an image of completion that seemed to set a limit to the void of primary depression), and that it must have been for this reason that, in the previous session, I had thought about her as in a womb analysis, sheltered from any possible wound that could have broken continuity, not realizing that in that very moment she might have been ready for a more lively and exposed rapport.

She remained silent, and after a while, her voice sad, referred to an Asian writer's saying that the womb is the centre of the body, but also the most exposed and dangerous part. I connected this to the fact that it was our fourth and final session of the week and therefore a painful one, even more so if there had been "some warmth" towards each other. But I also reminded her that in her dream she was looking for some paths, as if setting off had become an interesting possibility for her, although at this stage quite a daring one. The term *coalminer* (*carbonaio* in Italian), I added, did not simply evoke the idea of someone hacking at the black coal face of depression, but also, particularly the way she had pronounced it, suggested "*carbonaro*," that is, one of the rebels who had fought for the unification of Italy during the Risorgimento. As she considered this, her eyes roamed around as though under a spell. M said that, in her dream, she had felt full. I thought about the explorations of babies after eating and just before falling asleep and I told her this, underlining the fact that, although it may have been difficult for her to express it openly, she was trying to tell me that she had liked the fact of having been warmed up and that I had transformed myself into my association – a *carbonaro*: a sort of daddy-rhombus to her kiddy-circle that she had in turn transformed. She had in some sense grown up, and through the act of squaring up had managed to feel fuller, more satisfied, more open toward life.

Immediately afterward, examining this atypical sequence of sessions, I thought that during that week M had been one step ahead of me, and that the fact that I had expected her to be overwhelmed by the rumble and by my response could be connected to how difficult I thought it must have been for M to imagine herself in a different relationship, one in which her full investment would not be annulled by some kind of catastrophe.

During that session, the diffidence and suspicion had therefore been all on my part, and my uncertainty in consciously connecting the coalminer to something warm was further proof of this. I also reflected that, during this period, I was indeed adopting a more “masculine” and penetrating approach in my way of interpreting; I had become more differentiating and defining of responsibility. Therefore, the rumble/rhombus may have been connected to the fact that she had begun to perceive me no longer as a persecutor, but as a father who breaks up an undifferentiated mother-child union [here I had in mind Little’s concept of basic unity (1981)] and stimulates her to grow up and establish a relationship with him.⁸

Indeed, during the sessions that followed, these very aspects gradually surfaced: (a) a father who was sometimes playful and humorous; (b) the fact that her parents had expected a boy as compensation for an unwanted pregnancy⁹ (her parents had wanted to call her Alexander, a name that in their minds evoked someone “who could take on board and redeem their sufferings,” and thus alter their destiny); and (c) the fact that in her childhood and in her fantasies, she liked to think of herself as an important general (“Alexander the Great”), while at the same time she considered herself a girl or a woman (as we had already discovered during the period of her medieval dreams, when she told me about the *armet* that masked the faces of the knights. The Italian word for *armet*¹⁰ – *celata* – also means “concealed woman”), an ambiguity that burdened her with a somehow impossible task whose nature was not completely clear to her.

But how could she openly be a woman – identifying with her mother – if her mother was so enslaved, so depressed and defeatist, so fragile that she couldn’t bear the slightest thing? How could M become a lively person, capable of generating life, if life was exactly what she had always had to hide, push away, or cancel because to her mother it was a disgrace and a menace that at any moment could be interrupted?

While we were working on these aspects (seven or eight months after the above-mentioned sessions), without any evident motive, M returned to a state of complete muteness and withdrawal. The atmosphere again became “coal black” and M returned to her old ways, becoming an opaque and diffuse presence in the room, one who could hardly be felt or heard and who considered any effort made toward establishing rapport and cure to be futile. She really did seem to be dead, especially in the way she expressed herself and in the way she failed to respond to anything other than by showing a complete absence of any propulsive impetus or *joie de vivre*.

Was this a negative therapeutic reaction - a catastrophic reaction to the possibility of growing and acquiring a higher degree of autonomy and pleasure both within and without the bounds of analysis? Could it have been a form, doubtless radical, of the fear of death and of interrupting the link that can arise out of the fear of disappointing and of being disappointed when the patient again resumes being active in life, leaving the empty

⁸ Only later I considered with surprise (at not having immediately thought of it) that the man in the dream with a light on his head could also have been a gynecologist-obstetrician with a speculum – that is, I myself engaged in the work of contributing to her psychic birth.

⁹ I will not analyze here the problems related to sexual identity, although this was a very important element in our elaboration.

¹⁰ A medieval helmet that hides the face.

and solipsistic universe in which she was entrenched? Was it a form of revenge, supported by desperate and exasperated hate for having felt terribly betrayed and damaged, perhaps stirred up by some deficit or failure of mine, which had exacerbated the pain of a development already blocked by cold and glacial fury? Did she want me to live through this sense, that it was impossible to substitute and transform this fiery vindictiveness, albeit muted, into a more manageable and remediable experience in the first person? Was it some mad survival maneuver that would confirm her own existence, of the type described by Ferenczi (1921b, p. 163) when he talked about an animal's "pretence of death", when the wound to the self's subjectivity is too serious?

At any rate, there we were for some period of time and, although I bore in mind all these hypotheses as individual causes and as all being connected to that particular situation, I, too, felt destroyed and exasperated, feeling that M's behavior had become unbearable, a real damage and a waste. I had tried different interpretive strategies, but none of these, not even my silence, seemed able to shake her from her condition of fatal resignation. And it was exactly in the middle of these events – or, better, "non-events" – that the "rumble" reappeared: in me, as I explicitly displayed my feelings as the object of her transference through a rumbling, vehement interpretation (with my participation, my displeasure, and my sincere desire that we would be able to get out of the impasse and understand the situation); and also in the patient, who responded as though to a sign that she felt she truly existed for me, and thus to an incisive word that called her back to life.

I will quote from my clinical notes:

For the last few sessions, I had been thinking about the film *The Serpent's Egg* (Bergman, 1977), and in particular about the sequence that shows a series of experiments carried out by Nazis who, in order to study the reactions of the mothers, make the babies cry uninterruptedly. At some point, one of the mothers can't stand it any longer and kills her baby by throwing it out of the window, after which she kills herself. I tried to interpret this, telling her that it seemed to me that hara-kiri and throwing the other out was the only solution, just like in her first dream and in many others that had come later on; that it seemed to me that she was the one who was committing hara-kiri, but obviously I had to do it as well. In this way, I asked myself, was she perhaps trying to make me feel the impossibility of continuing with our analysis, since the result was becoming monstrous? This certainly would have been like shutting down something extremely painful, but would at the same time have required that I kill her as my patient and kill myself as her analyst....Was I doing something wrong, failing to understand something crucial here? If this was true, I wasn't sure exactly what to make of it; she had to help me, to give me a hand. If she had really identified with her mother who, M knew, hated life, while I was the she-child who had to carry on trying to change her mother and helping her to recover, I had to admit very honestly that in reality this was not at all possible....Analysis was limited. I too had my limits, and together – the analysis and I – we could only help her to quit this unhealthy project (certainly connected to her continuing unconscious identification with her mother) through understanding it; that is to say, we could only show her how this dramatic struggle was in fact inside herself, and that it was there that it had to be resolved.

A visibly moved M continued:

If you discover that you have an effect on other people, you feel real; you feel that you exist: therefore, others also exist for you and are

real. This is what you give me. It's not an indistinct or irritating noise, that you don't know precisely what it is or where it's coming from. It's not a groan that torments you because you can't fight it or do anything to stop it; nor is it an echo that reiterates you. It's something that comes *rumbling* from inside, which is alive and not dead at all, something that makes you feel reborn.

Still moved, she added that nobody had ever paid attention to her, either to her illness or to her withdrawal and silence, in childhood or in adolescence. At home they had not noticed it or, if they had, they had never talked about it; she was the model daughter who had no problems and was exactly what her parents wanted. She did not feel capable of arousing any feelings in other people apart from irritation and hassle, of which, however, she had never felt herself to be the real source. Her parents, when they were not depressed, were tense and afraid, struck by something that “went through them and to which they were willing to submit” – the secret I mentioned before, that from this moment M would begin to investigate and that would be put into verbal circulation so that its burdensome summons, passed down through the generations, could be dissolved.

Reflecting now on this analytic episode in two times, I recall how it first began: the unexpected bewilderment and the subsequent curiosity that I felt in relation to the context in which the term *rumble/rhombus* had appeared all of a sudden in my own words, and the result that this had provoked – a “meaningful emotional response” that had worked successfully as M's “means of encounter” (Heimann, 1949, 1970, 1978, 1981; Borgogno, 1992, 1995a, 1999b, 1999c). However, as the reader will recall, immediately afterward I asked myself who and what had really met, trying to understand what intersubjective movement had taken place or was in the process of occurring, and exploring self-analytically the psychic functions accomplished and the explicit and implicit messages that I transmitted in what I said and did not say. Thus, I formed the hypothesis of my possible preconscious attunement with M's nascent yearning for individuation, even contemplating a possible role-responsiveness (Sandler, 1993) of the paternal type, which was inviting me to further explore the functions I was performing for her.

Considering what was to emerge later on, there is no doubt that my use of the term *rumble/rhombus* had stimulated new affects in M, affects – tied to a relationship with an other who was distinct and separate – that she had hardly ever experienced in her life. In this respect, my response corresponded both to her need for a separating mother who would be neither fusional nor depressed and to her unconscious expectation of a differentiated father able to encourage life and at the same time indicate its limits without colluding with her omnipotent needs, anti-vital and anesthetizing, and without devaluing these tendencies of hers – still uncertain and embryonic – toward growth (Balint, 1958). M herself – and I stress this – had already begun to move in this direction when she commented: “That word is really you...and I was struck by that, I liked it.” In this way, she had remarked on the need for and importance of an authentic alterity, something she only glimpsed, feeling it to

be a novelty that had arisen from the analysis.¹¹

But a longer period of time (a “second time”) would be necessary to consolidate the nascent affective movement anticipated in that particular session (and in the previous sporadic but recurrent dreams, stories, and visions that momentarily lit up the analysis as “islands” of future subjectivity in a numbering, leftist ocean, “calm, flat, and empty” – the original environment) and to move toward a richer and more alive relationship. For me, this meant months of intensive work during which – while continuing to subject what was happening between us to a *process of working-through*, based on the rumble/rhombus episode – I became increasingly willing to live her experiences “in the flesh” (Freud, 1926), to the point that, in my attempts to help her, I renounced defending or justifying myself. I did this above all by avoiding in my utterances even the slightest recourse to theories or modes of interpretation that might sound in some way formal or routine.

It was in this climate of “facilitation” (Winnicott, 1954b, 1969d) and “environmental provision” (Borgogno, 1999d), supported by the resources which I myself, personally and with generosity, invested (daring to temporarily throw away the “sacred texts”¹² and contaminate myself with the invader), that the rumble/rhombus took shape as a shared term in the lexicon of our symbolic intercourse. For M, it was a tangible element, so to speak, that allowed her to live the experience of analysis more fully and feelingly; for me, a striking manifestation of authenticity that in M’s treatment was an indispensable way of bringing about change. This was the crucial “step,” to be more precise, whereby the emotional response elaborated by the analyst could reach her – functioning for her, too, as an appropriate “instrument of knowledge,” with which I could call to her and interest her in the relationship, awakening her curiosity and inspiring her to think.

I was – to summarize – surviving the lethal trauma that M re-created and that I had fought against for her birth and awakening, a cause for which I was not afraid to fight steadfastly and to become, in so doing, the “object-obstacle in the way of action” (Balint, 1968). While M had always regarded herself as a monster for her overwhelming needs and for the simple fact of her being born, my paternally sanguine telling off had made her feel wanted and alive. This meant that I, too, could now exist in my separateness and difference (with respect to her, her parents, and her inner object world); in the “vocabulary” of our dialogue, I could exist as the rhombus/coalminer/*carbonaro* who was reversing the gears of the destiny in which she was stuck by pushing her towards her own identity and integrity – the Italian *Risorgimento* of my interpretation of months before. In so

¹¹ Ambrosiano and Gaburri, in their book *La spinta a esistere [The Drive to Exist]* (2008), have recently underlined the importance of the paternal function to which I am here referring, labeling as “disjunctive” those analytic situations that succeed in opening up the patient with respect to the other and to diversity, making him curious and attracted to the world that surrounds him. Reflecting clinically on what it is that determines the emergence into external reality of patients with certain traits in common with M, they write – in complete agreement with what I maintain – “The separation cannot happen if not from someone who is there, alive” (p. 63; translation by Gina Atkinson). This last characteristic, “to be emotionally alive,” was not really there in M’s parents, and M’s energetic activity aimed at survival had been primarily accompanied in childhood and adolescence by an almost complete affective silence that was certainly one of the bases of her depressive tendency.

¹² The expression “to throw away the book” is Hoffman’s (1998), but Cremerius (1991), too, uses it in referring to Ferenczi’s analytic style, citing the medieval motto “*Rumpite libros, ne corda vestra rumpantur*” (“Destroy your books so that your hearts will not be destroyed by them”) – and in my opinion, this is also implicit in Bion’s *A Memory of the Future* (Borgogno, 1993).

doing, I could also steer her towards the passage from the narcissistic to the oedipal level.

M, in short, had squared up and closed ranks in her *search for and expectation of a “lively and vibrant thinker”* who would not be submissive, inhibited, tired, fragile, and defeated like her parents - who could break the chain of her tragic family destiny. I had gone against this by experiencing (though not always at a conscious level, and certainly not in an omnipotent way) her homicidal and suicidal hate and her searingly painful, wordless rage. I had been able to confront these without ultimately denying or succumbing to them (see Winnicott, 1947, 1969d), without either throwing myself down or throwing her down, and my success in operating in this way became evidence that, if one wants to, one can free oneself from a predestined pathway and inventively create a personal opening for oneself. In this new interpsychic terrain, in place of a lethal swallowing – which was thick with death and rejection that had been suffered and returned – the “*pietas*” arose that makes the loss not “a grief without end,” but something that can be “lost from sight” (Pontalis, 1987). This is possible because the loss has been meaningfully taken in and validated by a psychic environment (Benjamin, 1988) that has recognized it and affectively metabolized the pain “next to you,” without, however, colluding in the subject’s own destruction, and without falling into a “cycle of guilt” (Speziale-Bagliacca, 1998) or into a sort of “terrorism of suffering” (Ferenczi, 1932a, 1932b).¹³

William James (1890, quoted in Menninger, 1968) has perhaps given us the most suitable words with which to summarize and put into focus M’s “great mental pain”:

No more fiendish torture can be devised than when you speak, no one answers, when you wave, no one turns, but everyone simply cuts you dead. Soon there wells up within you such hostility, you attack those who ignore you, and if that fails to bring recognition, you turn your hostility inward upon yourself in an effort to prove you really exist. [p. 136]¹⁴

Work On Integration: Living

At the conclusion of my clinical presentation, I will put forward some general observations on theory and technique with regard to deprived schizoid patients, on the treatment of their depression, and on therapeutic factors that are obligatory in order not to gloss over the condition of “psychic death” – a condition that characterizes the pervasive wiping out of contact that distinguishes these patients’ analyses - and hopefully to overcome it. I will also present some observations on their dreams and on re-living their trauma in the analytic

¹³ Shengold (1989), in regard to patients similar to M – that is, “soul-murdered” – calls the result of this “*pietas*” process “*caritas*,” thus underlining the aspect of learning to take care of oneself and of others without rancor or revenge for the injustices suffered.

¹⁴ In the first volume of *The Principles of Psychology* (1890, p. 294), William James writes: “A man’s Social Self is the recognition which he gets from his mates. We are not only gregarious animals, liking to be in sight of our fellows, but we have an innate propensity to get ourselves noticed, and noticed favorably, by our kind If no one turned round when we entered, answered when we spoke, or minded what we did, but if every person we met ‘cut us dead,’ and acted as if we were non-existing things, a kind of rage and impotent despair would ere long well up in us, from which the cruellest bodily tortures would be a relief; for these would make us feel that, however bad might be our plight, we had not sunk to such a depth as to be unworthy of attention at all.”

process.

Before doing that, however, I will leave it to M herself to illustrate the “shift in direction” that she underwent in the following years, utilizing a session from the eighth year of analysis (the second session of the week) in which it was M herself who indicated with her words, on her own, the integrative and change-producing journey she had undergone up to that moment. My only interpretative intervention was a brief comment that validated what she was saying. In fact, in a situation such as this – one of memory and creative assimilation (Heimann, 1955, 1957, 1969) – it is the patient who discovers and narrates her truth to the analyst, who participates silently, not interfering with her account.

I had a dream. “Again, there was a slope. A group of children were standing at the top of a hill, rolling objects down it. These objects landed in black earth, which sucked them up. The children, who were playing at who could roll the most objects down the slope, got into a physical tussle and started daring each other to roll themselves down instead. I was with a friend, and we were trying in vain to dissuade them. There was one kid in particular I was worried about, who started throwing himself down the slope. Even if he always got up and went back to the top, I thought that the game was too dangerous, so I went to look for his mum, who told me she was worried because the child couldn’t speak very well. This mother, it turned out, was waiting for the father to arrive, but he was dead”.

The mother in question was the mother of a child whom I’m seeing in these days who was a late adoption.¹⁵ I diagnosed in him a serious language disturbance that his parents hadn’t the slightest inkling of. They’d brought him to me for a stomach ache.

The hill and the steep slope remind me of the road that led to my house in X where I lived when I was four. It was a hard climb, but I used to hold onto my grandmother’s hand, and that made it easier. In the dream, the children were throwing everything down the hill to prove that nothing happened. For me, the idea of separating myself was like throwing myself into the void I realized that here . . . and it took me a long time to understand it; I still think of it like that, throwing myself into space, but first I had to throw other things away, memories, feelings, to make them disappear.

I don’t know if you’ll agree with me, but I think that might have been what those kids were throwing down the slope Just like I was doing, until at the end I had to get rid of myself. That was my game – a death game, just like you taught me: to make myself die, to make my parents die, make this pain that was too great for me to bear go away It was a way of not facing the pain of absence and of people disappearing and dying Sooner or later my parents will die, the analysis will be over; it hurts, but now at least it gives my life some meaning

It filled me with anguish, seeing those parents coming to me for a tummy ache and not having any idea of the more serious problems their child had. It was like my history, except that this mother was more alive than mine. I’ve always had problems with language, too – I mean with expressing myself – only I didn’t know it until I saw it here, and now I think I can give that child and his parents what I got out of these sessions

Toward morning I had another brief dream that I didn’t understand, and it scared me because it gave me the idea that I was still so far behind, in the Dark Ages: “I found I had these little dinosaurs in my hands that wanted to bite me. At first I thought they were so cute, but they bit at me and hurt my hands. I was annoyed, but at the same time I couldn’t find a way to get rid of them”

Is it something of mine that still hurts and that I don’t want to leave behind? Even if they were just tiny, these dinosaurs were still frightening. Are they memories, something I haven’t yet understood, these passive silences of mine that still return occasionally? . . .

¹⁵ In the course of the analysis, M had become a respected pediatrician.

They were hurting my hands . . . not yours any more, though . . . when it was my heavy-handedness that was causing the pain . . . also in my dreams; . . . yet you managed to carry me anyway . . . and in one dream your wife said – do you remember? – that I absolutely had to get moving. That was an important moment! So maybe I shouldn't be scared if there are still traces of prehistory: they're my story, after all, part of my identity.

At this point, I said:

I think you're right This dream and the work you've been doing over these past months are very hopeful signs indeed. You've recognized yourself; you remember our history, your own history; and what's more, you can talk to me about it in a lively and personal way. I think this is a real change and also a mark of gratitude for the work you've been doing with me. You remember the film *Jurassic Park* that you took your nephew to see several times? Remember that it was the small dinosaur that was the most devouring It had a little voice that at first you couldn't hear very well . . . a timid, disconsolate squeak, almost a whisper, but in the bat of an eyelid it ate the guy who took care of it, the way sucklings do. This is also part of your history, part of your past, and in the dream it's evident from the way you recounted it and worked through it that you've managed to contain it and make it yours.

The patient continued, saying:

Babies' things cause so much suffering. I was a huge devourer of affection, attention, time . . . but I didn't have any choice. I ate for my parents, too, especially for my mother who cannibalized everything in the black hole of her depression; and I was supposed to free them from enslavement to an endemic hunger: the hunger of those starving orphans who've been through everything, including war. Ah! . . . I put the answering machine right It was interfering with the phone and today, before coming here, I called my mum and dad because I was happy that in the dream I had succeeded in thinking of myself. I told my dad that I'd called because I wanted to hear from him. He was a bit shocked and answered: "Doctor . . . when are you going to the hospital? I thought you'd already be there by now." It was sweet of him.

3. Deprived Schizoid Patients' Tendency Toward Pathological Identification, and the Importance of the Analyst's Personal Response

As I have written elsewhere (Borgogno, 1994a, 1994b, 1994 – 1995, 1995a, 1995b, 1995c, 1997, 1999b, 1999c), underlying the depressive difficulties and suffering of depressive-schizoid patients (such as M) there is *a massive identification with the depriving object*. The deprivation is primarily a spoliation: in general, of aspects necessary to the growth that the child has a right to; in particular, of his / her own individual characteristics that have not been recognized, and have therefore not been allowed to exist or to mature. The experience of intrusion, of the rejection and non-responsiveness with which the parents of these patients are perceived, always covers an underlying absence of basic parental care and attention.

At any rate, the deprivation that arises from the parents' psychoses is different – in its symbiotic or

chaotic, disorganizing and unpredictable nature – from the deprivation that derives from the depression of both parents or of one of them (Little, 1990; Borgogno, 2002b). Also different, perhaps, is the deprivation that stems from a depressive absence – either in one parent or in both of them – of enthusiasm for the transmission of life and for the existence and rearing of their own children, as in M and in the “*spoilt children*” of whom I have written since 1994 (Borgogno, 1994b; Ferenczi, 1929). In these latter situations, the deprivation can be more devious and subtle, so that the analyst – who in my opinion cannot but consider it a potentially relevant etiological element, in every case – must himself first locate it and identify it in its unique and pathogenic characteristics (“deduce” it, as Freud and Ferenczi suggested¹⁶), since the patient is only vaguely aware of it. It comes to be expressed either through body language (the language of a body that the patient usually lives in alienation from and does not know how to look after, despite its placement at the center of his attention¹⁷), or through communications that only appear to be intellectually sophisticated and perhaps well adapted and appropriate to the situations to which they refer, in that, in reality, the patient is profoundly incapable of thinking them and of experiencing them as meaningful. An example of what I am describing are the numerous, complex, and rich dreams that M brought in her first years of analysis: dreams to which I devoted a great deal of attention in the early part of our work, revisiting their unconscious transcription of “traumatically interrupted psychic events” (Ferenczi, 26-III-1931, in 1920 – 1932).

Alternatively – beyond the more classical presence of a false self and of a not-always-explicit reversal of roles that usually accompany any type of deprivation – another clue can be a peculiar form of extreme negativism alternating with an equally extreme docility and passivity. But the most evident signal is the analyst’s sensation, both in the here and now and over the longer-term wave of the evolution of the transference-countertransference, of a conspicuous lack of responsiveness in the patient, accompanied by a persistent feeling that something vital and essential is missing from the analysis and from the patient. Indeed, the patient is convinced, at a deep level and without being consciously aware of it, that both the mother and the analyst love death and want the patient dead. Franca Meotti (1995) suggests that this is how the archaic unconscious of such a patient reads the parents’ lack of enthusiasm and their living in peril due to the child’s instinctive and unpredictable exuberance.

The primitive defenses – suitably schizoid – of deprived patients arise from just such an experiential

¹⁶ One could say that the late Ferenczi tried to develop and to accomplish with patients precisely what Freud states, congratulating him, in a letter sent to him on September 16, 1930: that “the traumas there must be deduced by their implications,” since they are “reactive scars” that “make them visible” (Freud, Ferenczi, 1919 – 1933). And, in his view, the signs that announce traumas and that have taken their place were exactly the feelings of annihilation, of apathy, agony, collapse, and catastrophe: signs often first perceptible not in the patients themselves, but in the analyst’s own countertransference experiences in his relationship with patients.

¹⁷ On this aspect, besides Ferenczi’s observations, Anna Freud’s notes on children who had been returned from Theresienstadt are also noteworthy (A. Freud, 1951). She, too, in the wake of Ferenczi, interprets the child’s interest in his own body and in caring for it as the child’s unconscious assumption of the parent’s function (when this occurred less in the past and is occurring less in the present) in relation to his or her own body, representative of their deprived child self. The problem, however, is that this unconscious assumption is in these cases imitative and superficial, and does not at all correspond to an effective, deep assimilation of the parents’ physical and psychic care-taking qualities.

breeding ground, characterized by environmental lack of various kinds - serious fragmentation, dissociation, splitting, projection, and total denial of psychic life - which comes to be primarily lived and experienced by the analyst. In my opinion, these defensive strategies are not the product of a primary destructiveness, but are radical survival strategies in the face of unbearable pain. As such, they need to be recognized with respect to the function they fulfill, in order not to repeat in the analytic interaction the mingling of abuse and intrusion that these patients have concretely suffered in the past. The violence and destructiveness that these defenses involve therefore lie especially in the fact that they come to actively and continually foreground, in life and in the analysis, the experiences of deprivation from which they derive; however, this result is always an unconscious attempt –albeit insane– to remember them, modify them, and master them.

M's violent and destructive attitude was a life-denying one, which consisted of yielding to the absolute and omnipotent pessimism of her internal mother (which was based on her real mother's actual attitude) and the doom predicted by her parents. It was this identification, on M's part, with her mother and with her mother's vision of M herself and of life – a potent venom – that M herself reproduced. Nonetheless, not living and provoking hatred were also her way (an undeniably sick one) of setting herself up against this predicted death, and of saving the object both by distancing it from herself and by not being born, not existing psychically, and not growing (another meaning of the “recrudescence” of mutism, withdrawal, and opposition that made the “rumble/rhombus” emerge).

It is thus most important that the analyst not concentrate solely on the patient's omnipotent, destructive narcissism. (S)he must also explore, even if only by following clues, the equally primitive narcissism of the patient's objects and the hidden ways in which these have been the conductors and engines of psychic pain. That is, the analyst must help the patient unblock his/her history together with the internal world, so that (s)he can *disidentify him/herself from the depriving object*, and can become, through the *construction of a function of “no-entry,”* less permeable to its influence and more selective in assimilating external contributions. This is a turning point that implies something beyond the firmly locked elaboration of the repetition compulsion (which has been nourished by external contributions, and before that by the patients themselves and by their introjective longing generated by the deprivation that had been suffered). In other words, it implies both helping the patient understand what the parents can have “deposited inside him/her” (Faimberg, 2000) – distinguishing this from the simple result of the patient's projection into the parents, which would have damaged parental contributions and rendered them malign – and also being ever willing to explore our own possible inadequacies as analysts with which such a patient may be likely to identify and thus overlook. The latter analytic attitude means a readiness to view the patient's resistances (but also his/her compliance) in terms of needs and anxieties that we have not yet understood and that we have thus failed to respond to adequately, or – in extreme cases – even in terms of our failure to recognize our own “improper” behaviors toward them (see also Ferenczi, 1932a, 1932b). In this regard

we recall, with Ferenczi, that these patients are particularly predisposed to identify with the aggression and destructiveness of their interlocutor and to pass over every one of his / her errors and missing elements (Ferenczi, 1920 – 1932, 1929, 1931, 1932a, 1932b, 1934).

It follows that it is absolutely necessary, in order to facilitate and mobilize the depressive working-through of these patients' experiences, to first deal with the level of mortification, shame, and betrayal that will underlie the guilt, rendering it terribly virulent and persecutory. In short, this means – in order to move toward an authentic reparation – beginning to come to the patient's aid by focusing, not so much on the damages inflicted on the object, but on those produced by the object to the self. Toward the end of M's analysis, in speaking of *hara-kiri* and the Japanese figure in the dream at the beginning, M described how in that culture one committed suicide rather than violate one's own traditional customs, even when embracing new values might "secretly" be considered better for one's life. This is a declaration, therefore, that indicates not only how the primitive unconscious of these persons operates, but also their need to be firmly supported in legitimizing and affirming their own subjectivity and in separating themselves from the basic assumptions of the moral logic that dominate the familiar group to which they belong and their personalities.¹⁸

In light of the reflections I have expressed up to this point, the difficulties in effecting change in these patients are more than evident. In the more specific cases of patients whose deprivation results from their parents' lack of enthusiasm for life, such difficulty emerges in analysis, as Franca Meotti (1995) has said, in the following terms: "Insofar as the transference is a new experience, it represents a mortal threat to the status quo whereas, insofar as it is a repetition, it represents a mother who approves only of death" (p. 463). The analyst will be, for this reason, both the mother who is the harbinger of death because she threatens the defensive mechanisms utilized by the patient for survival, and also (because of the reversal of roles I have described) the child that the lethal maternal object wants dead. Experienced in these two guises, the analyst will be continuously refused and erased and will be particularly tested by an attitude of fatal resignation. Let me clarify that I am speaking of the lethal maternal object not because I consider such a characteristic exclusive to the mother, but because this trait is much more deeply determining if it pertains to the primary object, while if it is manifested in the father, its presence will probably end up being less serious.

Many analysts – especially the British Independent group (Winnicott, 1947; Little, 1957; Symington, 1983; Coltart, 1986; Bollas, 1987, 1989; Rayner, 1991), but not exclusively (cf. also, for example, Hoffman, 1998; Kernberg, 1992; Ehrenberg, 1992) – have repeatedly stated the utility with these patients of performing "acts of freedom" – disclosing the analyst's own feelings – in moments of impasse and of intense destructiveness of the patients toward the analysis. Although in general I think it is healthy in itself for the entire therapeutic situation to speak with sincerity about what is happening, I do not know if it is always useful and appropriate to

¹⁸ This aspect has been brought forward by Gaburri, Ambrosiano (2003).

resort to this. In any case, I maintain that, in order to reach these patients, the analyst will have to accept his/her own intense feelings, both positive and negative, as an indispensable point of departure from which to continue to work, preparing him / herself for false steps and *inevitable enactments* that will have to be gone through and modulated assiduously and patiently. In my opinion, the type of deprived patient to whom I am referring has, in addition to the requirements I have just outlined, a considerable need to verify that (s)he has an effect on the environment, to be able to succeed in seeing it both outside and inside him / herself; this is another reason for which the analyst must not be afraid of the inevitable involvement with these patients, while taking care to avoid being traumatic.

Nevertheless, error will prove inevitable. However, when admitted without qualms (which does not mean being indulgent towards oneself) – it will be the occasion for refinding and bringing into the present an elusive “reality” that has not yet been organized, often belonging to aspects of the patient’s past life that until that moment have been ignored and have slipped away, thus becoming, thanks to that process, a stimulus and an incentive for learning and discovery (Winnicott, 1963 – 1974; Borgogno, 2006a). At any rate, we must not wait for the patient to let us know what we are not accepting or are mistaking, if we have not ourselves helped him / her to discover it with tenacious and repeated encouragement to join us in weighing up both those doubts as to our understanding that we inevitably have in the course of every treatment, and those observations and thoughts that (s)he may hide from us – thinking, in the back of his / her mind, that these are elements that we do not want to know anything about. (S)he who suffers from childhood deprivation will undoubtedly study our mood and our behavior (including mistakes, inhibitions, anxieties), observing how we cope with these and resolve them. With openness and without hypocrisy, then, we will have to consider the limits of our understanding and the fact that we are not immediately capable of tolerating all the developments that occur in an analysis, in order to discover with respect to each of them – trying, failing, trying again – a personal path of our own, which will sometimes prove anything but linear, in coming to terms with the pain and conflict that result from them.

Deprived patients need an analyst who makes them feel genuinely hopeful, alive, and meaningful to another person because only in this way can they gain access to the world of feelings and shared meanings. It is incorrect to say that they want to be understood and not to understand, unless one means by being understood having value and existing for another person who affectively and mentally participates in their particular experiences. As a consequence, the primary therapeutic factors in analyzing them will be the analyst’s profound generosity and the libidinal-affective continuity of the message that is implicit in his words but goes beyond the words themselves – the pragmatic communication (Rycroft, 1956), more than the declarative content of our interventions and the detailed remarks of our interpretations. Of course, vitality, sensitivity, and that humanity which is capable of thought will all be rejected, opposed, and blocked. Yet it should not be forgotten that often this type of patient has never received the kind of experience that we as analysts offer them. And because they

do not recognize it, they frequently think they are not entitled to it.

How should one construct an effective and mentally interactive safety net that will permit patients to take on exclusively the interpretations that are effectively meaningful for them? I do not think there is one single way to accomplish this; every analyst has a distinctive style. However, as I have suggested in the case of M, more than having a good technique or a coherent theory, it is essential that the analyst be steadfast and tireless in his/her willingness to experience feelings on the patient's behalf, while also being firmly capable of separateness when this becomes necessary to ensure both the patient's survival and that of the analysis itself. The analyst's commitment to the authenticity of an elaborated emotional response to the patient, even in the face of profound unresponsiveness on the part of the patient, may make it possible for him / her to meet and understand the patient while avoiding a pseudo-analysis that may push the patient towards premature insight and precocious, inauthentic responsibility, and create an environment that is not adequately protective and respectful of the patient's unique tempo of growth.

These pitfalls are the risks that present themselves in the treatment of deprived patients, because their "as if" evokes and flatters the "as if" of the analyst. Thus it is necessary, with these patients more than with others, to keep a close watch on our own level of authenticity, since – as I have emphasized here and elsewhere – this is not a case of the "shadow of the object that falls on the ego," but, due to their history, of a particular facility for "letting the object take the place of the ego" and for sacrificing the development of their cognitive and emotional journey. The patients' silence and withdrawal in analysis could also be a sign of this. It is our primary task *to give voice to the unexpressed potentialities and the unborn self* and to foster, first hope, and then an alive existence.

4. *Dreams and Reliving Trauma in the Analysis*

Returning finally to the dreams of M, one point emerges that probably has probably also occurred to the reader: at least three out of four of the dreams she brought to analysis are clearly variations on the same theme and the same scene. They depict a prototypical scheme of pathogenic interaction while also (when viewed in sequence with the benefit of hindsight) showing how this scheme gradually becomes subjected to an equally clear process of development.

The first dream, from the beginning of the analysis, brings to light a psychically suicidal situation from which there is no way out. M is the powerless witness to the hara-kiri of a Japanese person of uncertain identity in a closed space, a type of cloister in which the event in question follows "arch after arch," presenting and representing itself nearly identically, without the patient's being able to modify the result either by running away or getting help. This was a relational situation, the one that the first dream illustrates, which was furthermore

typical of the patient's dreams and her general attitude in the first phase of the analysis.

Unlike the first, the second dream (from midway through the analysis), in which the wicked queen throws her son from the palace windows, takes place in a space that is in some ways already more open. Although the central scene remains more or less unchanged in terms of its underlying traits, it shows a dawning awareness and movement towards recognition of what is happening, with a consequent summoning and gathering of ego and libidinal forces (the young woman called "Nobody" and the oppressed people), sustained by containment and interpretations (the alien spaceships no longer seen as the "enemy," but as "protective"). However, the recognition that occurs in condensed form in this dream is far from being even the least bit solid or stable; as the reader will recall – not at all to be ignored from the point of view of the characteristics of this analysis – the queen's son "had learned to fall on his feet so that nothing would happen to him," and was admired by the queen on account of this "talent for avoiding injury and suffering."¹⁹

The third dream to which I will return, from the eighth year of the analysis, in contrast, would be defined by Jean-Michel Quinodoz as an actual "dream that turns a page" (1999). This dream, through its iconographic content and subsequent associations, makes it clear and irrefutable that the patient is immersed in a new capacity for perception of the self and of reality (external and internal). An integration of thoughts and feelings has been put into circulation: she no longer ignores the pain but actually attends to it. This fact announces a structural change that foresees a likely conclusion to the analysis in the near future.

My objective in these pages has been to show in the most efficient manner possible how and why M gradually succeeded in establishing a sense of cohesion and identity with respect to her experience – past and present – that had not been accessible to her earlier, and as a result to come closer and closer to perceiving it as truly belonging to her person. Leaving aside my obvious choice of particular dreams in the service of this objective, M's dreams in the early years of the analysis almost compulsively brought to the scene an experience of psychic deterioration and of physical and mental violence to which the subject was exposed while deprived of an escape route. The subject involved in the dreams was either herself directly, or a helpless, alone child or, on still other occasions, a group of people most often placed in a dependent or subjugated position with respect to the principal agent of the dream. I should specify that, more than resembling "classical dreams," the dreams reported in that period very often had the character of "nightmares," since the very primitive defensive maneuvers demonstrated in them consistently failed in their purpose. These dreams engendered the feeling that one could do nothing to oppose the events portrayed other than suffering through them, and that something absolutely not mentalized and not digested was returning, something in part totally obscure and incomprehensible to the dreamer, as well as being tormenting. In short, in this respect, M did not seem to have adequate emotional and conceptual instruments to affectively recognize, in a stable manner, the pathogenic

¹⁹ A clear image, this, of a "traumatic progression" that characterizes Ferenczi's (1932a) "*wise baby*" and these persons' "mortal jumps of adaptation," based on the renouncement of their childhood psychic life and its consequent dissociation.

relationship that they confirmed. In addition, in the face of the insistent return to and visualization of this pathogenic relationship, there was no more than the faintest corresponding increase of a real awareness in her of the traumatic nature of their contents. There was even less of a solid increase in introspective thinking about the connection of the episodes and feelings described by these dreams to the patient's self, to her history, and to her early psychic environment.

My second argument originates in what I have just now observed about the dream at the beginning and that in the middle of the analysis, and the corresponding, analogous atmosphere that dominated the sessions during those years. I will put forward this argument in the form of questions, even though in reality I have already tried to answer them in the course of all that I have written. Did M actively repress her painful experience, splitting and evacuating it in the ordinary sense that the concepts of repression, projection, and splitting have for us? Did she, to a greater or lesser degree, distance the conscious and alert ego from that experience? Or, alternatively, did the recorded experience that these dreams indicated not remain dissociated from her, and furthermore automatic and mechanical (one could add), since she lacked the affective and interpretive parameters to contain, distinguish, and legitimize first the suffering, and second, her mental states and those of her parents? This by the way – the containment, differentiation, and legitimization of her suffering and that of her parents – was a result that she reached only later, as she gradually learned to deduce and discriminate one from the other, releasing her needs – whenever it was appropriate to her life project – from the obstructive and mortifying climate of silence and familiar psychic inertia that tended to envelop her, succeeding in nullifying them. Did there thus come into play in this long segment of the analysis, beyond the expressive form and contents of her dreams, a blocking and a destruction of connections that were at one time established but then lost, or on the contrary was this about connections that had never been reached and formed?

Can we speak of these dreams as dramatizing the grave conflicts of the dreamer's unconscious – conflicts that are responsible for the dreamer's mutilated symbolic capacity – or do we not have to expand our vision, as does Ferenczi (1920 – 1932, 1931, 1932b, 1934) and, later, Bion (Bion, 1992; Bion Talamo, Borgogno, and Merciai, 1997), to include the idea of the dream in its images as a transcription of fragments of mute, silent experience that have not been assimilated or “worked on” at a symbolic level in the absence of truly available means with which to put them into words and work them through? Fragments, I mean, that are not conscious and that, independently, could at the same time encapsulate precious information of notable importance not only about the subject's mental functioning, but also about the “unthought” and “not-consciously-known” relational past (Bollas, 1987).

And, getting down to brass tacks, if such queries are not considered useless and marginal, what is the consequence for the technical procedure of our interventions? Is it unimportant to restore to the patient a strong individualization of his existential journey and of the attributes and characteristics of his objects and of his self –

to move the decodification of this type of dream in one direction rather than another? And when do we privilege the hypothetical picture of a restricted space of life and narrow-mindedness in our interpretations, emphasizing the effects on the internal world of a decisively inappropriate and lacking situation of care-giving, by us ourselves and by the patient's caregivers, or, on the contrary, to first indicate and introduce into the analysis the inevitable distortion produced by the patient? And, more than that, is this distortion produced by desire (the Freudian viewpoint), by projection of one's own instinctual drives, especially negative ones (the Kleinian view), by the inevitable introjection of "hypnotic parental commands" and by the resultant mimicry for survival (an eventuality not excluded by Ferenczi and Heimann), or, most basically, by simple immaturity and inexperience?

I will move on, then, to my concluding reflections. Dreams such as M's, that put forward exact reproductions of a relational pattern that is anti-vital and pathogenic, must be seen by the analyst – in order for them to lead to profitable and appropriate symbolization – as the persistence in the patient of cumulative traumatic experience, full of "great pain" (the pain that concerns the area of non-existence and non-differentiation). At the moment, in fact, the patient does not have, nor will he have in a suitable period of time, emotion-filled, reflective words with which to verbalize and renegotiate – together with the lack of differentiation – such a "great pain" that appears, not always at an indirect and cryptic level, in the dreams' apparently ostensive "secondary" content. The intelligibility that these dreams seem to possess in a sometimes excessive way, the particularly organized and sophisticated narration brought about by the "inviting" sequence of oneiric images, must not at all suggest, however, the presence – even the fragile or weakened presence – of a feeling or thought that can pass for reflectiveness. Only a superficial and hurried analyst would mistake these patient's impression and mnemonic-sensorial registration for the product of an ego that is sufficiently developed to master the traumatic event and transform it into memory or insight about the patient's own mental operations. M, for example, was in no way able to observe and signify through her dreams the trauma to which she had been subjected and in which she had participated; she did not think, except in a confused way, that other forms of existence and of relating were possible beyond those she had experienced, without understanding them, in her childhood and adolescence.

But what is the relationship between the evolution of dreams of patients such as M, and the evolution of the entire analytic process that I have emphasized in my comments, focusing especially on the importance to the effectiveness of every analysis of the analyst's personal affective experience with his patient?

Overall, with patients such as M, one finds oneself at an early stage with respect to a "progression" of dreams that is "falsely evolutionary" (Ferenczi, 1932a, 1932b), deriving from excessively painful experiences that have not been worked through, so that "the traumatically interrupted psychic events" (Ferenczi, 26-III-1931, in 1920 – 32) concealed by them will have to be re-experienced as the analysis unfolds, in depth and in small portions ("in fractions" and "to their very end," Ferenczi advised; 26-III-1931 in 1920 – 32; 1932b). This is

necessary in order for these events to be authentically observed, understood, and worked through. The trauma, then, in order to be guided towards the best solution and overcome, will *in primis* have to become real and will have to be re-enacted in the meeting of the analytic couple, and it will fall to the analyst to traverse that trauma “body and soul,” gradually more consciously. In other words, for this reason, real traumatic events lived by patients must absolutely not be denied by us, (this is why the category “childhood psychic and real history and environment” cannot but enter into being part of our theoretical baggage), and, equally, we must not prematurely truncate the pain that they inflicted in the past and that, sooner or later, inescapably, will come to be reproduced in the sessions.

With this aim in mind, the analyst cannot help but become the incarnation of the various characters who appear in the patient’s dreams, if (s)he truly wants to bestow on the patient, with reverberating imagination, that new key and opportunity (Ferenczi’s and Balint’s “new beginning” that I alluded to at the start) that permits him / her to make use of the uniqueness of his / her history and the origin of his /her catastrophic suffering, which has forced him /her to become ill and to be what (s)he is. Only after this, indeed, will the traumatic events be brought to the foreground in the shared dialogue: only after the patient him / herself has become able to bear and to autonomously indicate and name them, in his / her own healthy defense, both in their relational version, historical and current, and in their internalized and intrapsychic version.

It is thanks to the creation of such an environment in the development of the analysis – which satisfies (as Ferenczi and Bion, cited in epigraphs at the beginning, intuited) “*a need for reality*” more than “*a need for truth*” (Borgogno, 1994 – 1995, 1995c, 1999b, 1999c, 2000c, 2006a; Borgogno and Merciai, 1997) guaranteeing human and psychological functions that were previously disregarded and taken away – that the dream and the session that turned the page in M’s treatment took place. That is to say, this occurred not only thanks to interpretations themselves and to functions of containment, reverie, and transformation, but also to the analyst’s personal testimony, legitimization, and validation.

On the one hand, the dream and the session that turned the page summarized and condensed – in thoughts charged with affect, consciously communicated by the patient in that circumstance – the central experience she had undergone in the analysis, now identified at a level of separateness and differentiation that rendered her an individual, that is, no longer fragmented and divided. On the other hand, this dream and this session enriched the existential horizon in that the unthinkable and annihilating loss suffered by M – which on a deep level became “blood, gaze, gestures, and word,” with the acquisition of full psychological birth – could finally be set aside and forgotten. Thus, she was permitted to go beyond them and to emerge in the present and future time of her life, with renewed energy and increased basic trust.