The Analytic Situation as a Dynamic Field

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This paper discusses the consequences of the importance that recent papers assign to the countertransference. When the latter acquires a theoretical and technical value equal to that of the transference, the analytic situation is configured as a dynamic bi-personal field, and the phenomena occurring in it need to be formulated in bi-personal terms. First, the field of the analytic situation is described, in its spatial, temporal and functional structure, and its triangular character (the present–absent third party in the bi-personal field) is underlined. Then, the ambiguity of this field is emphasized, with special weight given to its bodily aspect (the bodily experiences of the analyst and the patient being particularly revealing of the unconscious situation in the field). The different dynamic structures or lines of orientation of the field are examined: the analytic contract, the configuration of the manifestmaterial, the unconscious configuration — the unconscious bi-personal phantasy manifesting itself in an interpretable point of urgency — that produces the structure of the field and its modifications. The authors describe the characteristics of this unconscious couple phantasy: its mobility and lack of definition, the importance of the phenomena of projective and introjective identification in its structuring. The authors go on to study the functioning of this field, which oscillates between mobilisation and stagnation, integration and splitting. Special reference is made to the concept of the split-off unconscious ‘bastion’ as an extremely important technical problem. The analyst's work is described as allowing oneself to be partially involved in the transference–countertransference micro-neurosis or micro-psychosis, and interpretation as a means of simultaneous recovery of parts of the analyst and the patient involved in the field. Finally, the authors describe the bi-personal aspect of the act of insight that we experience in the analytic process.

There is nothing new in admitting the error of one-sidedness in early descriptions of the analytic situation as a situation of objective observation of a patient in a state of more or less pronounced regression by an analyst-eyed that restricts itself to recording, understanding and sometimes interpreting what is happening in the patient.

1 [Translated by Susan Rogers and John Churcher. Originally published in Spanish as Baranger M and Baranger W (1961-1962), and later reprinted in Baranger M and Baranger W (1969), which is the primary source for the present translation. Added 1969] The present text was first published in the Revista Uruguaya de Psicoanálisis, vol. IV, no. 1, in 1961-1962. Some of the concepts expressed here will need to be developed—as some of them are in the following chapter, some will need to be modified, others to be radically revised. As it stands, the text gives a good enough idea of the current thinking of both authors. The following chapter referred to here was originally published as Baranger M and Baranger W (1964).

2 This paper is an attempt at a synthesis of ideas already put forward by both authors in earlier papers, several of which remain unpublished for reasons of discretion. Its technical basis is apparent in those papers. [Added 1969] The present text was first published in the Revista Uruguaya de Psicoanálisis, vol. IV, no. 1, in 1961-1962.

3 [The summary was included in the 1961-1962 version only]

4 [The Spanish is analista-ojo; the word does not appear to have been used elsewhere.]

Direct observation and progressively deeper studies of the countertransference; the unconscious means of communication that develops in the analytic situation with particular ease and intensity; the latent meanings of verbal communication: all these factors imply a very different and much broader concept of the analytic situation, in which the analyst intervenes — in spite of the necessary ‘neutrality’ and ‘passivity’ — as a fully participant member.

Therefore, the analytic situation should be formulated not only as a situation of one person who is confronted by an indefinite and neutral personage — in effect, of a person confronted by his or her own self — but as a situation between two persons who remain unavoidably connected and complementary as long as the situation obtains, and involved in a single dynamic process. In this situation, neither member of the couple can be understood without the other. No more than this is implied when it is recommended, and rightly so, that the countertransference be utilized as a technical instrument (Heimann, 1961).

The concept of ‘field’, as used in particular in Gestalt Psychology and in the works of Maurice Merleau-Pontys, seems to be applicable to the situation created between patient and analyst — at least on the descriptive level — without this implying an attempt to translate analytic terminology into any other.

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

What we notice most immediately about the analytic field is its spatial structure. Two persons meet in the same room, and are generally located in constant places and complementary positions within it. One is lying on the couch and the other is seated, also in a relaxed position, in an armchair next to and slightly behind the other person; any modification of this spatial structure, empirically adopted as being the most favourable, leads to substantial modifications of the analytic relationship itself.

An analysis does not develop in the same way if the armchair is placed a metre away from the couch or if the couch is placed in the middle of the room instead of being next to a wall. Moreover, the choice of a certain position by the analyst already reveals a particular internal attitude toward the patients.

These placements form a common space for the analytic relationship; but in the transference-countertransference relation, it undergoes important experiential modifications. Although both are in the same place as in all the previous sessions, the patient may ask the analyst why he or she has changed the position of the armchair, and moved it further away. At other times, patients may experience the distance between themselves and the analyst as being annihilated. The space of the analytic relation may also contract until it includes only the analyst and the patient.

with denial of the existence of the natural boundaries of the room and the furniture it contains, or may extend itself to include whatever objects (pictures, books, etc.) are in the room, or may even extend itself beyond the boundaries of the room: the other patient in the waiting room who is listening, the noises from the house or the street, may take on important meaning and form a momentary space that is quite different from the common analytic space.

Any modification of the experienced spatial field naturally means a global modification of the analytic relationship. Many recent studies (Mom, 1956, 1960) of the spatial configurations in agora- and claustrophobia and in phobias in general show the importance of variations in the distances and structure of the spatial field in the analytic situation.

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

This does not prevent innumerable modifications from altering this field. The phenomenon of sessions that are experienced as short or long in the transference or the countertransference is quite well known (Spira, 1959).

The procedures used by patients to bring about a halt in the evolution of the temporal field are extremely varied and respond to multiple situations of anxiety (anxiety towards growth, change, the unknown, etc.). Some patients, at certain moments or periods, experience the analytic temporal field as indefinite and come consciously to consider analysis as lifelong or even eternal, which sometimes corresponds to a phantasy of unending oral gratification or possession of the idealized object. The future ‘cure’ or the ‘termination’ of the analysis is no longer attractive, and still less so when reaching this future means facing intense situations of anxiety.

Other patients, on the contrary, try to force the pace of the temporal field. They try to be analysed in a great hurry, and they always feel that the procedure is too slow. While the former were trying to stop time in order to avoid the next anguish moment, the latter are ‘off like a shot’ in response to anxiety and they speed up the changes in order not to find themselves at peace in any situation.

Naturally, these alterations of the analytic temporal field depend on the character structure of the participants and on their particular way of handling objects and anxiety, the temporal field reflecting the global analytic field.

The analytic field is also structured according to a basic functional configuration contained in the initial commitment and agreement. This commitment explicitly distributes the roles between the two participants in the situation: one agrees to communicate to the other, as far as possible, all his or her thoughts; to co-operate with the other's work and to pay for this work. The other agrees to try to understand the former, to provide help in resolving conflicts through interpretation and promises confidentiality and abstention from any intervention in the other's 'real' life.
In this way, a functional field is configured in which the two persons expect from each other very determinate behaviour and the maintenance of the basic commitment, whatever the content of momentary modifications may be. Because of the structure of the situation itself, the patient accepts a number of implicit rules in the relation with the analyst—and interpretation will remind the patient of this when he or she fails to observe them; for example, patients accept a considerable limitation of actions in relation to the analyst. They may want to kill him and fantasize the analyst's destruction, but they cannot shoot the analyst down, nor can they move into the analyst's house, even if they think that I would be better off here than anywhere else’, etc.

The consequences of the structuring of this functional field are extremely important: they place the patient in a position that permits and even encourages regression, and the analyst in a very different one, where the temporary regression of the analyst's ego must be much more limited and partial, leaving the observing aspect of the ego intact and preserving the terms of the contract if the patient tries to bypass them and thus adulterate the analytic situation. The most generalized non-fulfilment of the contract relates to the fundamental rule and, from Freud onwards, everyone has recognized the technical need to analyse and overcome it as an access route to conflicts, and has noted that the particular form of the neurosis in each patient is expressed in the patient's particular way of avoiding the fundamental rule.

This basic functional configuration of the analytic situation can also be called the bi-personal psychotherapeutic relationship. But it is only bi-personal at the level of ordinary perceptual description: in the room where the sessions take place, there are two flesh and blood persons. However, other persons always intervene in the patient's narrative and phantasy, or even break into the room in the form of a hallucination.

Neither can we say that these two persons are no more than two, since the general rule is that they are divided experientially into ‘parts’, each of them and the third persons representing aspects or agencies of the two basic persons. Depending on the moment, the analyst may represent the patient's superego or repressed impulses or repudiated parts of the patient's ego. And naturally the same occurs — though on a smaller scale — with the patient for the analyst.

This situation is the inevitable consequence of the splitting prevalent in the patient's regressive and neurotic situation and of the different type of splitting (Klein, 1955, 1958) involved in the analyst's partial regression. The bi-personal therapeutic situation, therefore, with the basic organization of the field, disappears under the cover of tri- and multi-personal situations, of multiple splittings in perpetual motion. However, it does not disappear entirely, but only in situations of intense regression when the basic commitment is completely lost and the analytic situation disintegrates, with the consequent danger of interruption of the analytic process. In ordinary situations, the bi-personal therapeutic structuring remains as a background, present but not perceived, on which the constantly changing tri- and multi-personal structures are made and unmade.

Experience shows a clear pre-eminence, within these structures that stand out against the background of the therapeutic situation, of the tri-personal or triangular structure (Pichon Rivière, 1956-58). The analytic couple is a trio, one of whose members is physically absent and experientially present. Freud expressed the same

when he described the Oedipus complex as the nuclear complex of the neuroses. It could be said that all the other structurings are only modifications of this triangular structure, whether in the progressive direction, by distribution of the conflict among secondary characters and by their inclusion, which transforms the tri-personal structure into a multi-personal structure, or in the regressive direction, by elimination or loss of the third party, thus reducing the tri-personal structure to a bi-personal one, but in this case experienced as a relation with a partial object (an example of this situation is the idyllic or marvellous experience of certain patients when they experience the analyst as an inexhaustible, idealized breast, though, of course, in this case the third is still present in a certain virtual way: the patient, anguish by the conflicts in the triangular situation, regressively eliminates one of its terms, which remains as a threat).

Thus, we consider that the field of the analytic situation is always double or multiple. It is never just one situation but superimposed or mixed situations, different but never clearly delimited. This orients us towards a new aspect, of particular importance to this new field.

II. The essential ambiguity of the analytic situation

It could be said that every event in the analytic field is experienced in the ‘as if’ category. Of course, this is not the only situation in which things are experienced in this way. An actor playing the part of Hamlet acts and feels as if he were Hamlet, but he is not, and he does not lose consciousness of his own person. In the same way, in love or friendship, the object is always more for us than what it is ‘in reality’, carrying with it the weight of our former loves and friendships.
However, here the situation is different: in everyday life, we try to relate to people on the basis of their objective reality and not according to our subjective projections; in the analytic situation we try to eliminate as far as possible any references to our objective personality and leave this as indefinite as possible.

If the patient were to experience the analyst exactly as the analyst is (for example, if the patient were to consider the analyst only as his or her analyst), the transference phenomenon would be suppressed, which is obviously inconceivable, and for the same reason any possibility of analysis would be suppressed.

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

At the other extreme, certain patients, because of distrust or anxiety, cling to the objective aspects of the background therapeutic situation and what they have been able to learn or perceive about the analyst's 'objective' reality. They have no tolerance for the ambiguity for fear that it may lead them to a situation of total loss of control or radical transformation of objects and analyst into persecutors, and into madness. They feel that the situation created by the analytic agreement is so fragile that they desperately cling to it and so of course they become paralysed.

The analysis operates between these two extremes of ambiguity: ambiguity rejected for fear of regression and ambiguity dissolved by an excessively regressive situation. It is not only the analyst and the details of the transference relation that are experienced on the level of ambiguity, but all aspects of the analytic field.

The temporal aspect of the field is nothing like the time experienced in everyday situations. The time of the analysis is simultaneously a present, a past and a future. It is a present as a new situation, a relationship with a person who adopts an attitude essentially different from that of the objects of the patient's history, but is at the same time past, since it is managed in a way which permits the patient the free repetition of all the conflicting situations of his or her history. It is this temporal ambiguity, the mixture of present, past and future, that permits patients not only to become aware of their history but also to modify it retroactively. This history is a gross weight, with its series of traumatisms and damaging situations that have been given once and for all, until re-experiencing them in the state of temporal ambiguity permits the patients to take them on again with new meaning. The patients know they had a difficult birth, suffered hunger when a tiny baby, had a wet nurse, etc. But these traumatic situations can now be experienced not as unchangeable deadweight with an attitude of resignation, if they are taken up again, worked through and reintegrated into a different temporal perspective.

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

The attempt to have an analysis often indicates a last attempt to re-open the future and re-orient existence. Since past and future take on meaning through their correlation, the attempt to revise the past in temporal ambiguity runs parallel to questioning the future. Under these conditions, the dialectical process of the constitution of the past and the future on the basis of the present can be freed to some extent (Baranger W, 1959).

It is essential that the analysis develop in a different temporality from the temporality of action and perception; for this reason, one of the typical ways to avoid the analytic situation through resistance is the chronological narration during the analysis, either of the individual history at the beginning, or of everything the patient did since the last session. The patient clings to a temporality that is already oriented and determined out of fear of ambiguous temporality, in other words, of the joint experience of a present situation with the analyst and a past relation with archaic objects. The loss of a common temporality means a loss of personal identity for these patients.

We could say that the temporal dialectic of analysis progresses from a fixed and determined temporality to a different type (more mobile, with more of a future and a different content), passing through an especially ambiguous temporality. The temporality of the analytic situation is comparable to time in fairytales or dreams: 'Once upon a time …'
We have already pointed out particular features of the space of the analytic field that highlight an equally ambiguous character.

First, because it is the superimposition of two spaces: we have called one of these the common space, onto which a number of momentary spatial experiences are superimposed, though in this superimposition or mixture no one space completely substitutes for any other. The space of the analytic situation is similar to the space in dreams, where the geometric scandal of ubiquity becomes the rule.

The analytic situation seems to obey — like the thinking of primitive peoples, according to Levy Bruhl — not the logical principles of identity, non-contradiction and causality but the law of 'participation'. This explains why the bodies of the patient and the analyst are immersed in the same ambiguity. The taboo against physical contact between analyst and patient, with ‘permitted’ contact limited to a handshake in greeting and leaving, finds one of its justifications in this, as does the nearly total absence of physical movement during the sessions. The patient's body is disconnected from the need to act, thereby allowing the appearance of bodily experiences that are split or repressed by the need to adapt actively to everyday life. The patient knows that he can recover his ‘real’ body at any time and that he will effectively recover it when the session ends and he gets up, says goodbye and goes back to his daily activity; but during the session it seems to be a different, unknown body in relation to the different kind of space and time that is being experienced. Any modification of the field of the analytic situation can be expressed by physical changes in the patient and in practice such changes are always observed, even by the active splitting of the body by the patient. In these extreme cases, patients try to be as if they had no body, keeping it completely still and abstaining from any bodily awareness or any reference to the body. This attempt at elective paralysis corresponds naturally to powerful latent anxieties about what could happen if the body were brought into play in the analytic situation (castration anxiety, fear of sadistic violation, persecutory phantasies relating to bodily integrity, immobilization by hypochondriacal persecutors, etc.). In these cases, the ‘absence’ of the patient's body becomes a powerful obstacle to the mobilization of the field and consequently needs to be interpreted.

However, in most cases, patients provide a great wealth of bodily material: headaches, feelings of fatigue or oppression, perceptions of cold or heat, modifications in digestion, breathing or cardiac rhythm, feelings of enlargement or shrinking of one or another part of the body, limbs that ‘fall asleep’, parts of the body that ‘s top existing’, muscular tension, etc. In this way, each patient manages to institute a body language that we need to understand if we wish to avoid neglecting a very important dimension of the global situation.

The ambiguity of the body in the analytic situation sometimes becomes quite patent at the moment when the patient abandons his ‘body’ of the session in order to recover the body of his daily life. Particularly when leaving regressive situations of surrender, the patient needs a few moments to recover his physical capacity. The patient gets up with awkward movements and walks unsteadily, sometimes having a feeling of weakness in the legs or dizziness.

The participation of the body in the analytic situation is by no means limited to the patient. Every analyst participates in the physical ambiguity and responds with his or her own body to the patient's unconscious communication. The analyst also elaborates a body language with which to respond to certain modifications of the field. In reference to the observations of Leon Grinberg (1956) we could call this phenomenon ‘corpooreal projective counteridentification’. In these bodily manifestations the analyst responds to an invasion by the patient, who is placing an aspect of his personal experiences in the analyst. For example, it often happens that an analyst will sneeze in the course of a session without having a cold or being in the process of getting one. In this case, the analyst does not consciously feel cold or abandonment, and neither does the patient. However, this sneeze corresponds to a situation of abandonment experienced by the patient as if the analyst had taken on a physical reaction that the patient should be feeling, but does not feel in a manifest way.

In these cases of countertransferential bodily reactions, the reaction stops when the patient's projective identification has been formulated in an interpretation by the analyst and the patient has taken back the projected parts of the self placed into the analyst. The touchstone of validity of the interpretation is therefore the disappearance of the physical state in the analyst and the appearance in the patient of the manifest feeling of which the physical reaction was the equivalent. (The analyst sneezes — interprets the situation of abandonment to the patient — the latter feels sadness.)

We also observe that the fantasies of physical movement that emerge in the analyst during the session always correspond to experiences the patient has actually gone through. Of course, this applies when the analyst is calm and free of upsetting personal worries.

A candidate that one of us had occasion to observe once felt (in a session) invaded by the unusual fantasy of disembowelling and dismembering the patient (without, of course, having the slightest wish to do so). Surprised, he looked through the patient's verbal material in search of anything that might be related to this fantasy and found nothing which pointed that way. He thought, appropriately, that since he hadn't the least desire to disembowel his patient, the fantasy he
had had must be a countertransference response to the patient's unconscious phantasy, and he interpreted the wish to be attacked physically (without, of course, mentioning his own fantasy that had motivated the interpretation). Suddenly, the course of the session changed and an intense masochistic transference situation appeared, in which the patient identified him with Jack the Ripper. The analyst's fantasy of physical movement disappeared immediately.

Examples like these abound and have been mentioned in studies of countertransference. We could also quote cases in which the patient physically expresses an unconscious response to circumstantial states of the analyst, not manifested of course by the analyst. Naturally, this latter situation is more infrequent.

From this we conclude that analysts need to use their own bodily ambiguity as an indicator of the unconscious dimensions of the situation, as well as their own particular experiences made possible by the ambiguous character of the space, time and all the rest of the analytic situation.

III. Orienting lines of the field. Unconscious phantasy

We have pointed out that the field of the analytic situation has at least two superimposed structures: the basic bi-personal therapeutic structure and the changing structures, tri- or multi-personal in general, that overlay it. We immediately recognize the insufficiency of this description. The ambiguity of the analytic situation can never be reduced to these two structures, and between the generally implicit contractual situation, on the one hand, and the manifest content of the patient's verbal communication to the analyst on the other, unconscious structures with decisive importance intervene. The two extreme structures, as they are experienced at a particular moment, have a meaning or latent content. When the situation is expressed verbally, this is obvious. For example, if the patient complains of a frustrating marital situation (manifest content), he or she may try to win the analyst over as an ally for wishes of gratification or to consider the analyst unconsciously as causing this situation or be asking the analyst for direct gratification or many other things (latent content). When it concerns the basic contract, the existence of latent content is not always evident, although it is always present in the form of a phantasy of the analytic process and of the treatment. However, it becomes manifest very often in all the changes that the patient imposes on the contract (arriving late, not coming to the session, asking questions, consciously dissimulating, trying to intervene actively in the analyst's life to control the analyst, etc.). In all these cases and many more, the fact emerges that the basic analytic contract, though it has been explicitly formulated, is only the superficial aspect of another contract, unconscious for the patient, which is quite different from what was stipulated. It is well known that the patient can accept the analysis, for example, with the unconscious fantasy of acquiring phallic omnipotence or to take revenge on the person of the analyst for ill-treatment and frustrations received in reality or in phantasy from one or another of the childhood objects. In this case, missing a session can mean, for example, 'I do whatever I want, and you're helpless to stop me', or else, 'I stand you up and deprive you of my presence as they did to me.'

In this way, both the basic contract and the manifest material point to another structure and cannot be understood without it. Also, in all the cases of changes of the basic contract, the manifest material, though it has nothing to do with this alteration openly, points to the same underlying situation.

Therefore, we are not twisting the facts when we affirm the existence of three distinct structures. But are things not even more complicated? If the basic situation and the verbally expressed situation are related to a third unconscious situation, this does not happen accidentally at a certain moment in an analysis. It originates in historical childhood situations in the patient's life and has also been reactivated by some external situation experienced by the patient.

Nothing illustrates all this better than the analysis of a dream. The dream has been stimulated by a current situation and includes day residues. It also expresses a historical situation related to the former and has a manifest content that may or may not include the analyst. It is also told to the analyst with a certain phantasy of what the analyst is going to do with this dream, of what the work entails and of

» [The Spanish ‘líneas de orientación’ can mean ‘guiding principles’ as well as, e.g., the orienting lines on a magnetic compass. The context suggests an allusion to the local orientation of lines of force in a physical field.]
This point of convergence of different meanings is the third configuration, the most important one from the point of view of the analytic process, because its very essence is rooted therein. It is simultaneously the point of impact of the interpretation. Here, therefore, we find a mixture of two problems: that of the interpretation as seen from the analyst's position and that of the emergence of this configuration of the field from the patient's position. But both problems, though they do not exactly overlap, do come together. The analyst searches through the multiple latent situations that can be perceived in the material offered, which are also related to the manifest content and the current phantasy of the contract, to find the situation that is effectively interpretable. On the other hand, within the patient's multiple historical, current and transference situations intervening in the configuration of the field, one is more vivid than the others, not by chance but because of the double and mixed sequence of the experiences of the analysis and exterior experiences. This is the most urgent situation and consequently the one that must be interpreted preferentially if the interpretation is to become potentially effective for change in the field. It is called the ‘point of urgency’ (Pichon Rivière, ibid.).

However, this concept that we habitually use requires some clarification. It may be the interpretive point of urgency (need for interpretation in the patient and the analyst) at a moment of the session, though this interpretation may be only temporary, or it may be the emergent situation in the life of the patient at the moment in which the analytic session in its totality is placed (the patient comes to session with an unconscious problem that he or she wishes both to conceal and to communicate). Most often, this unconscious problem does not appear immediately to the analyst's comprehension and may remain hidden until the end of the session, emerging with different expressions in later sessions.

Access to the main point of urgency can therefore be subordinated to the comprehension and interpretation of a secondary and preliminary point of urgency, whose resolution it needs in order to appear.

The best example of this situation is the patient's silence at the beginning of the session. In certain cases, if we cannot understand and interpret the initial silence, it extends and deprives us of the material that would allow us to understand the point of urgency of the session. The vicious circle thereby created can even thwart the course of an analysis. It goes without saying that the point of urgency provokes a blockage of the field, expressed by the patient's silence, meaning that the point of urgency is already present in the silence. But sometimes, it is hardly useful to know this if we are unable to understand and formulate the content and immediate function of this silence with precision.

Consequently, we need to differentiate various points of urgency in an analytic session or sometimes in a sequence of sessions. There are preliminary points of urgency that particularly express defensive processes of the patient's ego, and a point of urgency of the session, whose interpretation provokes an appreciable modification of this field.

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An example of the latter process would be sessions that give the analyst the impression of ‘having worked well’; in our experience, these are sessions in which the patient–analyst dialogue has developed along a progressive line. The patient brings up a situation whose point of urgency is understood and interpreted by the analyst.

The patient reacts to this interpretation by bringing up other material, and in it the analyst is able to understand another point of urgency, differing from the former but yet related to it. And thus they continue until the point of urgency of the session is found, whose understanding expands retrospectively to include the foregoing material and interpretations, clarifying them and allowing us to integrate them into a seamless “gestalt”.

The countertransference impression of good communication with the patient and of ‘good work’ can hardly deceive an analyst with a bit of experience. We may feel very happy to have understood some important point of the structure or the history of a patient, even when our understanding does not at all correspond to the patient's own understanding (although the patient will probably be able to use it later); but this satisfaction is smaller and differs greatly from what the analyst feels when the patient has responded to our understanding with a corresponding understanding and when, because of this understanding, a modification of the field has been produced that is intelligible to us. The patient's material suddenly becomes richer, memories emerge more freely and emotions are manifested with fewer snags.

This is the process of progressive construction of an interpretation in the bi-personal field.

Naturally, it would be fruitless to attempt to understand this process solely from the patient's point of view. Certain sessions are ‘good’ or ‘bad’ not only because of the patient's current resistance or due to our greater or lesser intellectual capacity to fathom the situation; it is based on a deeper process of communication, which the expression ‘communication from unconscious to unconscious’ names without explaining. Situations of control of candidates’ analytic work reveal that a candidate who is perfectly capable of understanding what is happening in a session has in fact been
incapable of understanding it until someone in a different position explained it. And what is true for candidates is also true, hopefully to a lesser extent, for experienced analysts.

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

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

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

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

It is not enough to recognize the existence of this 'phantasy' in the couple; we still need to try to understand the nature of it better. This will mean a change of approach in relation to most analytic studies, and the same change concerning the concept of unconscious phantasy. Discovering the underlying unconscious phantasy of a dream or a symptom is not the same as understanding the unconscious phantasy of an analytic session. In the former process, it suffices to use an adequate frame of reference and to be free of intellectual impediments. In the latter, it is a question of deep contact with a person and the profoundly different structure that is created between that person and us.

Obviously, we are using the term 'unconscious phantasy' in a very different sense from that which is currently attributed to it, when it is defined in uni-personal terms. In this case, unconscious phantasy is the expression of an instinctual impulse of the subject, with a source, an object and an aim in relation to this object.

In her classic paper on this topic, Susan Isaacs (1948) extended the concept considerably, showing the relation of the psychic structure in all its aspects, and thus tending toward a structural conception of the unconscious fantasy (but nevertheless without completely giving up the conception of it as an expression of instinct) (Baranger W, 1956).

It is obvious that the use — for us, inevitable — of the concept of unconscious phantasy to describe the structure and dynamic of the bi-personal field is based on a structural definition of this concept. This structure cannot in any way be considered to be determined by the patient's (or the analyst's) instinctual impulses, although the impulses of both are involved in its structuring. More importantly, neither can it be considered to be the sum of the two internal situations. It is something created between the two, within the unit that they form in the moment of the session, something radically different from what each of them is separately.

For example, the analyst may arrive for the session feeling receptive and free of personal worries (the normal case) and the patient may come in with a calm-conscious disposition without any urgent external problems or observable manifestations of anxiety. And yet, once the field is established, an intense depressive situation may emerge, perhaps manifested by a feeling of sadness in the analyst and a situation of intense mourning and weeping in the patient. In this case, we say that the patient unconsciously 'brought' a situation of mourning to the analysis. This is true in a sense, but the patient could have continued, if he or she had not come to session, feeling calm and going through daily activities as long as no other stimulating situation evoked the mourning. The patient is not bringing to analysis a situation of repressed mourning that is awaiting an opportunity to unleash itself (which often happens too), but structures the mourning especially in the analytic situation, in relation to the previous course of the analysis. Such phenomena, which occur regularly, oblige us to consider the unconscious phantasy that is produced in the analytic field as a bi-
personal phantasy. In this sense, we define phantasy in analysis as the dynamic structure that at every moment gives meaning to the bi-personal field.

Up to now, we have simply affirmed that a melody is not the sum of the notes or that a group is not the sum of its members; in other words, we are emphasizing the existence of a 'gestalt' in the analytic situation and we define this gestalt as our specific field of work. But we would be well advised to search further: how is this gestalt constituted? Why isn't it constituted in the same way in all couples? What processes intervene in its production? Perhaps comparison with other couple gestalts might orient us in this investigation. Also, we have already pointed out some of its specific features (the existence of a basic contract with its two functional centres, the specific spatio-temporal limits, the radical ambiguity, etc.). There is obviously a fundamental difference between the analytic couple and a couple of friends or enemies, a couple of lovers, a married couple, a parent–child couple or a couple of siblings, or a doctor–patient couple, though at times it may resemble any of these. The criterion of the difference is given precisely by this: that it is a couple in which all other imaginable couples are experienced while none of them is put into action.

It is true that no non-analytic couple really has the same degree of rigidity that language attributes to it. A couple of friends may become, either temporarily or permanently, a couple of enemies; a couple of spouses may unconsciously become a parent–child couple, etc.; but in these cases, the transformation of the couple, its change of gestalt or meaning, is often a pathological disturbance of the initial couple (unlike the natural growth of couples: lovers who marry, etc.). This is the case when the marital couple gives up its own gestalt in favour of a parent–child situation between spouses.

In natural couples, apart from transformations stemming from growth, any invasion of the initial gestalt by a different one is pathological, and provokes conflicts that lead to its disintegration or its neurotic structuring. In contrast, the analytic gestalt by its nature needs to be invaded (albeit not entirely) by all the other couple gestalts if it is to stay healthy. While it is pathological for a natural couple to lose its structure and become permeable to foreign structuring, the analytic couple is pathological when it becomes crystallized or similar to a natural couple. For example, an analysis in which the analyst is always the patient's 'kindly father' may have beneficial therapeutic results, but it is actually a radically failed analysis.

Therefore, the difference between these two types of gestalts is that the former tends to definition and crystallization, while the latter tends to mobility and lack of definition. This orients each type toward different uses of the process of projective identification.

We consider Melanie Klein's discovery (1956, 1955, 1958) of the process of projective identification (grounded in Freud's description [1911] of the mechanism of projection) basic to understanding the gestalt of the marital couple (for example, Liberman (1956) and others) or any other couple. Of course, Freud recognized different nuances in the mechanism of projection: projection of an impulse repudiated by the Ego (for example, projection of wishes of infidelity in jealousy [Freud, 1922]), projection of internal images (for example in paranoia), projection of aspects of the Ego (for example, in narcissistic falling in love [Freud, 1921]). But Melanie Klein generalizes these discoveries with her concept of the paranoid–schizoid position and with her discovery of the primitive infantile forms of projection related to persecutory and depressive anxieties and to destructive and reparatory impulses (forcing parts of the Ego into objects in order to capture them, the preservation of internal objects and parts of the Ego, keeping them safe within the object, etc.).

If the process of projective identification has the general extension Melanie Klein assigns to it, we can expect it to have decisive importance in the structuring of all couples. The structure of the couple is constituted by the interplay of projective and introjective identifications with their necessary corollary of counteridentification-s.

This process appears quite clearly in symbiotic marital couples where each member takes on the other's Ego functions, which the other gives up, or in couples of enemies, where each is invaded by persecutory objects and rejected aspects of the other's Ego, with the consequent counteridentificationary reactions.

In the same way, the analytic couple depends on the process of projective identification and the unconscious phantasy of the bi-personal field is an interplay of projective and introjective identifications and counteridentifications, but these have special characteristics. The situation is managed in such a way as to avoid or limit the phenomenon of projective counteridentification. If the analyst allows an invasion by projective counteridentification, perhaps because it is flattering to be the depository of an idealized, omnipotent figure of the patient's, the analyst is not doing his job, and the analysis fails.

If the patient feels invaded by a countertransference phenomenon of the analyst, the patient establishes massive defences, either to preserve this state if it is pleasurable or to block it if it generates anxiety, and the entire process is paralysed. The latter is the case when the patient perceives a real countertransference reaction from the analyst and 'makes the analyst pay for it' endlessly. Obviously, the reaction of counteridentification should remain within the analyst and
undergo self-analysis until it is solved, to avoid releasing an exchange of secondary reactions that would mix up the analytic situation with a common couple situation and thus vitiate it entirely.

Similarly, the phenomenon of projective identification must have very special characteristics in the analytic couple. It must be allowed to be massive on one side (the patient's) but kept very limited on the other (the analyst's), whereas in natural couples it is reciprocal. The analytic situation consists in permitting the free play of projective identification in the patient, thus giving the patient an exceptional opportunity to structure the couple phantasy according to need, while the "partner" offers the least hindrance. The analyst's position is quite different: the analyst has to use this projective identification (otherwise the analyst would not be participating in the couple situation and would be unable to understand the patient), but in small doses and by way of experimental exploration. Personal observation and supervision fully confirm that, when the analyst's use of projective identification passes a certain threshold, interpretative work is paralysed: the analyst becomes too involved in the couple structure and loses the opportunity of modifying it.

The involvement of projective identification in the analytic situation and in any psychological comprehension appears clearly in the common term 'empathy', which implies a centrifugal movement in the observer. But introjective identification also takes place in the analyst. If the analyst is a depository of objects or aspects of the patient's 'self' there must necessarily be a corresponding introjective process in the analyst. As in the aspect of projective identification of the situation, this introjective aspect has to be limited and controlled to avoid feelings in the analyst of being inundated by the situation (as sometimes happens, especially with psychotic patients who try to inject their madness into the analyst). An adequate interpretation, with a consequent re-introjection on the patient's part, generally leads to overcoming the danger. This can be seen quite clearly in the management of the countertransfer-ence.

When the analytic situation becomes countertransferentially painful for the analyst, the only way to undo this state is to interpret the patient's projective identification with its particular momentary content, which generally leads to relief in both parties.

**Summarizing**

The bi-personal field of the analytic situation is constantly oriented by three (or more) configurations: the basic contract, the apparent configuration of the manifest material including the analyst's function in it, and the bi-personal unconscious phantasy, which is the object of interpretation. This structure is constituted by the interplay of the processes of projective and introjective identification and of the counteridentifications that act with their different limits, functions and characteristics in the patient and the analyst.

**IV. The dynamic of the field and the course of the treatment**

The conclusions above orient us toward recognition of a particular dynamic of the analytic situation, which is a problem that can only be examined by simultaneously taking up its correlative: the problem of the course of analytic treatment.

Although the bi-personal phantasy depends on processes of identification and counteridentification, it remains to be seen how and why these processes are produced in one way and not another, at a certain moment and not another. The nature of the dynamic processes of the analytic situation is obviously impossible to understand without acknowledging the basic role of the interpretation in them. However, for the present discussion, we shall omit certain basic aspects of this topic and take them up elsewhere.

These processes start to be produced in the first interview between possible analyst and possible analysand, or even earlier. Patient and analyst have a certain previous phantasy of each other even before actually meeting each other. The analysand has generally been sent by a colleague who, to a variable extent, has communicated some information on the patient to the future analyst: the patient has an obsessional neurosis, a difficult marital situation, is a very intelligent person... or some such information. The patient also generally 'knows' something about the future analyst (having heard some aspects of the personal myth of the possible analyst in the milieu): the analyst has or doesn't have a lot of experience, is 'very classical' or 'very progressive', is a 'fanatic' or a 'liberal', has 'cured' such and such

an acquaintance or has 'failed' with another, etc. Even without this previous knowledge, the analysand has elaborated a complex phantasy about what the analyst should be and about the type of relationship that is going to be established with this analyst. This phantasy materializes in the first pre-analytic interview and invades the first session, even if, as often happens, the patient takes the greatest care to avoid showing it. For this reason, no time is needed (as some believe) for the
‘establishment’ of the transference. The bi-personal situation is virtually created before the first session and ‘precipitates’ in it, with or without interpretation by the analyst.

Whatever the analyst's technical activity may be, the dynamic of the situation begins with the patient's communication and the analyst's reaction (whether this be reinterpretation or merely silence). In any case, it is the beginning of a dialogue, silence being understood by the patient as (among other things) a wish to wait in order to understand better on the analyst's part. In any case also the analyst chooses the moment and content of the first interpretation. Who would doubt the extreme importance of this choice? It means not only approaching the patient from a certain viewpoint, but also pointing out to the patient the aspect of the communication that we consider the most important or useful, at least at the present moment.

For this reason, the first interpretations can only aim at the point of current urgency: the patient's phantasy about the analysis and the analyst at the moment of initiation. Any other selection of material by the analyst, for example, interpreting a historical element in the material, may superficially calm the patient's paranoid fears ('there is no current situation, we see what happened with your father'), but leaves these fears intact and encourages future acting-out (running away, etc.).

This reveals the immense importance of the analyst's technique in the dynamic of the bi-personal situation. It is by no means true that the patient's conflicts are manifested and worked through in the same way with different analytic techniques. The technique used is part of a dialogue and partly conditions the responses of the other (Racker, 1960).

The analyst's art consists entirely in selecting the interpretable point of urgency in the material, whether this be provided by the patient in a positive way (verbal or other communication) or negatively (silence, omission, etc.). The use of a certain type of material or a preference for it, the way of taking notes or treating dreams, historical material, bodily positions and manifestations, silences, etc., eventually form a particular language with the patient. It is well known that the successive dreams of the same patient use similar elements, that have already been interpreted, with the intention of communicating something in particular to the analyst (and sometimes to hide something really active behind conventional meanings) (Baranger W, 1960).

It would be as unfair to fail to recognize or value these phenomena as it would be to underestimate the patient's participation in the structuring of the field. Abundant examples show how patients repeat the same latent material over and over again with different means of expression until they have made the analyst understand it. On this basis, we may still ask how far the dynamic of the field depends on the analyst's intellectual and communicational skills. We shall discuss this problem later.

When Freud indicated the way to proceed technically in the dynamic of the field, he recommended acting ‘per via di levare’ (Freud, 1905), meaning to attack and progressively to dissolve the patient's resistances corresponding to the defence mechanisms of the patient's Ego and thus succeed in permitting the reappearance of repressed elements and forgotten memories. Thus, he showed us the dialectic between analysis of the defence and analysis of the content that should preside over the dynamic of the situation.

This approach implies, with some justification, a fantasy of analytic work conceived as the work of a geologist discovering superimposed strata of buried material (for example, the famous comparison in Civilization and its Discontents [Freud, 1930]). But in other texts, he uses quite different metaphors that indicate a much more vivid concept of analytic work. He compares analytic treatment to a game of chess, in which the analyst knows the ‘classical’ moves to open and finish the game, but does not know the content of the mid-game or what is essential to the game (Freud, 1913).

This metaphor deserves a look into its meaning. Thanks to Freud, we know much about the structure and genesis of the neuroses. Following an analysis we can re-construct the historical structuring of the case on the basis of anamnesis and transference material. If the analysis consisted only of lifting successive layers of resistance, allowing successive layers of repressed material to appear, we could learn, for each type of neurosis, how all the important stages of the treatment are interconnected. In this case, the analytic treatment might then resemble the work of a geologist or a historian, but not a chess game. The incompatibility of these two metaphors is obvious: the latter makes analysis much more active, in relation to both the analyst and the patient. The ‘chessboard’ between them is a shared structure and each of them is acting by virtue of it, one through communications and resistances and the other through interpretations. This chessboard could very well symbolize what we have termed the bi-personal field while the game would be the structure of the treatment as a whole.
It would betray not only Freud's thinking but also the whole development of psychoanalysis if were to overlook the dialectic between content and defence that we observe at any moment of our work, but it would be forcing the facts to consider the patient's psyche as a series of superimposed strata into which we might penetrate ever more deeply.

These considerations lead us directly to the problem of the structure of analytic treatment. We find that analytic thinking tends to consider that the analytic treatment of each type of case follows a course determined by the structure of the case, which proceeds in successive stages from the most superficial to the deepest levels.

Freud himself expresses this tendency in different works. It is clearly seen in the historical–geological metaphor above, but also in other texts, particularly in the theory of the complementary series. Analysis regresses the different points of fixation in the subject's history, which form nodules of repressed impulses and defence mechanisms connected to the memory of the circumstances (traumatic situations) in which the fixation was produced.

One might be tempted to draw from these texts the conclusion that Freud accepted the hypothesis of parallelism between the (chronological) progressive course of structuring of the patient's neurosis and the regressive course of the analysis from the most superficial strata: from the most recent and least defended toward the progressively older, deeper and more heavily defended strata and fixations. However, Freud (1916-17) alerts us to this temptation to simplification when he cautions us in absolutely explicit terms in the Introductory Lectures on PsychoAnalysis against the hypothesis of this parallelism.

On this occasion, he uses another metaphor: an invading army has left behind forts manned by troops (points of fixation) fighting off re-conquest by the enemy (analytic work). This army can fight inside its fortresses, but may also, if circumstances seem more favourable, fight in the field at any point on the road taken by the re-conquest. The decisive battle may be fought at a point completely lacking importance in the army's advance, the defence against re-conquest being located there rather than in its citadels where all the forces are available. In passing, Freud notes that the most important transference relation for the analysis may very well not be the repetition of the most historically important situation experienced by the patient.

Meditation on this text could have saved analysts overly seduced by the ‘geological’ tendency a good number of errors. Among these, we can review one example: that of Wilhelm Reich (1949[1933]) in the psychoanalytic period of his development. Reich formulates the problem of analyses that ‘do not work’ and the production of what he calls ‘the chaotic situation’. In this situation the patient produces rich and varied material originating in all the ‘layers’ of the unconscious, but the course of analysis has been altered and the patient does not react to interpretation. Chaos is also produced in the analyst, who cannot fathom what to interpret in this quantity of material. Reich's solution is that this situation occurs when the interpretation has omitted or not solved a special type of resistance in the patient: characterological resistance. This resistance corresponds to the structuring of a character armour during the patient's evolution, that is not experienced subjectively as pathological, and which regulates the patient's relationship with the world and is manifested in the analysis as the greatest obstacle to therapeutic work.

The technical attitude deduced from these concepts is to handle the development of the analysis in a systematic way, abstaining from interpretations of content until the characterological resistance is broken down through consequential interpretation.

Here, we see the hypothesis of parallelism quite clearly. It is the structuring of the patient's character in superimposed layers of impulses and crystallized defences that must determine the regressive structuring of the treatment, starting with the superficial layers of the shell in order to reach the deep and remote ones.

Of course, we do not deny the validity of the concept of characterological shell or the need to resolve it in the treatment. What does seem inadequate to us is to attribute a systematic development to both the treatment and the interpretation and especially to claim that this development is regressive, paralleling the course of evolution of the structuring of the personality and the neurosis (Baranger M, 1960).

Several factors lead us to this conclusion. First, a fact: the depth and temporal remoteness of the material have nothing to do with its appearance in the treatment. A female patient analysed by one of us, who suffered (among other things) a phobia of deflowering and multiple inhibitions, was able to analyse her genital and oral conflicts for several years, but did not react to attempts to analyse the derivatives of anal conflicts (it is worth mentioning that this situation did not correspond to any particular rejection of this type of material in the analyst). Only after this...
period of time, very rich anal phantasies were unblocked when the anal zone appeared in the conscious as intensely erogenous. If this were an isolated case, we might consider it a particular failing of the analyst (even though the analyst may have consciously tried to detect whether this was true and had reached a negative conclusion). However, it is the rule. We know from our own experience, supervisions and cases narrated or supervised by others, of very few cases where analytic work has followed an order of intelligible stratification. (The cases studied by Reich were analysed for relatively short periods of time and are presented to show the systematic sequence.)

Also, this contradiction of the hypothesis of parallelism by the facts (which might ultimately be dismissed as a general failing of the interpretive technique used by the analysts that could be remedied by a more systematic technique) coincides with very solid theoretical reasons for rejecting it.

Reich and other representatives of the same line of thinking start from the structuring of the neurosis as it can be reconstructed following a properly handled analysis. This is a methodological error. What we have before us when we analyse a person is not a patient re-constructed by theory, but a living person. Of course, we know much in general about the genesis and structure of the person and the person's disturbances. But it is wise to refrain from trying to make the person fit into general schemes, however valid they may be, and more so from subordinating our technique to these pre-established schemes. Our technical attitude must follow concepts developed out of the concrete experience with which we are dealing; in other words, it must follow the dynamic laws of the bi-personal situation. It is truly paradoxical to derive from the bi-personal situation a theoretical reconstruction of the case in terms that are, by definition, uni-personal, and then try to regulate the bi-personal situation according to this reduced and impoverished scheme.

This methodological error is based on denial of the role of the countertransfer-ence in the selection and interpretation of the point of urgency, in other words, in the very essence of the analytic process.

For this reason we consider that the ‘depth’ of the material in no way designates a generic, chronological or integrative aspect of it, but is instead a technical aspect. The difficulty of gaining access to it by the analytic process usually does not correspond to the stages of development of human psychosexuality.

These considerations show us what the dynamic of the analytic situation is not (the regressive retracing, by overcoming stages of resistance, of the path taken by the patient's personality in its evolution), but they leave us dissatisfied as to what this dynamic is.

Nevertheless, they have shown us a way to approach the solution. We all consider the analytic situation repetitive. With the encouragement of the fundamental rule, the patient's use of projective identification allows the patient to re-actualize the reaction patterns originating in situations in the past that have not been overcome and are crystallized in the form of stereotyped schemes of experience and behaviour. These reaction patterns partly structure the bi-personal field. The impulses, wishes, phantasies, anxieties and defences involved in the original pathogenic situations are again present in the bi-personal field. But they are presented neither in chronological sequence nor in the same way. If repetition were literal, we would have to abandon all hope of seeing the patient get better. A patient who has always run away from his father would run away from us shortly after starting the analysis (as occurs when we are unable to overcome the problem).

Analytic repetition is neither literal nor stereotyped; when it is, the analysis is interrupted, either by stagnation (the patient continues to come to sessions, but entirely stops evolving) or by flight. Therefore, what is important in the dynamic of the treatment is not the emergence of emotions, wishes and past anxieties, but their emergence in one way and not another. They need to emerge in a new and vivid context and not paralyse it. Of course, the non-emergence of emotions or impulses is the most frequent way the analytic field is paralysed, and must be considered a resistance to be attacked urgently. But this does not mean that the repetition of old impulses and wishes is the motor of the analytic dynamic.

In other words, we have to consider this dynamic not in terms of reactivation of instinctive impulses, but in situational terms (without, of course, leaving aside the impulses). Therefore, what is most important is the mobility or crystallization of the field. These are the two poles of the analytic dynamic.

The field moves, and the analyst can intervene in it effectively when the patient ‘takes a risk’. Of course, one always takes a risk to some extent when beginning a psychoanalysis. One risks time, money, effort, hopes (and a career in the case of a candidate). But all this may be much less important than another aspect of personal life or phantasy that for the patient is a personal bastions (and is generally the unconscious refuge of powerful phantasies of omnipotence).
This bastion varies enormously from one person to another, but is never absent. It is whatever the patient does not want to put at risk because the risk of losing it would throw the patient into a state of extreme helplessness, vulnerability and despair (Baranger M, 1959).

The bastion has been described in the literature, especially in relation to homosexual or perverse patients in general: they want to risk everything, except their perverse activity, a source of extremely valuable gratifications. Thus, a homosexual patient said jokingly: ‘I'm not a homosexual; it's just that I like the guys’; another spoke depreciatively of ‘fags’ or ‘fruits’; both considered their homosexual experience as something radically different from their book knowledge of homosexual perversion; their bastion consisted in preserving marvellous experiences with chosen beings whose sex happened to coincide with theirs.

In other persons, the bastion may be intellectual or moral superiority, their relation with an idealized object of love, an ideology, a phantasy of social aristocracy, their money or profession, etc.

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

* [The Spanish *baluarte* refers to a type of fortification, projecting from the main walls of a fortress, which enables the defenders to hinder an attack on the main structure by firing laterally on the attackers. It has sometimes elsewhere been translated as ‘bulwark’.

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

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

We will offer as an example a person analysed by one of us. A man, still young, came from a former analysis that had allowed him to overcome some of his difficulties, particularly phobias. At this time, he complained of an inability to feel: to be happy or sad, to love or hate, or to participate fully in the events he experienced. He began his analysis with a well-organized and rationalized narrative of his entire life, beginning with the birth trauma and continuing with a series of traumatic situations in his history that would have been horrifying if he had not presented them as a well-reconstructed clinical case, but someone else's. He went on with the analysis, was able to experience transference and historical situations with a good display of diverse emotions, and with this was able to make various improvements. But in the countertransference he always left the impression of someone not entirely authentic. One day he was confronted in his life (an event that coincided with an approach to his bastion by the analyst) with a situation of professional and social failure provoked partly by himself. He was able to admit the possibility that it was really a failure, in spite of his apparent successes, and even considered whether to give up his profession for another with less responsibility. Immediately, the countertransference feeling of lack of authenticity disappeared.

The working through of the multiple phantasies (of omnipotence, persecution, idealization, impotence for reparation and love, etc.), located and preserved in the professional bastion, marked a decisive turn in the history of his analysis and allowed him to make authentic progress.

The briefly outlined history of this analysis seems illustrative in several ways: first, naturally, of the importance of the bastion. We are certain that this analysisiswould have been a relative failure if the patient had not been able to risk losing his profession. But it also teaches us something about the course of the treatment.

In outline: this analysis has developed in line with two different processes: the first roughly follows the chronological dialectic between the transference situation and the traumatic situations of the past (whose chronology was not, of course, followed by the patient in the sequence of his repetitions). Forcing it a bit, we could conceive of it as a fluctuation in the course of the time line. But at a certain point, a totally different process occurs that is not essentially situated on any chronological line: the fall of the bastion. If we hold to a spatial representation of things, the process seems to be produced in a direction perpendicular to the chronological line; in other words, a split off and preserved sector of the
patient's life, by virtue of a long preparatory process, is integrated brusquely into the field of the analysis of the subject, and in a correlative way into the total field of experience, first as a catastrophic experience and then as positive enrichment.

This event totally changes the patient's position in relation to his history. The uninterrupted series of historical traumatata centred on the figure of a mother that was cold, neurotic and aggressive for the patient (which she doubtless was) changes its meaning. The mother ceases to be a dead weight ('too bad, she was like that') when she is not experienced as a neurotic person of course, but with her own suffering and wishes for love (she herself a victim through no fault of her own). The infantile traumatata cease to be considered as disturbing events in the history of 'a patient' and are accepted in the context of a personal past with the patient's due participation.

In this dialectic movement of historicity, the past is no longer a permanent dead weight but can be transformed to some extent, according to the future that it contributes to creating.

Whereas technically the poles of the dynamic of the analytic situation are mobilization and stagnation, on the theoretical level they are integration and splitting. This conclusion seems to agree completely with the importance M. Klein assigns to this defensive process, the first of all. The field of the analytic situation is the opportunity, through repetition in a new context of the original situations that motivated the splitting, to break up this defensive process and to re-integrate the split off sectors of experience into the whole of the patient's life. This is why it is necessary to break down the internal bastions.

V. Interpretive integration and insight

If the analytic situation is radically new and different from other couple fields, if it permits the breaking down and re-integration of split off bastions more than any other, it is evidently due to its interpretive character. The analyst's attitude of neutral benevolence — as far as possible — is no different from the cathartic role of a good confidante (the person who listens without taking sides).

It is amazing to find in the abundant literature on the subject (or at least the literature we have been able to find) how little we know about the specific role and mode of action of the interpretation. In a way, our technique appropriates the magic of the word. Since Freud, we have been trying to exorcize and reduce this magic to intelligible terms, but without complete and satisfactory success. We see that the situation is even more complicated if we consider that the essence of the analytic procedure (as Freud [1926] defined it) is a dialogue.

Our aim here is not to attempt any solution of this problem, which remains open for investigation, but to summarize some contributions toward this solution from the perspective we have chosen. Of course, we shall leave many questions unanswered.

The bipersonal field on which the interpretation will fall has different configurations as described above and includes among its unconscious configurations the person of the analyst as a more or less constant depositary of parts or aspects of the patient's Ego, Superego, objects and repressed impulses. Beneath the unconscious phantasy that structures the field at any moment and that constitutes the point of urgency of the interpretation, there exists a more stable structure that tends to make a certain configuration crystallize in the field and conditions the emergence of recurrent unconscious phantasies. This configuration is quite complex,

9 [In the original the English word ‘insight’ is used, enclosed in quotation marks, and this format is repeated throughout the text.]
paralyse the analytic process. It is part of the analyst's function to let himself or herself become involved to some extent in these configurations with each patient.

However, the interpretive process as a whole tends to permit the mobilization of the transference–countertransference neurosis and thereby the gradual modification of all the patient's aspects involved in it, meaning the patient's whole person. In parallel, the process consists, for the analysts, of freeing aspects of themselves that are involved in the countertransference situation and paralysed in the countertransference neurosis.

Interpretation is the tool they use in this double rescue. The process of working through the interpretation in the analyst has been described as a consequence of ‘unconscious to unconscious communication’, and this is why Freud recommends the analyst's attitude of ‘free-floating attention’: it allows the emergence of unconscious elements into consciousness and their ultimate formulation in words. This formulation translates the fact that analyst and analysand are involved in the different conscious and unconscious structurings of the bi-personal field. But the patient is as if immersed in it, while the analyst, though regressing partially, is not submerged in the field and keeps his or her Ego free of invasion, but does stay in contact with it. In this way, the analyst can observe the field with a certain degree of ‘porosity’ and regulate the penetration by its tensions and lines of force. The analyst's observation is both internal and external (auto- and hetero-observation), since its object is the unity of the field.

Without formulating them, the analyst keeps hold of the different conscious and unconscious structurings of the field, the contract and what it is generating, the manifest material, the unconscious phantasy of the couple, the structure of the transference–countertransference neurosis, and the analyst intervenes by interpreting. The effect of this interpretation is clearly perceptible in every concrete analytic situation. The interpretation may have been imprecise, badly formulated, poorly timed or even completely erroneous. In this case, it generally fails to produce any appreciable reaction (apart from the patient's approval or rejection), and this response is not integrated into the sequence of the material, which continues as before. Or, the interpretation was adequate and reached its goal. In this case, it produces an evident change, described below. Alternatively, if it was partially inadequate, it produces a different type of change, and when it is not modified or complemented by subsequent interpretations it leaves a state of confusion in the

field and dissatisfaction in the participants, sometimes also an aggravation of the patient's state.

In the normal case of a well-formulated interpretation, given at the right moment and accepted by the patient, we observe a modification of the field that deserves to be described in greater detail. The patient answers the interpretation by expressing a feeling of greater freedom. Sometimes the patient manifests surprise or joy, as if something had suddenly opened up inside the patient or before the patient's eyes. In any case, the patient's mood, feelings and emotions change. The sequence of the material suddenly changes, becoming more unified and oriented. The patient brings up memories, associations and fantasies that confirm, extend and complement the content of the interpretation. The entire situation becomes more understandable for both analyst and patient. Both feel that they are communicating and working together on a joint endeavour.

Examining the question in uni-personal terms, Freud describes this process by saying that one element of the patient's unconscious has become conscious through the lifting of a resistance. Of course, the process has exactly this result, but that does not resolve the question of its nature. Approaching the process from the angle of the analytic situation, we need to extend this formulation.

What has happened is evidently a structural change in the field. The reciprocal location of the conscious and unconscious structures has been modified and the situation expressed in the manifest material has been related to the current unconscious phantasy or point of urgency, thus acquiring new meaning. When the placement in the analyst of a given part of the patient's ‘self’ or the internal objects is made conscious, together with the motivation for this projective identification, this split off part of the patient is re-introjected, the analyst coming into view in his or her real function in the basic contract: analyst and patient are working together and have just taken a step in their work.

If it is the type of interpretation that Strachey (1934) called the ‘mutative interpretation’, the inclusion within it of the infantile prototype of situations that was expressed in the unconscious phantasy of the field, allows a further type of modification. The unconscious structure whose splitting has been reduced is no longer only the immediate unconscious phantasy, but an aspect of the more durable and rigid structure of the transference–countertransference neurosis. Of course, the restructur ing action of the interpretation on this level is much less massive when we consider a more crystallized level, where the defences are more archaic and ironclad, the splitting more difficult to reduce, the objects more stereotyped. But even on this level, some change in the structure of the field is produced that is important at certain moments of the analysis: a modification of the location of objects and parts of the Ego in this field, and the corresponding modification of the nature of the internal objects. These are moments in the analysis when, after long and patient work on more superficial structures.
of the field, access is gained, prepared by that previous work, to a basic nucleus of the transference–countertransference neurosis and correlativey, a structural change in the patient.

These considerations induce us to define the function of interpretation as mobilizing the field, thus permitting re-activation of the projective and introjective processes whose paralysing effect and distortion have provoked the structuring of the neurosis in the patient's life and the structuring of the transference neurosis.

The therapeutic effect of interpretation is obviously a function of the inclusion of the analyst in the field, and of the analyst's ability to regulate the patient's introjective and projective processes, to the extent that the patient gives the analyst the role of depositary of parts of the self that need to be expelled because they are dangerous or damaged, or to be preserved by putting them in a safe place. This is what Strachey points out when he describes the analyst's function as the patient's auxiliary Superego. However, we must differentiate further. In the basic contract, the analyst is certainly an auxiliary Superego, allowing the Ego verbal expression of all its experiences. But the analyst is also an auxiliary Ego, whose analytic function is to regulate psychic processes that — in any circumstance — could become dangerous or disturbing. The patient's phantasy of regression in the basic contract is: 'I can lose control because someone else is now taking control of the situation and will keep it from becoming dangerous'.

In the unconscious structure of the field, the analyst has much more varied and mobile functions. The analyst is the repository of all the agencies, parts, aspects and objects of the person in analysis. At times, the analyst is the representative of one or another of the idealized or persecutory objects, of this or that aspect of the Ego or Superego or of a repressed impulse of the Id. In re-structurings of the field produced by the adequate interpretation, the analyst stops being the repository of the aspect the patient had deposited in the analyst, and this is re-introjected by the patient. However, it is not re-introjected in exactly the same form as it was before, since the reasons for the projective identification and the form it takes are not independent of the object's very nature. For example, the need to project a persecutory object cannot be separated from the specific characteristics of that object: the kind of danger it poses, in relation to what concrete childhood experiences, expressed by what phantasies, etc. However, if this object can be re-introjected in the structural change of the field, it is because these characteristics have been modified. The extent of this modification depends on the depth of the re-structuring considered, meaning the degree of strengthening of the structure of the transference–countertransference neurosis that has been reached.

To illustrate the above, I will describe two session of a patient that had taken up his analysis again following a severe and prolonged psychotic crisis. In the first of these sessions, the patient came in as if drunk or drugged and presented extremely confused material. He first said that his girlfriend had broken up with him and then he seemed to repeat the former psychotic episode. As he was leaving the session, a quantity of objects fell out of his pocket onto the floor of the consulting room, while he was trying to light a cigarette (coins, lighter, cigarettes, etc.).

The analyst later received a telephone call from one of the patient's friends, saying that 'he was quite badly off, like before’ and that the friend feared a relapse.

In the following session, the analyst, who of course understood the friend's role as a spokesman for the patient, told the patient about the telephone call and interpreted the friend as a depositary of the patient's 's ane' Ego, formerly deposited in the girlfriend (the hope of having a family and living normally). A very coherent session followed in which the patient was able to get excellent insight on certain aspects of the situation between his family and the analyst.

The analyst's countertransference experience in these two sessions is very interesting. In the first, he felt invaded by the patient's confusion as if the patient were scattering loose objects and unconnected experiences in the field (he floods the consulting room with the contents of his pockets). This experience got to the point that he was unable to interpret directly the situation of relapse and the invasion of madness. The patient had managed to create, because of his desperate projective identification, a transference-countertransference psychosis in this session. In the meantime, the patient had relocated in the friend and, through him in the analyst, the healthy part of his ego and his ability to control the madness. When he narrated and interpreted the friend's telephone call in these terms, the analyst (also through his behaviour of not making arrangements with the patient's milieu behind his back) had given him back this healthy part, which he had placed into other people in order to preserve it, and had allowed him to take control of himself again. One of the themes of the second session was precisely this: who would take charge of protecting the patient—the analyst, the family, the patient himself -against a relapse?

This dialectical process between the understanding of the point of urgency, its interpretation and the production of a new structure with a new point of urgency, that is in turn interpretable, with the introjective and
the projective processes involved in it has been described by E. Pichon Rivière as a ‘spirial process’, an idea already sketched out in one of Freud's letters to Fliess (May 1897 in Freud, 1892-99, p. 251) and taken up in an expanded and systematic way by Pichon Rivière (1956-58).

The interpretation provokes a re-structuring of the bi-personal field through processes that have been described in numerous papers, and we could of course mention many more. This is only to complement a little what Freud formulated in terms of ‘making conscious the unconscious’. However, although we know fairly precisely what is occurring in the bi-personal field and consequently inside the patient when we give an adequate interpretation, we understand the specific mode of this action much less clearly.

The difference between the ‘before’ and the ‘after’ is much more directly accessible to us than the ‘how’ and the ‘why’.

Various authors have tried to understand this process in terms of ‘gestalt’ (Schmidl, 1955), which we consider allows us to advance a step closer to the solution. The unconscious fantasy of the bi-personal field is a ‘gestalt’. This is a complex configuration, with its distribution of objects into precise functions, its lines of force, its global structure. The manifest material is also a ‘gestalt’. The immediate goal of interpretation is to connect these two gestalts and sometimes also to link them with the basic structure of the transference-countertransference neurosis.

The manifest material is presented as an incomplete ‘gestalt’; interpretation allows its completion using elements of another gestalt that lies behind it, so that something like a fusion of these two gestalts that clarify each other reciprocally is generated. If we try to complete the gestalt of the manifest content with other elements—as in the case of a logical but badly oriented interpretation or one that is given in inadequate terms—we do not get the same result.

Our problem is therefore reduced to this: how can the interpretation reduce the ‘gestalt’ of the manifest content to the ‘gestalt’ of the urgent unconscious phantasy in the session? This leads us to the last problem: how can the interpretation, as words, act upon the different structurings of the bi-personal field? In other words, what is the basis of the interpretive power of the word?

The work of L. Alvarez de Toledo (1954) clarifies part of the problem for us. This author points out that ‘speaking’, ‘associating’ and ‘interpreting’ are not a

mere intellectual process but a doing with the patient, a doing whose receptive, and also its active part, is based on extremely remote and important object relations (the infant's first relation with the mother's voice). In the same way, words are not experienced in the analytic situation as means of communication but as objects carrying gratifications and aggressions and, in general, innumerable phantasies.

We consider that these studies (which we cannot summarize here), apart from their unquestionable technical value, explain an aspect of our problem, though not all of it.

Each analyst, by directing attention to this problem, can observe the equation that the patient establishes between the words and unconscious objects of analytic exchange. Sometimes the patient only wants to hear our voice, whatever it is that we may say, and experiences this hearing as gratification — our words like warm milk — at other times, our words fall onto the patient like stones, independent of their content, at other times a few of our words suffice to release a certain structuring of the field. In one [female] patient, it was enough to include in an interpretation the words ‘current sexual life’ or others with the same meaning to provoke a violent headache, associated with the transference fantasy that the analyst was squeezing the patient's head in an iron circle until he ‘made her brains jump out of her ears’.

Thus, the bi-personal field is transformed into a scene of torture where sadomasochistic phantasies flourish. Naturally, the incriminating words were related to a ‘bastion’ that the patient defended intensely. Any reference to the idealized object was enough to provoke intense persecutory reactions, since this was considered a threat.

This illuminates one part of the ‘magic’ of words, but it does not seem (nor is it the author's intention) to explain its specific role in the interpretation. We understand why the word itself provokes intense emotional reactions, but the question of the interpretive effect of the word as a vehicle of intentional meanings remains open. It is one thing for the patient to take our words as milk or stones, and quite another for the patient to understand their meaning and for this understanding to provoke an important modification in the patient's world.

The specific problem is the relation between the word and the insight that the patient acquires with an adequate interpretation.

Elsewhere, one of us (Baranger M, 1956 p. 43) drew the following conclusion regarding insight: “… as soon as the patient recognises the analyst's privileged situation as a transactional object between the person and the external world, an experimental situation is created (‘phantasy of the analysis’) that converts the analyst into a double projection screen.
field. However, it is not entirely equivalent to this concept because it sees the analytic situation as essentially transferential instead of transferential–countertransference.

Consequently, we now consider that the terms 'transactional object' and 'double projection screen' apply not to the analyst but to the analytic situation as a field.

The process of insight acts first on this field. The adequate interpretation opens up the field and connects its conscious and unconscious structures to some degree. The patient's 'vision' of the field expands and is modified at the same time, provoking a re-structuring, but the two successive structurings are not equivalent; this is not a mere re-distribution of agencies, objects and parts of the self in the field. The second structuring is much more differentiated. Let us suppose the interpretation of a persecutory situation experienced in relation to the analyst. It appears later as 'the person I thought was a persecutor and in reality is my analyst who is working with me'. The persecutory object projected onto the analyst is also differentiated. It is not only experienced as an internal object, re-introjected, but its relation to the self has changed: its hatred is no longer considered as being foreign to the patient, but as a split off aspect, and is no longer experienced as present, but as originating in some concrete situation of the past that has given it its particular form. In turn, this differentiation of the present from the past allows the patient to stop experiencing the persecution as eternal and to differentiate the past and the present from a future free (or relatively free) of persecutory anxiety. In sum, it is a general differentiating process that allows the patient's ego to examine anew and work through the aspects of the field involved in the interpretation. This is why we can continue to use the term insight, since the general result of the process is the patient's increased awareness of his or her inner world.

In all this, we see that the word is equipped with three essential functions: it carries object relations and very primitive emotions, connects split off and isolated structurings in the field and differentiates the parts and aspects of the field thus reunified. Thus, the word again acquires the characteristics discovered by M. Klein (1930) in the process of symbol formation: the equivalence of symbol and symbolized, on the one hand, and differentiation between the two on the other. The absence or insufficiency of either of these two aspects constitutes a very great difficulty in the technique of interpretation.

In certain patients, in particular, those with very rigid obsessional structures, the first process seems to be missing. The isolation of the word from the psychic contents it designates becomes so intense that it creates a very great obstacle for the ‘entry’ of the interpretations. The patient accepts them as ‘mere words’ and plays with them as if they were an external object unrelated to the inner world. Until this process of intellectualization has been overcome — re-establishing the relation between symbol and symbolized — interpretations, however theoretically exact they may be, have no practical value. This particular case is only the hypertrophy of a universal process in the creation of words and abstract language. This is why it is so important in all kinds of patients to avoid the intrinsic danger of intellectualization of the interpretations and of the whole analytic process. For this reason, as we have long been aware, interpretations have to be given in concrete rather than abstract terms, and this is also why the element of surprise they provoke is important.
retaliatory reactions). In these cases, the interpretation unleashes emotional manifestations of unsuspected intensity, and will hardly become a factor of working through until this difficulty has been overcome.

These two inverse obstacles to the action of the word in the analytic situation can clarify its two specific functions. The word opens up the communications in the field, uniting its isolated or split off regions. But it also serves to locate, determine and differentiate its multiple aspects. It is both communication and control, and the function of the interpretation can be lost if one of these aspects is exaggerated at the expense of the other.

This can perhaps throw some light on the conditions in which certain words — the interpretation — permit the advent of insight. It is generated when the words of the interpretation possess their characteristic as a medium of communication that is both concrete (in relation to primitive phantasies of object exchange) and abstract (translating the prevalent situation in the field into intelligible terms). A modification of the field then takes place, but not just any modification corresponds to this specific process: one of the parts of the patient that is split off and isolated or deposited in some sector of the field is re-integrated into the patient's self and recognized as the patient's own. It is not simply a change of location of an object that was outside and is now inside. This mere change of location often occurs without leading to the process of insight, particularly when this re-introjection is produced in a brutal and massive way. In this case, the Ego feels violently invaded by a foreign, dangerous body, produces very intense anxiety and needs to change its defensive system in order to confront an enemy that has become internal, if it is a persecutory object. The external persecution has become a demonic possession or the hypochondriacal insertion of the persecutor inside some organ.

All to the contrary, the re-introjection that conditions insight takes place mainly in the Ego, in a measured and a particularly differentiated way. This differentiation is applied first to what belongs to the external object and what the subject has projected into it. The external object thus changes its structure and looks much more like its real characteristics, while the self recovers from the object aspects that were lost because of the projective identification. But this is not all: in this re-introjection, the Ego also differentiates between its own aspects that had been attributed to the object and the internal objects (different from the Ego) that contributed to the structuring of the external object. This is a double process: the Ego recovers what belongs to it as its own and also assimilates something more from its internal objects. This object metabolism provokes an extension of the Ego, which is felt as greater scope and freedom of movement; this state of elation and happiness is quite different from any corresponding hypomania, since it responds to the Ego's increased real potential and improved contact with reality, rather than to denial and omnipotence.

The temporal dimension in this process of insight is much better differentiated: the past and present aspects of the objects are differentiated, which permits their better metabolization, the assimilation of those aspects of them that are compatible with the Ego and the abandonment of the rest.

Of course, insight with all the aspects that we have just mentioned is only produced as a correlate of the depressive position as described by M Klein (1958), and the strengthening of the Ego produced by the dynamic of the analytic situation allows a decrease in splitting, idealization and persecution and the synthesis of contradictory aspects of the objects. By this same process, the Ego resorts far less to projective identification and fears re-introjection much less, thus making it possible for the Ego to improve the exercise of its correlative functions of differentiation and assimilation.

The effect of the process of insight on the analytic situation is characteristic: better differentiation makes the bi-personal field appear momentarily as it is — an experimental field, while the analyst loses the phantasied characteristics and is experienced in terms of his or her essential function: the analyst is the analyst and not the patient's father, mother, omnipotence, etc. By this process, in the course of the analysis, the analyst gradually loses those fantastic aspects and the transference relation becomes more serene, more authentically cordial and better communicated.

These considerations allow us to draw some conclusions regarding the process of insight. In spite of its etymology, it can by no means be considered a state of contemplation. For example, the states often observable in patients in beatific contemplation of the idealized object are even quite the opposite of insight. Perhaps its etymology and remnants of introspectionist psychology also contributed to prevent recognition that analytic insight, as a phenomenon of the bi-personal field, can only be described or understood as a bi-personal phenomenon. Of course, we can observe phenomena of self-discovery outside the analytic situation, and certain individuals have more access than others to their own psychological processes. But these phenomena or psychological characteristics are essentially different from the process that we call insight in our practice.

In the analytic situation, insight begins with the comprehension (giving this word its full meaning as both intellection and experienced participation) of the current and emerging structures of the field, with intrinsic inclusion of the analyst's own countertransference situation. The act of analytic insight is the formulation of the interpretation of the current state of
the field, given by the analyst and shared by the patient. The absence of this sharing is enough to cause the interpretation to fall into the void, and then there is no insight. Insight is received as an interpretation and immediately recognized by the patient as the patient's own. It provokes or coincides with a modification of the patient's internal situation: what is understood and differentiated in the field is integrated as a part or aspect of the internal world,

integrated into the patient's person, and, correspondingly, it makes the analyst appear as the analyst.

In this way, a new type of communication is created between patient and analyst: the feeling, not only of seeing the same, but of doing or constructing something together or sharing a reparatory process. Ultimately, insight is the integration of the transference and countertransference phantasies concerning analytic work.

References


[11 Where an English version is available this is given first, followed by the Spanish in brackets if this was cited in the original. References to Freud have been changed to the Standard Edition. References marked with an asterisk have been added by the translators.]

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