The Impasse Within a Theory of the Analytic Field: Possible Vertices of Observation

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Before commencing my discussion of the specific subject of this paper I should like to place it within its theoretical context. This context is represented by the intersection of the conceptualisations of the 'bipersonal field' of M. & W. Baranger and Baranger et al., and Bion's ideas on the central importance of the mental functioning of the analyst during the session (reverie).

Since Bion's ideas are now, I believe, common ground within the psychoanalytic community, I shall merely draw attention to the specificity of the concept of 'field', referring the reader to Bezoari & Ferro (1992) for an in-depth treatment of the similarities and differences between the above conceptions.

The field concept has precedents in Gestalt psychology and the work of Kurt Lewin, which was subsequently recast by Merleau-Ponty with a view to establishing a psychology of man 'in his situation', capable of observing and understanding psychic facts through their meanings in the context of intersubjective relations.

M. & W. Baranger (1961-62), and later Baranger et al. (1983), coupled this concept with the fundamental notions of Kleinian psychoanalysis. These authors defined the analytic situation as a bipersonal field in which all that is knowable is the 'unconscious fantasy of the couple' as structured by the contributions of the mental lives of both patient and analyst and also as mediated by projective identifications.

The patient's pathology as such does not enter into the field, except in relation to the person of the analyst, who in turn contributes actively—but, one hopes, to a lesser extent—to the constitution of that pathology of the field which will form the concrete subject of psychoanalytic working through.

Since analyst and patient form a complementary couple inextricably bound up with each other, it follows that the members of this couple can only be understood together. Particular account is therefore taken of the mental functioning of the analyst, who must allow himself to be involved in—one might almost say captured by—the forces of the field, subsequently reaffirming his status as a third party through interpretation and that 'second look' which makes it possible to view from a distance the process that he helps to initiate, but whose specificities he must be able to grasp and describe.

If projective identification is not only the omnipotent fantasy of an individual but, as Bion (1980) holds, something which actually takes place between two people, then 'it is not surprising that it is of crucial importance to the structuring of any couple' (M. & W. Baranger, 1961-62 p. 143).

The adoption of this radically bipersonal model of projective identification also gives rise to important changes in the way the dynamics of the transference and countertransference are conceived. According to the Barangers, what is conventionally described as transference neurosis (or psychosis) will, in field terms, be deemed transference—countertransference neurosis (or psychosis), i.e. a function of the couple.

In the analytic situation, insight occurs when analyst and patient acquire a common understanding of the unconscious fantasies operating in the field at the relevant moment. This coincides with a restructuring of the field itself, as the possibility of thought and communication—both affective and cognitive—is extended to areas previously occupied by 'bastions', which are thereby mobilised and dissolved.

The bipersonal field of the analysis is, therefore, the locus of a dynamic process characterised by the couple's tendency to set up bastions—i.e. symbiotic-type links (in Bleger's sense)—and by the work intended to transform these experiences along true object-relations lines. This inexhaustible dialectic causes the analytic process to proceed as it were 'in a spiral' (M. & W. Baranger, following Pichon-Riviere).

For the sake of brevity, I shall not review the classical conceptions concerning the impasse, which may be found in the excellent overview by Etchegoyen (1986), who also discusses the similarities and differences between the impasse and
'negative therapeutic reactions' and the 'reversal of perspective'; instead, I shall turn immediately to those approaches to the problem which are closer to my own.

In the conceptions of M. & W. Baranger (1961-62) and Baranger et al. (1983), some degree of impasse is deemed to be physiological. This is inherent in the notion of the 'bastion', understood as a blind area of the couple which comes into being periodically—the analyst must be able to distance himself from it by the 'second look', whereby he can identify, describe and resolve the phenomenon to whose existence he himself has contributed.

We thus have a situation of continuous oscillation between the following: developments that have proved possible in the progress of the couple/bastion/secondlook/new developments, and so on. If a bastion remains unrecognised for a prolonged period, it will eventually give rise to a situation of impasse (M. & W. Baranger, 1964).

Another interesting view of the impasse is that of Steiner (1987), on the constitution of an 'organisation' as a place in which the patient ensconces himself to escape from over-intense anxieties, whether persecutory or depressive, which, if not recognised (and this may involve prolonged countertransference labours, as Steiner describes in detail), will lead to a stalled situation.

However, in my view, the 'organisation' is more explicitly a couple-related problem, reflecting the formation of an area shared by patient and analyst that protects them from persecutory or depressive anxieties which cannot be tolerated on the level of thought by either, at least at the time. The impasse might also be regarded as a period of waiting, to enable the couple to become equipped to confront the risks associated with the explicit resumption of work. It is, therefore, difficult to assign responsibility for such events to one or other member of the couple, because the situation is one in which the two minds are both profoundly implicated.

Attempts to resolve the stalled situation are inevitably doomed to failure if they take the form of interpretations which make the patient responsible, or even blame him, for what is happening, e.g. by interpretations of his masochism, guilt, attacks on growth, perversion, envy, etc. Bion says, in one of the Discussions (1978), that he has never seen a study of the terror that may be at work within the analyst, and it is only by acknowledging and negotiating this terror (in the analyst's own mind: stemming from the archaic areas of himself, and induced in him by the patient) that a way out of such situations can be found; we must seek not to defend ourselves against this terror, panic or persecution by the use of excessively rigid models.

In undertaking an analysis we are entitled to remain alive (as Winnicott [1965] reminds us) and cannot, therefore, always and in whatever circumstances, be required to cross certain boundaries of destructuring, anxiety and risk (sometimes including physical risk); but, having said that, we do have a responsibility not to map these still unexplored territories 'excessively' with false charts.

In-depth working through, to allow metabolisation of the 'role relationships' (Sandler, 1976), often exposes ourselves and our patients alike to suffering, hard work and a whole range of consequences. From this point of view, even impasse situations are positive if}

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experienced as 'the time' needed to gain access to underlying anxieties and terrors and thereby acquire the capacity to transform these anxieties, which have remained split off outside the field, and to make them thinkable.

Often, it is actually the patient who takes it upon himself to draw attention to the impasse situation. For example, 9-year-old Roberto told me about a car he had seen parked with its engine running and lights on but with no-one inside it, causing me to reflect on an analysis that was seemingly in motion but, in fact, at a standstill.

I am reminded too of the image of the hamster in a cage running inside a wheel that spins at great speed but is always in the same spot, as mentioned by Maldonado's patient (1984); something very similar was brought up by Stefania at a difficult point in the analysis, before a dream afforded us access to a terrifying primitive territory represented by 'Mongolia'.

On other occasions, it may be countertransference dreams that draw our attention to something that is not moving, in spite of appearances; the most serious impasses often occur precisely in situations where there is apparent movement and where interpretations of content tend to suggest that something is being done, whereas, in fact, the couple are going round in circles, as described in detail by Maldonado in his most recent contributions (1984), (1987), (1989).

I should now like to present some clinical examples of different degrees of impasse. Starting with situations observable only in the micrometry of the session (which are therefore only possible precursors of an impasse), I shall proceed to situations which are less and less clearly recognised, and finally to ones which, to paraphrase the title of a paper by Limentani (1981) on the negative therapeutic reaction, illustrate what, in my view, prove to be positive aspects of the impasse:
(a) The impasse as the time necessary for metabolisation of the 'bastions'

Long—sometimes very long—periods are required for the metabolisation of certain primitive states of mind, which must be owned and transformed at subterranean level before they can be conceived of and discussed.

Gabriella, a 30-year-old patient who radiated an air of great efficiency, induced a profound drowsiness in me from the very beginning of the analysis—there were moments of virtual lethargy in the sessions, during which I confess I used to fall fast asleep, if only for a few seconds. However, this is to anticipate matters.

It took me a while to grasp the explicit causal connections: at first, I noticed that I was having fits of drowsiness during the sessions with Gabriella, but, given the post-prandial hour, I put them down to my 'digestive difficulties'. As time passed, I began to reflect on what these 'digestive difficulties' might be and, in a soporific state, I started thinking about publications on the 'living dead' and 'sleeping objects', and about zombies. I then found myself secretly calling Gabriella by the nickname 'CIF-CIF' because she would obsessively do all her cleaning at home with this detergent, just as she would clean away every emotion which might develop in the session. It took me longer to realise that the CIF used in the session was precisely the lethargy she induced in me, in the same way as she managed the most primitive emotions inside her by sending them to sleep, while remaining absolutely in the dark about them.

As time went on, dreams began to tell us about this hitherto unthought-of world and about the terrible emotions, or rather emotional turbulences, which existed within it. One dream in particular presented us with scenes like those in the Michael Jackson video in which living-dead figures, zombies, aroused by the music, emerge from the road surface and follow him; this was consistent with my own own dream fragments in the session, which featured dinosaurs, prehistoric animals and zombies.

There then appeared some highly split-off emotions: the 'ghetto for handicapped people where she worked, where everyone was stuffed full of tranquillizers and sedatives'; 'afternoons with psychotic children'; the violent and irrational feelings of a woman friend who had effectively turned herself into her double. Eventually, in one dream, the wire fence that had stood in the path between two houses, and had taken the place of a wall, was removed, leaving only hedges—but there were some gaps through which small animals, dogs perhaps, could cross from one side to the other.

From then on it became increasingly possible to 'cross over' and verbalise identifiable and describable emotional states; these followed the birth of a little girl, long described by the patient as being more like a little 'Godzilla' than a baby a few days old—and, later, a few months old—so violent and intense were the descriptions of her life manifestations. In this way we gained access not only to Godzilla but also to King Kong, to stories of travellers ending up in prehistoric worlds—but by now, as in many science-fiction stories, we had built the time machine whereby we could travel from the rational and efficient present to that other present of the deepest emotional states.

(b) The impasse and avoidance of mourning

I should like to give a brief account of a period of impasse which preceded the end of my first patient's analysis.

This patient had had a major psychotic breakdown when, at the school where she worked, she had been required to look after a child left seriously disabled from encephalitis; she had then no longer been allowed to be with the other children, to whom she was very attached. This was her initial account. Years of persecutory and erotised delusions were followed by very painful but fertile insights, which allowed her to gain access to the suffering parts of herself which she had always cared for 'in others'.

She returned to work, which she had given up at the beginning of the analysis, becoming a teacher not of special-needs classes but of 'normal children'. Her relationship with her husband improved and dreams began to indicate that Michelina was achieving her own existential objectives. However, the handicapped child, of which so much had been heard in the early stages of the analysis, reemerged in her material.

As stated, I was not yet ready to mourn for what could not be done (once the work which had made a satisfactory mental life possible for the patient was completed); I wanted, albeit unconsciously, the 'handicapped child', too, to be enabled to change and, with that child, certain ways of managing Michelina's most primitive passions (at times she seemed to be able to manage them by 'freezing' as an alternative to being inflamed by them); and so I pushed on further.
At this point there appeared 'the refusal' ('I feel that you are rejecting me'; 'my husband tells me I must not be as I am but as he wants me to be'), followed by indications of an erotised transference. We proceeded for some months on the theme of 'refusal', which I sought to grasp in every way I could. Not a hope. It was countertransference dreams that helped me to see and tackle this 'refusal' we were contending with, and to reconsider Michelina's initial situation: wanting to stop looking after the child left seriously disabled from encephalitis so as to make way for other children.

It was I who had to mourn for my therapeutic ambitions and resign myself to the thought of finishing the analysis. My 'throttling back' of the therapeutic thrust was quickly rewarded: the patient no longer felt herself to be the 'prisoner of a project of mine' and started working again, particularly on the affects involved in her relationship with 'the husband' (myself in the transference), eventually asking for a date to be set for the termination of the analysis.

The termination was preceded by some dreams which showed that the analytic function had been successfully introjected: first, there appeared 'a lady', and then 'a woman friend' who helped her, advised her and showed her the way when there was no analysis. This introjection showed its stability in a dream of an island with a solid, robust 'little iron temple' (!), which had very deep foundations able to withstand 'even the most violent storm surges'.

The whole course of our work seemed

summed up and validated by the story she told in one of the last sessions, about a cat called Mamy: 'It was the end of the Second World War and Milan railway station had been invaded by a plague of hungry mice, which had gnawed away at everything down to the electric cables, causing short circuits and bringing the station to a standstill. The railwaymen had the idea of bringing in cats to rid the station of the mice. It was a major task but it was completed, and when the work was done the cats gradually left the station, except for Mamy, who stayed on in Signal-Box C, ever watchful in case the mice should return. Many years later, when all the railwaymen had become very fond of him, he died, but he is not forgotten, as he was awarded a testimonial which hangs on the wall of the station-master's office to this day'.

This story was, for me, a revisiting of her psychotic breakdown (short circuits), caused by the irruption of the split-off parts (mice), the work of reclamation—digestion performed by the analysis (cats) on the responsibility on the analyst (the railwayman—FERROviere in Italian), the introjection of the analytic function with the necessary watchfulness (the cat Mamy), gratitude (the testimonial) and mourning.

I am thinking of my uncertainty about terminating this analysis, and how I failed to pick up the many signals sent out to me by the patient: the dream in which she was tired of going to the dressmaker as she had now learnt to sew herself; the need to resign herself to the death of her now very old grandmother who had experienced and accomplished so much in her life; the dream of the washing machine that was liable to burn out if left on for too long, even if switching it off meant accepting that not all the washing would be perfectly clean; etc. However, I think that one reason why it was difficult to finish this analysis—my first—was the wish for a complete analysis rather than a feasible analysis; on the other hand, I tell myself that, in my pain at this termination, I may perhaps have taken on the projective identifications of the patient, who was having more difficulty with the separation (as witness a dream about drug addicts who wanted their 'quotidiano's' at all costs).

The approach of the date of the termination gave rise to profound mourning, appreciation of the work done, and joy at the ability to experience her own feelings: in the last session of all, she told me that she 'used to be alone when she first came to Pavia; now she knew nearly everyone waiting for the train on the station platform, and also knew many of the passengers in her compartment, to whom she spoke freely'. I was able to interpret this communication as the acquisition both of knowledge about herself and of the ability to cross freely between different parts of her mind.

(c) The impasse as a prelude to change: learning with the patient

Carlo's analysis was a long one; it began after a serious psychotic breakdown, during which he had suffered from delusions ('wanted by the police with his photograph in all the papers') and devastating megalomania—he was descended from the Pharaohs, or was himself a Pharaoh who could make me materialise when he knocked at the door of my consulting room.

The process of transformation and integration of his violent, sadistic and criminal parts involved indescribable effort and mental pain on both his part and mine (which at one point he called 'psychalgia'). The first few years, in which we brought the delusions into the consulting room, were followed by long periods of depressive anguish which gradually allowed his affectionate parts to develop, these having at first been considered totally insufficient to hold back his violence
and destructiveness. Thus, it was precisely his affectionate parts which ultimately emerged in the analysis—as in a dream in which the Y10$^4$ (the super-male from another dream, Y, to the tenth power) was driven by a woman in a kind of integration of X and Y in the emotional chromosome complement.

Notwithstanding the storms in the consulting room, Carlo continued his studies and graduated, then specialised in criminology and partly overcame the phobias which had made 'the roads in his country' and internal world impassable.

In one dream he was travelling in an express train to the Sanità$^5$ district … he also had sexual intercourse for the first time. Just as I was beginning to tell myself that this enterprise might perhaps end well, the analysis seemed, without my noticing, to go into slow motion: what we had formerly accomplished in a single session now took a week or more; dreams were few and far between, the material became repetitive. Carlo himself drew my attention to the situation when he mentioned the Berghofs and how difficult it was to come down from it … and the beauty of the Magic Mountain; then starting a research project on 'pathomimesis'; and, finally, the difficult problem of evicting 'the doctor who lived underneath him', who did not want to give up his consulting room.

At first I thought that the slackening of pace was due to the possibility that the analysis might be terminable and to separation anxieties that had not been sufficiently worked through. Periodic dreams showed us that we were in an impasse situation, and then work would resume, only to slow down again promptly.

In one dream, Tomba, the skier, lay absolutely motionless on a fence, as if resting on his laurels. In another dream—following the first satisfying sexual intercourse of his life—a tree was uprooted by a flash of lightning, thus kindling the first deep fantasies about the possibility of uprooting himself from the analysis (apart from drawing attention to the violence, as of a thunderbolt, aroused in him by an intimate relationship), but, immediately, along came some country people who then replanted the tree deep in the soil!

I became more and more convinced that what had brought us to a standstill was not so much the fear of his criminal and destructive parts (after all, we had been doing nothing else but work on these for years), as the suffering, or rather the depressive anguish, he would have to confront when a date was eventually set for the end of the analysis—without other, deeper and more hidden anxieties having first been worked through.

I gradually came to feel that the fantasy of being able to terminate Carlo's analysis was attributable precisely to my wish to avoid contact with other catastrophic anxieties lying in wait for us. We were able to tackle these anxieties as our progress gradually made us strong and secure enough to do so and as my developing technical competence opened up new points of view—always, however, involving great countertransference labours.

We proceeded slowly: Carlo also took his time about assuming work responsibilities. We were hesitating to confront a further, hitherto-concealed, psychotic fragment by prolonging the work (in a dream, Madame Sousatzka's student was never ready, as in the film of that name); it was a matter of contact with a residual area of his country, which had proved to be impossible to negotiate, defended as it was by his ability to study, write and pass every examination brilliantly, but 'not to work and earn his living'. He was no longer the Tsar of his own country, as he had long seen himself, and still less the Pharaoh of the early stages of the analysis, but dreamed of himself as Manzoni's Don Ferrante in his magnificent library; he was never the member of the 'Fourth Estate', in another dream, who needed to work for a living: 'nor was it conceivable for him to go into the bar where the workers met after work', still less to separate from the mother and the analysis.

Suddenly he realised of how much this attitude was depriving him. This gave rise to a new and extremely painful insight: he became aware of all the things he had lost, never experienced and not done; the envy, jealousy and possessiveness he had projected on to others weighed heavy upon him, and he compared

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1 The Italian word has a double meaning: either daily newspaper or daily fix.
2 The name of a fast car.
3 A slum area of Naples, teeming with tormented humanity, featuring in all the plays of Edoardo De Filippo; the name means 'hea[lth].
4 The name of the sanatorium where Hans Castorp stays in Thomas Mann's The Magic Mountain.
5 A character in Alessandro Manzoni's I Promessi Sposi.
6 Also a famous picture by Pelizza da Volpedo showing the progress of the working classes, to which he would often refer.
himself to friends on whom he had always looked down, who now appeared to him as belonging to the Fourth Estate, devoid of any delusional overvaluation of themselves, and much more successful than he. We were witnessing the devastating collapse of the megalomania which had always underlain the 'student' Don Ferrante—whose studies had, however, been devoted to a grandiose project.

Carlo and I now went through six 'hellish' months: he began to drink and would go into terrible fits of rage if not given the money for drinking; he would drive off into the night on the motorway with the intention of getting drunk. We again had to call in the psychiatrist who had helped us in the early years of the analysis, who on several occasions had had to prescribe massive doses of drugs for him and was more than once on the point of admitting him to hospital. Carlo then became addicted to the drug Roipnol, eventually taking over 20 tablets at a time; not a single interpretation made any impression on him, whether on the pain the new insights had caused him, on his despair at the failure of his project to be 'kept' in analysis for life, or our work on a dream in which he was a kind of Don Giovanni, collecting session after session in the various consulting rooms in which I had worked during the course of the 11 years of the analysis, or his fear and terror at facing up fully to life.

One day, however, I found a way of containing and putting into words what was happening to him, using the plot of a novel which effectively provided us with a blueprint: 'It seems to me that after Thomas it is the turn of Heinrich and his Blue Angel. Professor Unrat, precisely in order to avoid looking at his own existential and emotional reality, degrades himself in every way through the stimulation he gets from the Blue Angel, just as you seem to me to be doing with Roipnol, in the psychiatric clinic, nearly getting yourself hospitalised again after ten years of analysis, all for the sake of not getting started on the project to work on the new way of seeing yourself and others'. Carlo changed overnight: he stopped acting like Professor Unrat and started working with me again.

Both The Magic Mountain and The Blue Angel had been brought into the sessions by Carlo before.

For a long time, the consulting room had been dreamed of and experienced, in turn, as the Palace of Versailles, a conclave of cardinals, and Don Ferrante's library, but now at last it became the place where the workers met: he tried to avoid this contact, this phobia entering the analysis in the form of phobic avoidance of the analytic sessions themselves, by coming late or missing sessions.

Three dreams, however, provided us with the keys to further progress: the first, on the surface, showed us Don Marco, a spineless priest, going to Lourdes to the healer, but, at a deeper level, there were rooms in which students and workers were preparing for an important project; they were people with their feet on the ground, as firmly rooted in reality as Don Marco was in his particular milieu—indeed (as he associated), Don Marco had then been obliged to leave the stage and depart from his own country.

This dream, of course, put us in contact not only with a superficial functioning in which nothing happened, and in which only miracles or magic cures were awaited, but also with the deeper underlying level—other associations were the Carboneria, Giovane Italia and the Christians in the Catacombs.

In a second dream, there was an aerial ropeway, whose two end-points could, however, also be reached by taxi; roads had been built in the valley and climbed up into the mountains linking the various villages, in one of which was Barra, the dreaded criminal … many people took to their heels in terror … he told himself that now—being a specialist in criminology—he was capable of confronting him, but he could not remember whether he had run away or confronted him.

A third dream presented scenes from two films, both of which had to do with the death of the father. The first was Kurosawa's Ran, in which the father's death is followed by a

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10 Secret organisation which helped to unify Italy during the Risorgimento.
11 A criminal who was a constant theme of the early stages of the analysis; while in jail he had killed and dismembered a fellow-prisoner and bitten into his intestines.

destructive feud between brothers; while the second was Rosi's Three Brothers, in which the death of the father was the occasion for a meeting between three brothers, for the exchange of nostalgic memories, which made it possible to work through mourning.

Essentially, said Carlo, what he was afraid of, almost to the point of phobia, were good feelings—to feel love, gratitude and affection, and then to have to separate: would his model be that of Ran or of Three Brothers?

In another dream, an engaged couple had successfully overcome many vicissitudes, but when they were finally able to marry, they found two gallows waiting for them, from which they were to be hanged. It was the story of I Promessi Sposi,
said Carlo, which, however, could not end: the end of the analysis was experienced as unthinkable because it aroused suffocating, death-dealing anxieties—or, at least, so I found myself thinking.

Another dream no longer featured Barra, but ordinary people with ordinary human feelings, including those connected with loss, mourning, relationships and time; it was no longer the world of the KGB, of hallucinatory transformations, of delusions of derision associated with a sadistic and violent primal scene.

Yet another dream showed us a grave with a beautiful girl in suspenders upon it: instead of getting bogged down in ideas of an erotisation of mourning, we saw this as the end of the mental ancien régime accompanied by something vital and attractive—the girl reminded him of the Marianne of the French Revolution, with the associated needs for independence and freedom.

Still more dreams came: a boy was leaving my consulting room, accompanied by an adult who could not yet be seen clearly but who was there; the boy was alone and lost, following his mother's death. In an insight, he became aware of the existence of the world in a guise in which he had never before considered it, made up of men and women 'with adult genitals' and in no way threatening, which made him ask: 'But why should I always stay with my mother, studying, or in my analyst's consulting room?'

For he realised that his own pact with the devil, of eternal childhood, being like the Infanta of Spain flanked by the Queen Mother (in one dream), or a handicapped child abandoned at an orphanage (in the next night's dream), were not only two sides of the same coin but also the manner whereby a 'devilish and false' part of himself barred his access to real life, which he was finding himself increasingly well equipped to cope with—as witnessed by a series of dreams in which he ultimately succeeded in mourning for an idealised and persecutory world characterised alternately by omnipotence and impotence.

At this point I felt able to tell him that, in my opinion, continuing the analysis made sense, provided that he himself earned an increasing percentage of its cost (until then the analysis had been paid for by his mother).

He spoke again of his school phobia; the prospect at first terrified him, but he thought he could start standing in for colleagues during the holidays (thereby assuming the burden of his own mental life during the breaks in analysis), doing voluntary work on a psychiatric ward. These decisions were followed by a dream: his sister married a rich farmer, while another girl, also a worker, went to university; there were not many people at the wedding; he was pleased because he saw himself in places that used to make him afraid, but annoyed because his sister was marrying someone with a practical bent, for whom money was important.

At this point I again fell into the trap of thinking about the terminability of the analysis. A fresh impasse immediately appeared. I thought it was a resistance tottermination and persisted in interpreting it along these lines, but I noticed that Carlo was becoming desperate again, and I recalled a comment by Meltzer & Harris (1983) about the function of the parent, as being not to sow terror but to promote hope. I realised that the more I interpreted Carlo's resistances to further assumptions of responsibility as defences against separation anxiety, the more he was despairing.

I plainly had to change course, and wondered whether we had avoided some major anxiety. Meanwhile, Carlo dreamed that some racing cyclists who had almost arrived at the finishing line had had to turn back without reaching it. There, I thought, I was right the first time, it is a matter of terminance anxieties;

but Carlo added: 'The dream goes on: The reason for this was that one stage had been omitted'.

It was only at this point that I made contact with a countertransference experience of my own: that Carlo's analysis had been a surgical one, very much in the head, and very correct, but without 'negotiating' emotions and fears. We had constantly spoken and interpreted, but had never experienced emotional states together at close quarters.

The days of the 'killer's case', the plans to kill me or to kill himself—we had spoken of all these things and understood them like a 'patho-anatomical dissection' of adream. We must in this way have been defending ourselves against unbearable mutual involvement, for I was suddenly picking up waves of terror and panic. The symptoms were exacerbated—the phobia of others, of contact, of human encounters—but then a dream showed him suffering from 'major burns', after the gold plates that had been protecting him had been removed. I realised that now my every word and inflection gave rise to an emotional tornado: this was what was now terrifying him in his relations with others.

We were able at this juncture to tell ourselves his story and ours from a new vertex. It was no longer that of the Great Criminal, the Dracula in one dream who was unable to leave his castle (such was the terror he inspired in the local population), but instead a suffering character from Dostoyevsky, a Raskolnikov. We saw the megalomania,
the narcissism and the 'criminality' as defences, as narcissistic and even autistic barriers to an emotional contact whose turbulence terrified him.

He dreamed of a supermarket full of marvellous toys, those automata and beautiful machines, now absolutely useless, that were made in the Royal Courts in the seventeenth century to amaze; there was his uncle, a practical person, with his feet firmly planted on the ground, who would not let him play with them, so he had to give them up, but he had to share his room with some live animals, some of which frightened him.

He needed to give up not only the masturbatory toys of megalomania and criminality but also the now mechanical interpretations of the parts of himself that had become familiar enough, working instead on the difficulty and pain of our emotional encounter.

After a particularly good session (and after I had understood that he would ask to go to the bathroom whenever I aroused excessive emotion in him, or that I would find the couch soaked in sweat if I made him work too hard), he told me that he had heard in the bar opposite that Giuseppe, an old friend, had been talking about him: he had said 'Carlo' and told a story from their schooldays; Piero's tone of voice had been good and warm-hearted. Could it be that they wished him well? At this point came a fantasy, perhaps partly derived from a dream, in which there were two books side by side and 'a character'—say, the 'Judge of Cuvio' created by Piero Chiara—ended up by mistake in a book by Dostoyevsky, and when he was given up for lost, the pages opened, the books touched, and the Judge of Cuvio, no longer contaminated, was able to return to his lakeside idyll.

In another dream, he opened his arms and tried to grasp all the many good things around him; he no longer felt the climate of Cambodia which he had previously experienced inside himself.

We are now working on this stage, which I hope is the last: the autistic defences which were for so long necessary against very primitive emotional turbulences. I fully realise that I must change my technique, from a surgical approach to one of affective containment, in full awareness of how much every word I utter seethes inside him, now that he no longer has his 'gold armour-plating' around him.

However, a suture for Carlo's identity came to be needed again: a dream put us in contact with another 'state of mind', 'the brother who had grown a lot', showing the possibility of oscillation between the two states—'my two allotropic configurations'. There appeared memories of his period of health: holidays in Rapallo, his father's death, how he had died … as if he were emerging at times from the serious consequences of 'concussion'. This, then, was

the obstacle to the end of the analysis, the need for a 'rehistoricisation of the trauma' (Baranger et al., 1988), which became feasible for us after the following dream: he had had an accident and fallen down a precipice … his face … his whole facial area was all swollen and bleeding, but he found someone nearby and every so often came out of his coma. This was the rehistoricisation of his dramatic 'accident', in the form of the psychotic breakdown at the age of 18, but also the possibility of rehistoricising the trauma of separation, of all separations, through the vivid account of his father's death as a possibility of oscillation between the two states—'my two allotropic configurations'. There appeared memories of his period of health: holidays in Rapallo, his father's death, how he had died … as if he were emerging at times from the serious consequences of 'concussion'. This, then, was

The father's final illness and death had come shortly before Carlo's psychotic breakdown. He dreamed that he was reconnecting a cable that had been broken, and day after day we witnessed the forging of new links between the present and the time before the breakdown. We were also able to revisit the rehistoricisation of the father's death as a possibility of working through all the losses and mourning he had been unable to confront, until it became possible to metabolise the anxieties, which, this time, were partly bound up with a plan to terminate the analysis. He dreamed of being at a market and buying horses, donkeys and all kinds of domestic animals, representing the new feelings that seemed to be arising within him, concerning the possibility of living in peace with others. The father was now remembered (reconstructed? constructed?) as a modest, hard-working person, practising his profession day after day at the surgery and on the estates in the area, assisting at the birth of children, treating sprains and stitching wounds, as befitted 'a country doctor'. This was another road that awaited us, but there was something incredible for us in the achievement of this evident domesticity of emotions after years 'spent in Cambodia' filled with violent emotional turbulence.

**COMMENTARY**

I have concentrated here on seriously-ill patients because it is they (and the psychotic parts of any patient) who constantly expose us to the greatest difficulties. However, it will, of course, not always be possible to confront 'the terror' of
certain crossings; as an alternative to, or pending the possibility of, negotiating the still dark and blind areas of our mind and of the relationship with the patient, we can rely on our ability patiently to live through situations that are seemingly at a standstill, underlyng which there is often a continuous process whereby the minds concerned are painfully endeavouring to metabolise anxieties that are still too intense.

The impasse situation might have to do with the necessary negotiation of countertransference micropsychoses, as described by Baranger & Baranger. 'The organisation', 'the bastion', and even 'the countertransference' are ultimately not so inaccessible: there is a function that is constantly performed by the patient, which is to inform us, from vertices unknown to ourselves, what is happening in the depths of the functioning of the couple (Bion, 1983), through all the characters and stories he may present to us on successive occasions. We should think of these not so much in terms of their historical level or as split-off parts of one or the other, but as ways of summarising and explaining the functioning which the couple and the field have assumed at the relevant time from a certain vertex (of which we are unaware) (Bezoari & Ferro, 1990), (1992a), (1992b); (Ferro, 1991a), (1991b), (1993).

Therefore, it is not only the right interpretation but also our internal transformational labours that will enable us to metabolise the projective identifications which paralyse us. This may be a slow, laborious and often painful task: the 'betaloma', as I termed it in a paper written with Barale (Barale & Ferro, 1992) — clumps of beta elements which contrast with thought — is owned, digested, transformed and, if possible, resolved in a narration which the patient is capable of owning.

With regard to the primitive parts of the personality, it is often not enough for the patient to be given an interpretation of his own needs; these must also find a satisfactory 'emotional fulfilment': in this way, we show the patient a model of mental functioning and relationship which he will be able to introject.

What requires the closest attention is thus the microprocess of the session, for the micrometry of the session is the significant locus of any transformation; particular importance in this model focuses on projective identifications, understood in strong and relational terms (M. & W. Baranger, 1961-62); (Bion, 1962); (Ogden, 1979), the interplay between which allows a continuous exchange of emotional elements which will gradually, with the possibility of access to words, find a privileged manner of transformation and expression. The projective identifications stabilise the strong and subterranean emotional status of the couple, which will then find the capacity to narrate what is taking place in the depths of the relational exchange by means of dreams, memories and anecdotes.

We may agree with Bion (1978) that thinking is a new function of living matter, so that not all the most primitive emotions of the human mind can be transformed into thought, while, furthermore, any such transformation has a very high cost in terms of psychic pain. The primitive parts need to obtain access to symbolisation there in the consulting room, and this work may sometimes exceed our emotional capacities.

The aspect which we perhaps share most with patients is avoidance of mental pain beyond a certain threshold and the search for acceptable solutions or defences; again, as stated earlier, no study exists of the terror that might be experienced by the analyst if he is overtaxed (Bion, 1978). Other points worth considering are the micro-impasse phenomena which occur in the session: how these are overcome or, alternatively, how they may coalesce into fully-fledged stalled situations.

"Why does a person wake up in the morning, switch on the light, strike a match, go to the window and jump out?" Laura asked me halfway through a session. She had heard this riddle from her younger brother, who had then gone away. She would have no peace until she found the answer. I did not know the riddle; I dodged the questions with all the interpretations and stratagems I was capable of. But Laura's anxiety became more and more intense. I did not know what to answer: I felt as though I were in the dark, desperate, without any answers to give. 'Because he was blind', I heard myself saying, 'just as you now feel deprived of the light because of my failure to understand how worried you are about my forthcoming absence'. Only at this point did Laura tell me of the suicide plan she had devised, down to the tiniest detail, so convinced was she that I had not understood her anxiety; only then did she tell me some dreams in which she was tied to the couch, with mice gnawing at her brain, or in which she was flayed and 'lost her skin', and a kitten was dismembered — these dreams were followed a day later by one in which a boxer puppy took up a position on the belly of the mother boxer: 'she had never seen anything like it'.

I shall give some brief examples to explain what I mean by 'working in the micrometry of the session'.

After a number of interpretations which had been extremely taxing to her on the emotional level, a patient, who was a young woman doctor, withdrew and for a while ceased to bring dreams or communications to which I was able to assign
meaning. I insisted on taking up the thread of the analysis again; first of all she told me about a Western, then about the high levels of 'plumbaemia' measured in a patient, and finally about the absurdity of the proposed 'tax on property'.

Realising that there had been too many interpretive 'shots', which had driven up the 'plumbaemia', and grasping the significance of the tax on 'property—immobility', I was able to allow her a breathing space. In the same way, I reduced the dose of interpretation when a woman patient told me about the 'retrolenticular aplasia' contracted by babies in incubators if they received too much oxygen; and, on another occasion, the same patient, afraid that I had not understood, added that a premature baby fed too soon and excessively had sustained intestinal necrosis.

Modulation of interpretation is the way to overcome an impasse situation and, as stated in my joint contribution with Barale (1992), also negative therapeutic reactions when they arise and become established through the revelation of their possible precursors. I believe that, in both negative therapeutic reactions and the impasse situation, there may be an accumulation of microfractures in communication, which explode in the former case, while, in the case of the impasse, they block the analytic process until the locus and qualities of the fractures in communication are recovered. Negative therapeutic reactions may also be a sign of transference—countertransference collusions ('bastions' in the sense of Baranger et al.)—i.e. they may signal the existence of an unrecognised impasse, of which they represent the crisis-point; they may, of course, also congeal into inaccessible impasses. Furthermore, negative therapeutic reactions tend to assume an acute, explosive and critical form, whereas the impasse is more often chronic. As stated at the beginning, these aspects are all discussed in great detail by Etchegoyen (1986).

Considering the situation in field terms, a change or transformation at any point in the field is in fact all that is needed for the entire field to undergo a reorganisation; the analyst's mind is the first locus of any possible change. Apart from the most widely shared conceptualisations of the impasse, the aim of this paper is to consider the impasse in terms of a 'necessity' of the analytic couple, pending the time when it becomes possible for the analyst's working through, the psychoanalytic function of his mind, and the patient as his 'best colleague' to set the work of analysis in motion again, provided that hope and patience do not fail. Another requirement is the ability to adopt new and original, non-guilt-inducing conceptions of the impasse itself, which, as stated earlier, may well foreshow the existence of considerable mental pain or terror, requiring a great deal of slow and subterranean transformation before it can be confronted.

I should like to end with a reference to the story of Hansel and Gretel, which I feel describes nicely what happens between the minds blocked by the impasse, which are essentially 'protected' from the risk of over-violent emotions.

Hansel and Gretel—I am, of course, referring to the tale by the Grimm brothers—are being kept prisoner by a witch in a cage until they have been fattened up sufficiently to be eaten. However, they manage to turn the tables on the witch: they give her a chicken bone to feel, pretending to be not fat enough yet; in this way they transform the cage into a means of protection until they eventually succeed, having gained strength from their alliance, in casting the witch into the oven.

I should like to think of the impasse in these terms—as well as the possibility that beta elements, long feared incapable of metabolisation, might find an alpha function (oven) that is able, up to a point, to transform them into emotions and thoughts.

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**SUMMARY**

The author attempts to place the problem of the impasse within field theory, showing that a prolonged period of countertransference metabolisation is sometimes necessary before an analytic process seemingly at a standstill can get under way again.

Clinical examples are given to demonstrate the emotional difficulties with which the analyst must come to grips.

The microprocess of the session and change in the analyst's mind are considered to be the significant loci of any possible resumption of therapeutic progress, provided that hope and patience do not fail, and subject also to the ability to adopt new and original viewpoints in the session.

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