

## **The enlarged notion of field in psychoanalysis**

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This paper has been divided into two sections. The first part focuses on a comparison between field and other notions that, although somewhat similar to field, don't exactly coincide with the term. The second section begins with the paragraph alfa-function and develops the idea of "enlarged field".

#### **The origins of the concept**

**M. and W. Baranger, F. Corrao.**

The first works in (dual) psychoanalytic ambit which introduce the bi-personal field concept are by Madeleine and Willy Baranger and propose a broadening of the Kleinian school psychoanalysis through concepts that come from Gestalt psychology and Merleau Ponty's "in situation" psychology of man (1964). «The structural characteristics of the analytic situation require a necessary description with the help of the field concept. The analytic situation has its own spatial and temporal structure, and is oriented along determinate dynamic lines of force; it has its own laws of development, general and momentary objectives. This field is our immediate and specific object of observation. » (Baranger and Baranger, 1961). Considering that both patient and analyst take part in the same dynamic process, the Barangers (1978) recognize the individuals that are involved in the field, the field that they themselves produce and in which they are immersed. The field isn't the sum of inner situations that belong to members of the couple, nor can it be amenable to one or the other, instead, it takes the form of a third element with independent qualities and dynamics. The analytic field, defined as such, is made up of three levels. The first level corresponds to the formal aspects and the basic contract (setting), the second level corresponds to the dynamic aspects of the manifest content and verbal interaction, and the third corresponds to the functional aspect of integration and insight as regards unconscious bi-personal fantasy. The unconscious bi-personal fantasy represents the most original aspect of the Barangers' proposal and it combines Kleinian concepts with those of field: it is in fact made up from the overlap of projective identifications belonging to the two members of the analytic pair. The unconscious bi-personal fantasy is the specific object of

analysis, the scope is to mobilize the field and allow the projection and introjection processes to reactivate themselves, as their paralysis causes sufferance.

As the paper develops it will appear clearer how this reference, which is tightly bound to Kleinian theory is also the Baranger's most dated contribution as it defines the mechanisms, formation and development processes of the field in a very specific and binding manner. The current perspective tends to add worth to the possibility of grasping through the notion of field, the even more evasive elements and those that are difficult to determine; as Carla De Toffoli (2005) observes. She said that when «something happens that goes beyond the usual space-time parameters, that surpasses individual boundaries, that isn't containable in known categories [...] so it can be useful to resort to the Field model, so that the experience can be reflected and somehow be thinkable, in order for it not to be lost».

F. Corrao (1986) sees psychoanalysis as a specialized practise through the transformation of sensorial and emotional experiences into thoughts and meanings. He develops a notion of field that is coherent with this perspective. «The field [...] can be described on the basis of its transformations [...], it doesn't appear to be confined by any perceptive factual observational viewpoint, but [...] it refers to eventual phenomenological movements, [...] invisible and anyhow deductible [...]» (Corrao, 1986, p.120). His theory on cure focuses on the transformations and evolutions of the psychoanalytic field (including the analyst, the patient and the theories). The consequence of giving value to the notions of transformation and field is of abolishing a stable distinction between subject and object that are considered to be functionally reversible.

### **The Italian school**

Before proceeding with the part of the paper dedicated to differentiating the field notion from similar concepts, I would like to clarify one aspect of the discourse that I shall be developing. Over the years, through contributions made by many psychotherapists and analysts, there have been numerous definitions made of 'field'; sometimes these definitions have been contradictory and incompatible. Hence, I won't add an original definition of my own as I prefer to give a reinterpretation and a link to what I consider to be the most significant contributions. Furthermore, I don't intend to outline a complete and exhaustive picture of the phenomenon of field, but, instead, I shall be focusing only on aspects that seemed of most use in clinical practice. I also want to clarify that this article is mainly based on the work of Italian group psychoanalysts and psychotherapists who have sparked off a lively debate

on this topic: Riolo (1986; 1997), Correale (1991), Di Chiara (1997), Gaburri, (1997), Chianese (1997), Ferro (2003).

Due to an old tradition which goes back to Federn and Weiss and that was further continued by Perrotti, Musatti and Servadio, Italian psychoanalysts have been trained to monitor each and every moment of what occurs in the session; particularly the modification of sensations, atmospheres and bodily experiences. They search with constancy for an emotional contact with the patient, they accurately follow each tiny exchange – made up of silences, gestures, changes in space and modifications in posture – between the patient and themselves that sustains, modifies and determines the therapeutic relationship. I will briefly underline how this focus of attention has been resumed in recent studies and in particular by psychoanalysts who are part of the Boston Change Process Study Group (2005, p.694).

The perceptions are noted in the analyst's mind as useful observations for the development of the session; they may however not be noted as observations, but transformed into images, fantasies and narrations that at the appropriate time can be shared (or not) with the patient. The annotation, transformation and eventual communication doesn't overlap or substitute interpretation, it lies, instead, side by side with interpretation, redefining the position and the importance. A change in classical technique comes out from this: the analyst's receptivity, attention given to the context, the transformations that take place on non-verbal elements (extra-verbal, ultra-verbal), tolerance for doubt become an important therapeutic key alongside capacity of interpretation and above all interpretative modulation (Ferro 2005).

In parallel to what I have described and summarized, in Italy the interest for the field notion has grown, it has brought about an original elaboration of the concept that in my opinion hasn't been sufficiently acknowledged within the international circle. In 1994 the national congress of the Italian Psychoanalytic Society that was held in Rimini was on, "the analyst's answer and transformations of the analytic field". An important outcome from such reflections was an increased awareness of two particular points. First of all, the field concept is only useful if we stop considering it to be a comprehensive psychoanalytic theory, and, moreover, if we consider it alongside other theories and models, as for example, the theory based on transference and counter-transference. If the concept of field is used in this manner it allows us to better explain some dimensions of the analytic situation and to have a more complete perspective. The second point is that the field notion needs to be enlarged and included alongside other concepts that make it complete and usable in practice. I'm referring particularly to Alfa function, narrative function, transformation and evolution in O, which I will subsequently discuss.

## **Atmosphere**

Before presenting the main topic – proposals for the use of the field notion in clinical practice – I will differentiate the field notion from other similar concepts with the use of some examples.

Sometimes the terms field and atmosphere are used as synonyms. Nevertheless, atmosphere and field don't coincide. The term field suggests greater complexity when compared to atmosphere. Field isn't only an atmosphere: a whole series of interacting functions depend on field. More precisely, field is the ensemble of conditions that allows these functions (empathy, attention, attunement, reception, interpretation, etc...) to interact positively or else be blocked, inhibited or subverted. To further explain this point, I shall use an example taken from a hospital environment.

When a doctor or a nurse starts their shift, they usually enquire in an apparently generic manner: "What is it like today?" They are in fact asking not what the atmosphere is but what the over all general situation of the ward is. When this information has been received, other more specific questions on emergencies or on any particular cases will be made. The order in which the doctor who starts the shift asks questions, corresponds to something that has been taught through experience: an emergency or a complicated clinical problem are dealt with in a different way in accordance with how the ward "is," if there is tension, chaos, alarm. When resolving clinical problems one needs to take account of the variables that don't solely regard the patients but correspond to functions that are carried out by different members of staff, the relationship between themselves, the relationship between staff and patients. All of this is summed up in the concise question that the doctor asks when starting the shift: "What is it like today?"

Field differs from atmosphere because it sustains the ensemble of functions which are necessary for the ward and the analytic situation to work.

I'd like to point out a further difference between field and atmosphere; field corresponds to mental states that can be lived –contemporaneously - or alternatively - inside the mind or in the environment, on the other hand, atmosphere is a condition that is usually attributed to the environment only.

## **Bond**

The concept of bond was introduced by Pichon-Rivière and then developed above all by René Kaës and Janine Puget.

With the term bond (*vinculo*), according to the original definition (Pichon-Rivière, (1979) contemporaneously refers to “object relations” and “interpersonal relations”. The bond represents a complex structure that includes the subject, object and the relationship between them, at both an internal and external level. For example, we can talk about a “brotherly bond” because there are fantasies to do with brothers and sisters, but also because of the real interpersonal relationship that exists between a brother and sister: that is; there are always two sides, one is internal and the other is external.

Contributions made by R. Kaës (1993; 1994) and J. Puget (Puget, Berenstein, 1997) describes the bond as a particular unconscious psychic reality, that is, separate and different for each of the subjects that are connected by the bond. According to Evelyn Granjon (2005), the concept of field is wider and more structured than that of bond. The effects of the bond manifest themselves within the field; however, the field doesn't merge or produce them.

We can see a greater parallelism between field and bond in Anna Maria Nicolò's definition (2002, p.186): «[...] the bond constitutes the relational background into which our clinical work inserts itself, and in which all the characters from the inner world belonging to the patient and analyst move. It forms the relational scenario of the analytic stage. Such a scenario in certain situations [...] can be mobile and variable, and not particularly influence the emotional development of the story. On the contrary, in other situations it may represent the dominant element that overcasts the story itself and the dialogues between characters».

## **Setting**

As I mentioned before, M. and W. Baranger, consider the setting to be one of the constitutive levels of field. I don't agree with their point of view, and I consider it more useful to keep the two concepts separate. In other words, I don't agree on underlining the formal aspects (space, time, agreement), for which field would constitute «a true and proper structure that creates itself between analyst and patient and that allows the analysis to develop» (Ferro, 1990, p. XV).

Field, as I mean, does not coincide with setting, and diversely to setting, isn't relatively invariant. The configuration is made up of some elements that are stable in time, and others that can change from one moment to the next. These changes can influence the patient, the analyst and the quality of their relationship. The relative mobility and elasticity of the setting are

linked to properties of the field. I think my manner of considering the field concept could usefully be placed alongside that of J. Bleger's. According to Bleger (1966; 1970) the analytic situation can be studied by pointing out the aspects that constitute a process (dynamic setting), the phenomenon that we interpret (1967, p.237), and aspects that represent a frame, a "non-process" (institution setting). The institution setting includes the more stable dimensions of the relationship (the place, the time, the payment for the session, etc...) and it works as a deposit for the psychotic aspects of personality.

Up until it is constant and unaltered, the institution setting is "mute," it acts as a background to the analytic process and guarantees a symbiotic form bond. Furthermore, Bleger presents an interesting observation: in the institution setting, the 'not changing' part of identity is generally deposited, this doesn't correspond to the psychotic part, but also includes some elements on which a more mature identity are based.

Bleger's formulations add a certain depth to the idea of field as a trans-personal pool of ideas, feelings and emotions that are present in a couple or in a group. Individuals contribute by depositing internal emotions, feelings and even split parts of their self (Perrotti, 1983), up until an amalgam is composed of differing elements that no longer corresponds to the single participants, nor to their relationship, but that conditions both.

### **Analytic relationship**

Loewald (1960; 1960a) considered a relationship to be a highly developed form of psychic dialogue and interaction in which two or more people interact. A relationship takes place contemporaneously at various levels; the essential nucleus of meaning of the term refers to interaction amongst individuals, as in centres of psychic activity, which are highly organised and relatively autonomous. Even if those involved in the relationship are relatively autonomous, at the same time they are dependent for their own development and preservation in remaining in the affective, social and cultural field that belongs to that relationship. In other words, the field has a nutritive and supporting action on individuals and on the relationships that take place. On the contrary, in other circumstances the field may have an emptying and paralyzing action.

S. Mitchell (1988) – in a similar manner to Loewald – feels that the study of psychic life can't be centred on the individual, who is considered as a separate entity, and the vicissitudes of his drive desires, but it should focus on the field interaction in which the individual is born and fights to establish contacts and express himself. The analytic inquiry implicates participation, observation and the discovery and the transformation of these relationships and of their inner representations.

I consider that “relationship” and “field” form a system in which the functions of each vary when the general conditions change.

More precisely, I’d like to affirm that individuals (analyst and analysand) are the source of activity and of the organization and intentionality that are present in analysis. The relationship is the context in which such activity comes to life and the field is a basic dimension of the relationship. Incidentally, I remember a similar thought that was expressed by Alice and Michael Balint in their article on the analyst’s emotional response published in 1939. The analytic situation isn’t a “sterile” field, but it’s “doubly individual”, permeated by a highly specific climate which is connected to both participants and to their particular relationship.

At other times a particular type of field manifests itself, it doesn’t manifest itself as a basic dimension of the relationship but as something that is present, taking the place of a relationship that no longer exists or before establishing a relationship. I shall make use of an extract taken from a clinical case to highlight a situation in which field activation substitutes a relationship.

Over the last two years, Roberto, a forty year old man has shut himself in at home. He tells the doctor and nurses who go to see him that he’s subject to the electromagnetic field waves caused by Radio Maria. Roberto has called the carabinieri on numerous occasions to have his house disinfested from the “Radio Maria field”, unsuccessfully. The healthcare staff at the Mental Health Centre combined psychotherapy with medication and they hypothesised that the magnetic field represented a particular type of unity between the patient and his mother who had died a few years previously. The mother and the residual relationship show themselves as “Radio Maria field”.

The image of the “electromagnetic field caused by Radio Maria” represents both a mental state and a physical condition of imprisonment.<sup>1</sup>

### **Common and shared space**

The idea of common and shared space is a recent and interesting line of thought. R. Kaës (2003) presents this idea as a consequence to a general change in psychoanalytic models and the introduction of new tools (group analysis, couple therapy, etc...) that “open” psychic space (of a dream, of psychoanalysis) putting it into a relationship with inter-subjective space.

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<sup>1</sup> I wish to thank Giorgio Campoli and colleagues at USL “Roma A” in Via Boemondo for having told me about this patient and for the authorization to use it in my paper.

In my opinion, Kaës' most interesting notion is on common and shared oneiric space, considered as «a porous, strange and sometimes disquieting space» (Kaës, 2002). In order for this space to be created it is necessary for the participating individuals to have undergone a process of common regression. However, Kaës rightly warns us that «the notion of regression that is common to two or more subjects needs to be managed with certain shading», as in this case, it's about light and reversible types of regression and depersonalisation. Regression and depersonalisation aren't in themselves enough for this space to come about: «The notion of common regression [...] indicates the participation in something that belongs to more than one person. Having this thing in common doesn't mean that it is automatically shared [...] » (Kaës, 2002). Sharing is made possible by the activation of an “inter-individual and above-individual apparatus” that puts individuals, their psychic apparatus and oneiric spaces into relation. The common group space, similarly to “analytic space” (Viderman, 1970), is a sort of place – both imaginary and real at the same time – in which life takes place and exchanges are developed (Rouchy, 1998). Kaës' model is essentially based on alliances and unconscious contracts; its main reference is based on Freudian metapsychology.

“Common and shared space” doesn't coincide with the notion of field, that in my view, as we will see shortly – is tightly bound to Bion's concept of evolution in “O”.

### **Field and transference**

It isn't easy to say where to place field in respect to transference. In Caesura (1977 p.57) Bion hypothesizes that the distance between field and transference isn't as big as it initially seems: «there is much more continuity between autonomically appropriate quanta and the waves of conscious thought and feeling than the impressive caesura of transference and counter-transference would have us believe».

Bion's proposal is suggestive, but not completely convincing. It can be said that field and transference overlap to a great extent and that it's difficult to differentiate one between the other. We can, however, say that certain phenomenon that belong to the field are highly distinguishable from transference, and as a matter of fact, interfere with its functioning. I prefer to keep the two notions separate; as I pointed out when concluding the paragraph on “The Italian School” (also see Neri, 1988).

I shall return to this discourse further on in the paper, in the paragraph entitled “The dream of the dance”.

### **The third**

I shall now try to point out certain specific characteristics of the field. The field is a product of the relative-like connection and mestizo of the

analyst and analysand (or of the psychotherapist and group members). The words have carefully been chosen. “Product” refers to the fact that the field has different characteristics to those of the individuals that contribute to its make-up, that also differ from the sum of their characteristics. “Relative-like” points out how the field is generated by fondness and empathy that converge, creating something that is relatively stable and also creating temporary events that show up in a certain session or at a certain point of the session. “Mestizo” not only points to affinities between the analyst and analysand, but also character traits and disparate affective and cultural elements that contribute to the creation of the field. I would like to underline that I use the term “mestizo” in a positive sense, as an expression of tolerance, openness and summarizing capabilities.

A couple or a group produce a field and at the same time are influenced by it. This definition highlights the proximity between “field”, “thirdness” and “analytic third”. André Green (2005) writes: «The necessary and satisfactory conditions to establish a relationship are that there be two terms. This simple ascertainment [...] places the couple as a more fertile theoretic referent amongst all the theories that have unity as a base. [We can go one step further and add that there isn't] any interest in being trapped in the dual relation»; T. Ogden, working on these ideas, created the concept of analytic third. This concept is used by Ogden to understand the phenomena that take place during the session.

T.H. Ogden (1997; 1999) defines the intersubjective analytic third as the result of the exchange of the analyst's and analysand's states of reverie, in which the analytic process «involves the partial giving over of one's separate individuality to a third subject, a subject that is neither analyst nor analysand, but a third subjectivity that is unconsciously generated by the analytic pair» (Ogden, 1997). If on the one hand the “third” is the product of an unconscious exchange of the two members, on the other hand it's what defines the patient and analyst as such, that is; an analyst, an analysand and an analytic process don't exist outside of this. The “third” is in dialectical tension with the individual subjectivities of the participants, this corresponds to an experience that is continuously in evolution, this may be different for each member of the couple, and may therefore reflect the asymmetry within the analytic relationship.

Madeleine and Willy Baranger ably described the collusive and pathological side to the phenomenon with the names “bulwark” or “bastion”. The “bulwark” is an «immobile structure that slows down or paralyzes the analytic process that appears in the field, as a result of the unconscious link between the analyst and patient» (Baranger, Baranger, Mom, translator's translation).

Another way of seeing the question can be expressed through the words of Mitchell (1997, p.128) who writes: «the analyst participates and inevitably always exactly co-creates that which he is trying to comprehend together with his patient». It's useful to consider the concept functional aggregates as introduced by Bezoari and Ferro, and defined as «an analytic production of the pair [...] a first level of shared symbolization» (Bezoari, Ferro, 1992, p.401). The functional aggregate is the outcome of transformation processes that the analytic pair carries out to gather and represent what happens at the deepest levels of emotional exchange, the «elaboration of “functional aggregates” coincides with a switch from plain figures, with a single vertex, to holograms, that is; three dimensional images that take shape in the multi-subjective space and can be simultaneously seen from different perspectives, as they are produced by at least two sources of light» (Bezoari, Ferro, 1997, p.142).

### **Changes in the field**

Field characteristics can change through spontaneous evolution; they can also be modified (involuntarily, unknowingly or intentionally) by people that share the same space or relational situation.

Saul Bellow (1997) in the paragraph that I will quote – uses terms such as “spreading”, “scattering”, “sprinkling”. These words suggest that the variation of the psychological field that exists between two or more people can be used to not so much invest directly in the other person, but by modifying the shared medium.

«Madge crossed her arms and walked back and forth. She was extremely restless. She went between the glass doors, passing into the long living room as if she were inspecting the sofas, the settees, and the Persian carpets, putting something of herself into them again. Something sexual? Something criminal? She asserted her significance. She wasn't about to let you forget it. She spread, she scattered, she sprinkled it. She hadn't done time for nothing. When I met her, she made me think of a course in field theory, and I mean psychological field theory, for which I registered in my student days, having to do with the mental properties of a mental region under mental influences that resembled gravitational forces. »

In order to explain this type of phenomenon, M. and W. Baranger (as I hinted at before, refer to projective identification. Instead, I prefer to focus on the synchronization of basic, somatic and mental functions (for

example: breathing, muscle tone, anxiety, relaxation, attention), and of the breaking up and alteration of such synchronizations.

The characteristics of the analytic field also change when taking the mental states that take place in the patient's mind into account. The variation of field characteristics, along with the patient's verbal and non verbal communications, associations and dreams give the analyst a representation of the route that the patient is taking during a session and during the whole analysis in the exploration of his world that is made up of relationships, fantasies and memories. The following paragraph is from a book on reportages by Ryszard Kapuściński – it immediately points out how field characteristics can change, thus having an influence on people's lived experiences that are in its range. In *The Shadow of the Sun* (1998) p.108 Kapuściński describes a taxi journey on the island and city of Lagos:

«The apartment [where I live] is located in the centre of town, on the island of Lagos. The island was once a staging area for slave traders, and these shameful, dark origins of the city have left traces of something restless and violent in its atmosphere. You are made constantly aware of it. For instance, I may be riding in a taxi and talking with the driver, when suddenly he falls silent and nervously surveys the street. “What’s wrong?” I ask, curious. “Very bad place!” he answers, lowering his voice. We drive on, he relaxes and once again converses calmly. Some time later, we pass a group of men walking along the edge of the road (there are no sidewalks in the city), and at the sight of them the driver once again falls silent, looks about, accelerates. “What’s going on?” I ask. “Very bad people!” he responds. It’s another kilometre before he is calm enough to resume our conversation.

Imprinted in such a driver's head must be a map of the city resembling those that hang on the walls of police stations. Little multicoloured warning lights are constantly lighting up on it, flashing, pulsating, signaling places of danger, sites of attacks and other crimes. These warning lights are especially numerous on the map of the downtown, where I live ».

It's as if terrible memories (that are now in the background) were tied to a territory (Lagos, the slave driver island) and tangible field negativity: «something restless and violent that stirs in the air». This “field negativity” is made up of an ensemble of mental states (that correspond

to different points of the field-place-deposit); each of them able to pervade both the driver's and Kapuściński's perceptions and lived experiences: you go to a certain neighbourhood of the city and you transform, you're in danger and therefore you become a somewhat shady character.

### **A railway metaphor**

Kapuściński's book brings to mind the famous analogy with which Freud (1913-14) compares the patient to a passenger, seated in a train compartment, and the analyst to a railway expert. The patient-passenger, freely associating, describes his emotional states as if they were the different scenes of the changing landscape that he sees from his window. However, he doesn't know the meaning of what he is describing and, even less, the meaning of the journey as a whole. The analyst-expert of railways, instead, is not only able to follow the whole associative pathway but also give it meaning.

Besides the similarity of the chosen images, there are some substantial differences between what Freud says and Kapuściński's work. The first difference regards the fact that the device that Freud singled out, assumes that the analyst doesn't have direct access to the fantasies-landscapes; he is instead informed of them only indirectly through what the patient tells him. Instead, for Kapuściński, what is said by the driver is not the only source of information: Kapuściński "himself" also perceives the change of atmospheres and sensations as they cross the different city neighbourhoods. The second difference is that throughout the example of the two people in the compartment – Freud is essentially aiming at describing the particular "tandem work" that patient and analyst do, in order to transform the unconscious fantasies into conscious and meaningful communications. Kapuściński, on the other hand, wants to underline how travelling through different city neighbourhoods causes a change of thoughts, fantasies and of the mood and communication between the two people.

### **Alfa function**

How can the psychotherapist modify the negative, binding or even perverted characteristics which may have taken place within the analytic field?

To at least answer this question partially, it is necessary to place the field notion alongside the "alfa function" notion and to "dissolve the emotions into narrations". Throughout the close connection with these notions, the notion of field itself changes, becoming what I would like to define as the enlarged notion of field.

The alfa function corresponds to the ability of operating transformations in sensorial experiences, in tension and in emotions. More generally, in all the external and internal elements which urge and press the mind and personality of an individual. The structuring of a child's alfa function doesn't occur due to an autonomous development, but instead, it depends on that of the mother and of the other people who take care of the child. Firstly, the mother "digests" through her own alfa function, the sensorial feelings that the child, who is still immature, is not able to metabolize. Later, the child – relying on the mother's function – will structure and activate his own alfa function.

Some of the manners in which the therapist's alfa function operates during the session may be clarified by referring to *rêverie*. *Rêverie* – as denoted by the common use of this word in French – is a relaxed and dreamy state, a light form of aimless daydreaming. When referred to the analytical situation, *rêverie* corresponds to the «analyst's capability to acknowledge the patient's pre-verbal or verbal communications, capability of reception which is accompanied by a concomitant elaboration activity» (Di Chiara, 1992).

### **Emotions ↔ narrations**

The expression "dissolving emotions into narrations" indicates a theoretical and technical approach, which gives great importance to the possibility that a certain sentiment or lived experience may be expressed. For this approach – the importance of expressing – is equal to that of understanding and giving a meaning (Baruzzi, 1981). Working along the lines of this approach, the idea of transformation becomes central and, for the most part, absorbs that of interpretation.

It must be underlined that the concept of narration here is used in a much different manner from the way it has been used by American psychoanalysts, for example by Roy Schafer, who mostly underlined the aspect related to constructivism and relativism of the narrative function. Schafer thinks (1983; 1992) that it's possible to consider "tales of life", which are slowly produced during the course of analysis, the analyst's theories of reference, interpretation and the analytical relation itself as structures or narrative performances, that have a fictional, mutable and transformable character.

Instead, in this perspective which I present, the reference to narration is connected to the possibility of grasping, giving shape and therefore making something, which is present only in an implicit way or only at an emotional level, representable or thinkable. "Dissolving emotions into narrations" means operating a transformation through which emotions and lived experiences that are too condensed are expressed through words, scenes and narrations. The putting into words that I refer to does

not coincide with classical interpretation, but, rather it represents a precursor or a substitute. It is characterized by some aspects (spontaneity, immediateness, proximity to the preconscious dimension), that are somewhat similar to free association; it is also characterized by narrative form and images.

The notion on “dissolving emotions into narrations” may also be referred to as “emotion  $\Leftrightarrow$  narration”. This annotation (emotion  $\Leftrightarrow$  narration) not only highlights the transformation which has the expression of emotions as an outcome, but also a reciprocal operation. It highlights how narration has the capacity of allowing emotions to surface, emotions which up until that moment had been dispersed or simply perceived as tensions (Corrao, 1992; Neri 2004 and 2007).

Emotions and feelings aren't usually considered to be at the same level as thoughts; as factors of organization and orientation. However, I think that the surfacing and expression of new kinds of feelings is fundamental in the process of knowledge, change and in the total reorganization that is undertaken in analysis. As the authors of the Boston Change Process Study Group (2005) also observed: «we can say that [emotions and feelings] are the most important and complex products that emerge from human interactions».

### **The dream of the dance**

Along the lines of this theoretical and technical approach, dreams aren't considered to be an undeciphered text, but rather a first form of expression and containment of emotions and lived experiences; which will undergo subsequent transformations, throughout the dream-telling in the session and the dialogue between patient and analyst (Friedman, 2002). Here is a clinical example.

Nino: “I dreamt that I was in a room with some other people, colleagues from the mental health centre where I work. I started dancing with Annarita, the psychologist at the centre; just to make the situation cheerful. The dance became faster and more and more intense. Annarita started to laugh. After a while I laughed with her. The laughter carried on. We fell on the floor.”

Nino adds some associations.

Nino: “For many years Annarita and I have had a very positive relationship. We've conducted a group of “severe patients” together which had very positive results. Afterwards, I started up a second group at the centre: the

“culture-group”. During the same period Annarita started a music-therapy group. Annarita’s group didn’t really work out very well due to some technical problems. She slowly transformed it to the point of having it become a twin group with the one I was conducting, with the same formula”.

Whilst listening to the patient, I understand that his relationship with Annarita, rather than sexual coupling, is more of a going along together, synchronized and supporting one another.

Nino (continues): “At present, the relationship between Annarita and me has changed. There is still strong respect, but a sort of suspicion has sparked off between us. It’s still an intense relationship, but moving towards slight conflict, rather than friendship. I’ve decided to not continue with my “culture-group” this year. The group that came to an end last year was very rich and productive. This year, though, we are missing the central idea around which the group could work”.

I think that if Nino doesn’t continue to conduct a group that had worked so well, there must have been and still is something that represents a big obstacle.

Nino (keeps talking, then, once this part of the discourse is finished remains in silence): “The situation at the Centre is in general very conflictual. There is a litigious, violent and disruptive contraposition between the head physician and the person responsible for the outpatients’ clinic. The conflict has spread, it’s gone beyond the Centre itself: it has involved the mayor, the local politician and other key figures in the city”.

Two possible types of intervention come to mind. The first is to put the dream and the associations in relation to the transference. The dream, read in this perspective, would signal an erotic sense of the relationship between the patient-Nino and me-Annarita. The over-warming of the analytical relationship would have a destabilizing effect on the structure of the patient’s Self and could lead to a breakdown of the analysis («the laughter continued even more, we fell to the ground»). On a different level, the erotic transference would find a connection with the persecutory transference that would then progressively spread through in

the positive relationship between the patient and the analyst-Annarita. This second aspect of the transference has up until now been, kept relatively distant, as it is split and projected onto a secondary scene which is represented by the relationship between the head physician-analyst and the patient-responsible for the outpatients' clinic.

I'm not fully convinced of these thoughts on the dream and on the associations. It contrasts with the perception I have of the relationship between Nino and Annarita as being something that proceeds as unison rather than as coupling. Further, I didn't perceive any erotic sense and/or persecution in the atmosphere of the session, but rather a sense of sufferance, anxiety and preoccupation. The dance appeared to me as being a way of contrasting and modifying such feelings of sufferance, anxiety and preoccupation, introducing cheerfulness (as Nino said) or possibly excitement (as it seemed to me).

The second intervention – coherent with the idea that the dream is a first form of containment and expression of emotion which are searching for a more complete and detailed expression – is possibly guided by the idea that Nino wishes to actually share what he is living with me. This thought doesn't see me-analyst as one of the characters of the dream but rather as the addressee of the dream and of the narration. Therefore, I chose this second way of reading the dream and cautiously intervene by signalling excitement rather than the erotic sense.

Dr. Neri: "It seems to me that there is growing excitement".

Nino: "Why do you say excitement? What I'm feeling at the Centre is – rather – boredom, impossibility of participating".

Dr. Neri: "The dream shows increasing excitement. The laughter brings Annarita and yourself to the ground".

Nino remains silent. He seems rigid and uncomfortable. He's probably waiting for me to give the dream a collocation by pointing out a context. The identification of a context is in general essential to have a cognitive and emotional transformation take place.

I think that it's very painful for Nino to see the risk of the conflict between the head physician and the person responsible for the outpatients' clinic spreading to the entire Centre. Some years back, the Centre in which he was working burnt down, forcing him to change job and live elsewhere, in a nearby town.

I decide to intervene as much as possible in regards to what the patient said in his associations to the dream.

Dr. Neri: “I thought that the dream could represent the present situation at the Centre where you work, and shows how you’re living this situation”.

Nino (starting to cry softly): “There is increasing laughter in the dream, but I think it stands for the opposite: an increasing crying”.

I’m strongly touched by Nino’s pain, which suddenly showed up. The eventuality that what he invested in may crumble, makes him suffer a lot. I think that having a better understanding of what his role is in the event could help him.

Dr. Neri: “The dream also shows the functions which you and your colleagues carry out at the Centre”.

Nino: “Actually, Annarita and I are key figures at the Centre. If our relationship, which has already become more conflictual, should eventually break, the Centre wouldn’t be the same anymore”.

The session is drawing to an end. I think it appropriate to intervene once again, not belittling the seriousness of the situation or distancing the pain Nino is feeling, but putting effective regulation into practice which will allow the patient to leave the session feeling less oppressed. A film and a dance scene come to mind: the dance occurs in the ballroom of a ship that is close to a catastrophe. Furthermore, the image of a beautiful shapely actress dancing with the protagonist of the film comes to mind.

Dr. Neri: “It’s somewhat similar to the dance party on the Titanic”.

Nino (seems to be relieved by my implicit reference to the images of the movie and he starts to talk in a clear voice once more): “Some things are going well... perhaps I could position myself in the Centre in this way...”

From blocking-up to “non direction” to resuming communication

This last intervention – about the dance in the ballroom of the Titanic – offers an example of the insertion of a narrative element which has the function of regulating the field’s affective quality during the session. I’d like to ponder over this aspect of therapeutic work. This could be carried out not only by “associative-narrative intervention” but also by other forms of intervention.

I would like to give two more brief clinical examples; both of them represent a situation in which the session is dominated by coldness, uneasiness and difficulty in communicating. In these cases interpreting the “non communication” is not enough; rather, it’s necessary to transform it before an interpretation is possible and useful. The first clinical case considers the situation as seen from the point of view of the psychoanalyst’s lived experience.

During some sessions, there is the activation of a sort of magnetic shield in me or between me and a certain patient who keeps my possibility of relating with him and what he is expressing distant. The activation of this shield provokes a reaction in the patient, who feels lost; he either becomes logorrheic or, on the contrary, closes up. I also get tired through the unconscious effort of maintaining the active shield.

However, if I succeed in renouncing understanding what is happening and let go of my thought and fantasies completely, I get closer, I feel better. I become more interested. I gladly accept sharing any discourse or any mental state. I’m able to resume the work together with the patient<sup>2</sup>.

This way of proceeding could be considered as a regulation process of the analyst’s mental state, following Bion’s proposals (without memory, without desire, without comprehension). Furthermore, it could also be considered as a temporary possibility of the analyst of relying on a third subject (the field) and its own capability of re-addressing the communication between himself and the patient.

### **A freely fluctuating dialogue**

The second clinical example highlights a similar situation to the one I have previously described, but in this case it is considered from the patient’s point of view. The contact is resumed and achieved through a short freely fluctuating dialogue, a sort of chat (Strozier 2001, translator’s translation).

At a certain point of the session the patient is in such a state of anguish that he’s not able to say anything

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<sup>2</sup> I’ve already published this and the following example in Neri 2003

else. He remains in silence, and his distress visibly increases.

I understand that the patient is pointlessly struggling. I therefore fill the space/time with silence and difficulty - that was created in the session - with some kind of discourse of not much importance. On certain occasions I can pose a question on a topic that is familiar and not of conflict to the patient (for example, plans for the evening or for the weekend).

On other occasions, I'll comment or summarize what has occurred over the last weeks. Other times still, I'll propose a short story to reconstruct the whole picture. However, I introduce narrative elements, a voice.

These interventions aren't similar; they're actually the opposite to interpretation of resistances that I myself would have made at the beginning of my work as a psychoanalyst.

When a situation of stalemate and impossibility to talk has been reached, waiting furthermore isn't of help; as a matter of fact it can lead to a tug of war. Interpreting is often counterproductive. It's useful to reintroduce a "conversation" that allows the patient to take up the discourse once again. I have noticed, in many circumstances, that my words and a calm acceptance that they express manage to dissolve excess embarrassment or fear. The atmosphere of the session soon becomes warm once again. Progressively, the analyst and patient create islands of contact and shared direction. Analytic work can resume.

### **Language and structuring of the field**

In which way can a psychotherapist facilitate the establishing and lasting maintenance of field characteristics which are favourable to analytical work?

Kohut (1984) and Anzieu (1975) have underlined the importance of affective investment on the fragmented and rising aspects of the patient's personality (also see Neri, 1998 and 2005). They have also pointed out

that the analyst must be sufficiently autonomous in reference to the individual and institutional Superego.

Italian psychoanalysts have particularly focused their attention on “tolerance of the limits of understanding”. A particular form of such tolerance is the unsaturated interpretation. Tolerance – actively and tenaciously exercised, session after session – promotes a specific configuration of the analytical field, which allows the “shadows of being” to pause, thus maintaining their own obscurity. This then allows the surfacing of unheard thoughts and the development of a new search for meaning (Gaburri, 1998). The tolerance I’m talking about must not be mistaken for fatalism, renunciation or detachment; it is, indeed, an active exercise, which tends to contrast the tendency to adhere to explicit or implicit requests, originating from the internal or the external, to give meaning to what happens. The drive to give meaning and definition gains strength from the connection with powerful needs. That is, the institutional Superego and “automatic conformism”, more generally from the “valence” which is characteristic of every man for being part of the herd and which, then, leads him to bind with others according to a “basic assumption”. If the therapist adheres to requests of this type, which can become pressing and imperious, he produces apparently solid knowledge and constructs scenarios of superficially reassuring predictability, but leads the analysand and himself into a dead end.

### **The language of the analyst**

I’d like to add something in regards to the language with which the psychoanalyst intervenes in the session. I’ve learned a lot in this regard by contact with therapists who work with small children. Many prefer to intervene directly in the game rather than give a verbal interpretation of the play and the development of the playing scene by moving an element of the game, adding a character, proposing a change in the game. For example, they don’t tell the child: “the game you’re playing with the elephant, the lion and the little monkey always reaches the same outcome. The Dad-lion and the Mum-monkey destroy everything; therefore the little monkey remains alone with a broken house”. Instead they add a character or propose a possible different step of the play scene: “the little lion friend of the little monkey arrives, (I’ll place him here) let’s see if the little lion can help” (Lugones, 2005).

Even the analyst who works with adult patients can use the language that the analysand uses in the session. Hence, he can present his observations and interpretations, not as a meta-discourse that comment what the patient is saying but by directly entering his discourse. Antonino Ferro (2005) refers to “co-narrative transformation” and “dialogical cooperation”.

The first necessary condition for these types of intervention to be successful is that the psychotherapist must have invested interest and participation into the patient's language and the world of people, things, facts, ideas and feelings of which he is object. Secondly, the analyst must not translate the analysand's discourse into psychoanalytic language and then retranslate this into the language of the analysand; he must simply talk with him. Psychoanalytic language remains momentarily in the shadow of the therapist's mind, although it is in some way present through his words.

### **Spirally proceeding dialogue**

Before proceeding with a clinical explanation, I want to underline how this use of language also implies that the analyst adopt a particular perspective, which regards dialogue and listening. Luciana Nissim Momigliano writes (1992, pp. 28-29): «the psychoanalytic thought of the meaning of a bi-personal field (assertion renewed in an important work by M. and W. Baranger), in which the two who form the analytical pair are considered to be involved in the same dynamic process, so much that neither of the two can be understood inside the situation, without the other – but in which the roles are asymmetrical, [...] it's coherent with the idea that in the session there is the development of dialogue». Langs (Langs, Stone, 1980), proposes a «thought of analytic dialogue as something having a spiral-form progression, as it is made up of sequences of events, that can be described as follows: a communication takes place (usually coming from the patient, more rarely from the analyst), a formulation/intervention (generally made by the analyst and more rarely by the patient), a new communication follows, that is an answer. Now we are used to listening out for this answer, in its conscious and unconscious aspects of confirming/acceptance, or refusal of what we have proposed through our interpretation, but we're not as well trained in taking into consideration this aspect of the sequence, in which each communication is so tightly linked to the previous one. Placing oneself in this perspective, means that one can notice how many of the patient's so called "free" associations don't only communicate the characteristic elements of his inner world, that we traditionally call transference to the analyst, and mobilize the counter-transference, but they also establish a message for the analyst in the actuality of the relationship, and an answer, that is not usually direct, but expressed through derivatives, both from his interventions and silences ».

### **A fragment of Renato's analysis**

Twice a week, Renato takes a train or car, has a two hour journey to come to analysis. He often spends the whole session explaining things that he

knows about on differing subjects and matters. Sometimes his explanations are very rich in detail, but they are never boring.

Throughout the years, this way of his, has caused many different thoughts in me. I thought that our relationship could have been a re-edition of the one he had had with his father, to whom Renato was closely attached and who died some years before. I thought that in some aspects of the Self, he was suffering great solitude. Renato, therefore, was coming to see me simply so that someone would spend time with him and would listen to the things he knew about and wanted to share.

Renato's life had gradually improved. Psychotherapy, in my opinion, has contributed to this improvement, although I can't say how much he has improved his awareness of the nature and root of his problems. Most psychoanalytical theories explain the changes that occur in the lives of patients as the result of a shared verbal comprehension between the analysand and the analyst (communicated in the form of interpretation) in particular, significant moments of the transference relationship. I don't want to attribute such exclusive importance to the comprehension and neither to the expression through words. The change – in my opinion – doesn't necessarily require the comprehension of something that has been expressed through words, in the meaning of an unconscious that becomes conscious. The change can be gradually achieved, through the minute exchange that takes place between patient and analyst. In some circumstances these changes don't even need to be expressed, but by means of contiguity, move into the life of the patient. The change may also be achieved due to the analyst's availability and to the favourable conditions of the field that have permitted the transmuting interiorizing to take place. That is; a process which permits one to absorb and transform those functions which are originally performed by the self-objects into an internal structure (Kohut 1971; 1984).

Renato is now certainly able to carry on alone, with good affective regulation in his relationships and improved contact with his feelings and fantasies.

Nonetheless, Renato keeps coming to the sessions and continues to explain things to me, sometimes very special explanations, and other times less so.

Today he's talking about something that has to do with his daily life: washing dishes. He explains that using very hot, sometimes boiling water for washing dishes is useless, sometimes even counterproductive.

Out of curiosity I ask him for further explanation.

Renato clarifies that the soap enzymes are already active at forty degrees and that a higher temperature is not necessary.

I tell him that I didn't know about it and that I think it's a noteworthy piece of information.

The patient continues: “if you put the plates under boiling water, it creates a film that is very hard to remove”.

I thank him, “I’ll keep it in mind the next time that I’m washing dishes”.

That same evening, once I got back home, I think back to this conversation. I also understand that the patient has asked me to be very cautious in his regard. My words could burn him and cause, instead of relief and will to cooperate, a defensive reaction. I had already given him a first spontaneous answer of consent during the session, when I told him: “I’ll keep it in mind the next time that I’m washing dishes”. Now it’s a matter of, not so much explaining to the patient what happened during the session, but rather to properly adjust my way of intervening.

Over the years I’ve learned to understand Renato’s language, an eloquent language even when he’s talking of very simple things, a substantial and serious language and rich in affective requests. Renato has also discovered the great expressive potential of his own language. Our own way of communicating has also been created, (a psychotherapist-patient tandem language) which means a lot of listening on my behalf and a lot of explanations from Renato.

This work has transformed the analytic field, equipping it with new qualities which are similar to those of everyday life, however, still preserving other special and precious ones that belong to the analytic situation (Malamoud 1994).

Renato felt accepted in analysis. In some ways he has also been accepted as a participant (a son) in my domestic life. Sometimes, when I’m sitting at dinner with my family, I might say, “did you know that when washing dishes..., or to preserve food..., etc...”

Renato has also had a prolonged and lasting experience of being in the analytic field, a field with very different characteristics to those of his family of origin.

Throughout this experience he didn’t make many judgements on his childhood and his family experience, but rather, put it all into perspective and was able to look at it with more sympathy and compassion.

### **Collective fantasies and myths**

I will now momentarily put psychoanalysis aside and say something about group psychotherapy. The fundamental differences of field in relationship to group psychotherapy compared to psychoanalysis consist in the fact that, in group psychotherapy, the field is co-created by the analyst and by a multitude of people and certain phenomena which belong to that particular group. They are as a totality (primitive mentality, basic assumptions, and work group) which manifest themselves. In the group’s field, feelings, fantasies and thoughts acquire different resonance when comparing them to those of a traditional setting (dual). Messianic

and apocalyptic collective fantasies and myths (Eden, Tower of Babel, Ur, etc...) strongly influence it. This doesn't mean that they are not active in a dual setting, but that they show up in a more evident manner within the group setting. I think it would be useful to recall Bion's observation (1961, p.87): «The total of what is taking place remains the same, but a change of perspective can bring out quite different phenomena».

I shall be adding a short clinical case example that underlines an initial situation of blocked communication that is similar to those described in the first part of this work. I shall limit the presentation to interventions of the group analyst and those made by group members that help clarify the field characteristics that are present in the session.

During the initial part of the session two dreams were told: the first was Carlotta's dream, in which there was a mixture of sexual and persecution scenes, feelings of tenderness, excitement and solitude. The second was Bartolo's dream, long and contorted; he described a state of tension which then led to feelings of dejection and renunciation.

Valeria: «While Bartolo was telling his dream I leaned forward to pay more attention. Nonetheless, I wasn't able to follow what he was saying. It's as if I'd lost contact with what was happening in the group: nothing provoked anything».

Marinella (whom up until that moment had remained cuddled up in silence): «Today, I came to the session because the group is making me feel really good. But I come here from outside Rome. I'm exhausted. I really made an effort to get here».

Bartolo: «Today, I made an effort too. I came to the session using all my will power, because I knew it was important».

Valeria: «It was very hard for me as well».

Carlotta: «Quite the reverse, I've been counting the minutes to be here since this morning».

Dr. Neri: «Valeria tried to pay attention to Bartolo's dream, but she wasn't able to. Perhaps she was hindered by something. In the end, she gave up trying to understand and detached herself from what was happening in the group. Marinella, Bartolo and even Valeria say that they feel the importance of coming to sessions, but they also say that it's a big effort. Carlotta, on the contrary, has felt a drive to come to the session. It's as if two different series

of feelings were being confronted: interest and fear. What arouses interest is now perceived as closer than how it was felt during sessions of the past months or weeks. It may be possible that new feelings and thoughts emerge and become perceivable».

Marisa: «I've been on the night shifts in the delivery room at San Camillo Hospital for a number of years now. There, I've got to know early dawn. The delivery room at San Camillo has big windows that overlook Colli Albani and you can see that gloomy and purplish hour that precedes sunrise. Sunrise is pink and beautiful. Dawn, on the other hand is anguishing. Nonetheless, there is something beautiful about dawn too. A life made up of only sunrise would be boring and false, for life to be complete there must also be room for dawn».

The representation of the group's field that Marisa proposes highlights being born (the delivery-room). Giving birth to ourselves is one of the main objectives of therapy. The representation also explains why we must tolerate anguish and pain ("there must also be room for dawn"); it also underlines an evolutionary axis (the succeeding of dawn and sunrise; the birth).

The group members consider her intervention as a useful fine tuning of the context. During the last part of the session, and in the following sessions, they regain contact with what is drawing closer to the group's field, they actively concentrate on giving a name to things and to the feelings that they're living.

### **Evolution in O**

In the above clinical sequence I formulated two interventions in which I refer to the presence of something which attracts and at the same time scares. I would now like to explain the hypothesis and ideas on which those interventions are based.

It is sometimes possible to sense the presence of something which is not directly observable through the effects that it causes. For example, Einstein proved the existence of celestial bodies based on their power of curving light (Rushdie, 2005). In the same way, it is possible to prove the existence of an active nucleus (attracting and repelling) in the analytic field, which cannot be directly observed, but that has an influence – which is recordable – on what group members say, feel and act during the session.

Numerous group psychotherapists have highlighted the presence of a thematic nucleus, common fantasies which group members refer to, and

are active at a preconscious level. I think that it's possible to recognise two nuclei, at two different levels: the first one corresponds to the theme and to the preconscious fantasies of the session (what is being said) and may be elaborated through a process of knowledge (what Bion calls "transformation in K"). The second one is, instead, made up of intense but shapeless fantasies. This second level nucleus cannot be directly known, it can however evolve through what Bion (1970) has defined "evolution in O", which is evolution of that which is unknown.

In my opinion it's very important for group members to be able to get into contact with this shapeless nucleus and participate in its evolution, because it's just as rich an experience with transformative and therapeutic potentials as comprehension promoted through interpretation.

The possibility of group members to "get into unison with O" is favoured by a series of factors.

During the session, it's necessary for the therapist to be in unison with the focal point and promote its taking shape inside the group.

The individuation of the focus is facilitated by a point of view by which group members and their interventions are considered as the expression of an overall meaning, which becomes accessible if we renounce a modality of thought which separates and classifies and if we assume a synchronic vertex. In past works (1995 [2007(3)]; 2004) I called it "searching the star shaped disposition" which allows the analyst to perceive and make non-homogeneous and poorly organized material significant, by individuating the presence of a "central nucleus" or of a "focal point" with which all elements are in relationships (Benjamin, 1933). When the analyst proceeds in searching for the "star disposition" he tends to value space more than time, more precisely he tends to grasp the elements of the session in their synchronicity. With such a term, in agreement with the definition given by Jung (1948), I mean a perspective that is the opposite of causality, which considers as « the coincidence of events [...] as meaning something more than mere chance» (Jung, 1948 essential).

## **Conclusions**

With the preceding paragraph, dedicated to the elicitation of the theoretical references that underline the clinical practice with groups, I draw up this long view on the concept of field. I use the term "view" to emphasize how this work is not an attempt to define a new notion, or even a new model of field. Indeed, my efforts with patients in the clinical

practice have been to recognise, gather and enunciate a series of elements that are re-conductible to this notion of field.<sup>3</sup>

## Summary

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<sup>3</sup> As a side note I'd like to add some words for those who might be interested in having more historical information. The notion of field was introduced into psychology starting from the mid 50's on the basis of research and experiences on groups. Later on the idea of field gathered ground in psychoanalytic thought. The main authors are Kurt Lewin, Enrique Pichon-Rivière, Sigmund H. Foulkes and Wilfred R. Bion. Kurt Lewin (1951) defines field, in the social and psychological spheres, as a dynamic totality, capable of producing a sense of cohesion and belonging within a group, which manifests itself with the emerging of the "us" feeling, of common motivations and goals and implies a sort of group identity with which the individual becomes one. The idea of field expressed by Kurt Lewin (1948, p. 125) is particularly interesting for the linked definition of interdependent connection: «the field elements are not necessarily similar amongst themselves, but once that a bond of interdependence has been established, this will be stronger than a bond that is based on similarities.». This means that the change of one of the elements of the field necessarily influences the state of all the others. More or less in the same years these authors conduct research on groups that, although not explicitly including the notion of field, are based on a substantially analogous vision. Foulkes develops a model of group psychotherapy based on the psychoanalytic theory and at the same time centred on elements that are absolutely specific to groups, which is seen as a «a true psychological entity» (Foulkes, 1964, p 77), «a living organism[... that] has moods and reactions, a spirit, an atmosphere» (Foulkes, 1948, p. 131). The central point of Foulkes' approach is the key concept of *network*, in the relational and social sense, of which the individual represents a knot; any type of communication or event inside a group's network gains significance thanks to a common substrate, which Foulkes defined as *matrix*. The matrix constitutes the picture of reference, «a basis of unconscious comprehension, in which complex reactions and communications are produced» (Foulkes, 1964). Wilfred R. Bion (1961) uses the term field, but his hypothesis on the group mentality, on the work group and on the basic assumptions describe an ensemble of collective forces, affects, representations and behaviours in which the productions and the lived experiences of the single individuals distance from the individual source which has individuated them, converging in a sort of common *medium*, which is autonomous from the single individuals. Besides the contributions contained in *Experiences in Groups* (1961), the idea of "beta space" proposed in *Cogitations* (1992) is also useful, that – as López-Corvo (2006) says – completes Bion's theoretical elaboration. The beta space is a "space" of "non thought" and "unthinkable" thoughts, in relation with a sphere that includes "constellations of alpha elements" (Bion, 1992, p. 314). The contribution of Enrique Pichon-Rivière (1955-1972) mainly consists in the concepts of "psychological field" and of "operative group". The *psychological field* represents a complex totality, which includes five class of elements: the interpersonal context (the *entourage* or frame of situations and factors, human and physical, that continuously interact); the observable behaviour, spontaneous or provoked, which includes various forms of communication; the lived experience, that can be communicated through external behaviour or through verbal communications; the objective somatic changes and the productions of the subject's activities. Pichon-Rivière underlines how these dimensions have traditionally been taken under account one at a time, stating arbitrary and poorly realistic divisions, as if these elements «would not form an all in a certain moment, in the "here and now" of any situation» (Pichon-Rivière, 1979). The main object of the psychological – and psychoanalytical – research is indeed the «"here and now" of a certain situation, of what is taking place». The *operative group* is defined as a «an ensemble of people brought together by spatio-temporal constants, that integrate amongst themselves with a inner shared representation, they implicitly or explicitly propose a task, that constitutes the quality of the group» (Pichon-Rivière, 1955-1972). The task, both at a manifest and deep level, is the element which transforms an ensemble of people into a group and has, in Pichon-Rivière's point of view, an evolutionary potentiality (from the past to the future, from regression to progression).

This article has attempted to re-propose the terms of a renewed comparison on an important subject: the clinical use of the notion of field. In the first part of the paper I distinguished the concept of field with other closely bound but not overlapping concepts: atmosphere, bond, relationship and transference. In the second part I presented the enlarged notion of field, which comes from the confluence of the idea of field with the concepts of Rêverie and the capability to dissolve emotions into narrations.

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