IN THE ANALYST’S CONSULTING ROOM

Antonino Ferro

Translated by Philip Slotkin
In The Bi-Personal Field – Experiences in Child Analysis, Antonino Ferro devised a new model of the relationship between patient and analyst. In the Analyst’s Consulting Room complements and develops this model by concentrating on adults. From the standpoint of the “analytic field”, Antonino Ferro explores basic psychoanalytic concepts, such as criteria for analysability and ending the analysis, transformations that occur during the session, the impasse and negative therapeutic reactions, sexuality and setting. The author explores certain themes in greater depth, including:

- Ways in which characters that appear during sessions can be interpreted
- Continual indications given by the patient during the emotional upheavals of the field
- The function of “narrator” which the analyst takes on to mark the boundaries of the possible worlds.

Through clinical narrative, Ferro renders Bion’s often complex ideas in a very personal and accessible way, making this book invaluable for psychoanalysts, psychotherapists, psychiatrists and psychologists.

Antonino Ferro is the president of the Centre for Psychoanalysis in Milan. He is the author of The Bi-Personal Field (Routledge 1999) and has written numerous articles on techniques of psychoanalysis.
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Antonino Ferro
English translation by Philip Slotkin
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Antonino Ferro presents a highly original, eminently useful conception of the clinical psychoanalytic process. At the centre of his thinking lies the theoretical contribution of Wilfred Bion. Many colleagues, while fascinated by Bion’s ideas, find them abstruse and difficult to apply; but Ferro renders them in very personal terms, making them experience-near and illuminating their clinical utility. Every point Ferro makes is illustrated with case material – pithy vignettes help the reader see how each concept captures an aspect of the interaction between analyst and analysand, and longer presentations allow us to appreciate the interplay of these variables within the complex unfolding of the psychoanalytic encounter.

With delightful candour, Ferro offers us an account of the mind and heart of the analyst at work, showing us how personal transformation for both members of the psychoanalytic couple is the essence of every successful clinical analysis. Not only does he describe in detail his intimate responses to his patients, but he reflects upon the development of his understanding of the work in general over time, upon his own evolution as a psychoanalytic practitioner. Thus, we are given a picture of the bipersonal field longitudinally, as well as in cross section. We might well say about Ferro’s exposition that in many respects, the medium is the message.

In Chapter 1, Ferro draws upon the contributions of a number of authors, particularly the Barangers, to define his terms and to lay out his basic theoretical infrastructure. Readers familiar with his book The Bi-Personal Field will recognize an elaboration and extension to the analysis of adults of what Ferro has previously written concerning work with children.

Chapter 2 uses the concept of style as a lens through which to examine the analysis of character. Narrative transformation is envisioned as the outcome of an evolving, dialectical interchange.

In Chapter 3, Ferro builds upon the conception of psychoanalytic dialogue that he has established to discuss field theory. Bion’s grid, for example, is integrated with the Barangers’ conception of transference–countertransference neurosis.

Chapter 4 continues the consideration of transformations in the field and how they occur, leading, in Chapter 5, to a specific discussion of the analytic impact as danger and opportunity.
In Chapter 6, Ferro creates a uniquely valuable analytic tool by taking up sexuality as dialect. He develops a clinical approach which envisions sexual and aggressive concepts as relational vectors, thus pointing the way toward a method for creating analytic opportunity in the midst of what can be the most intense and difficult embroilments between patient and analyst. Similarly, in Chapter 7, he recasts the experience of fear in relational terms, making brilliant use of Freud’s concept of the uncanny.

Finally, in his postscript, Ferro adds a coda in which he ties together what he has written in previous chapters through examination of the setting and the ground rules of the clinical psychoanalytic enterprise.

By the end of this engaging and instructive book, the reader comes to know a good deal about Antonino Ferro and the vicissitudes and transformations that have comprised his clinical experience. But even more important, the reader shares in that experience, is enriched by it, and has transformed him- or herself.

Owen Renik, MD
I should like in this chapter to present some reflections on the particularities of field theories in relation to two key aspects of analysis, namely the decision to begin it and the decision to end it.

I should say from the outset that I am using the term “field” in the widest possible sense, the range of connotations extending from the basic conceptions of Baranger & Baranger (1961–62) and of Baranger, Baranger & Mom (1983) to the complex and sophisticated notions of Corrao (1986).

Corrao’s 1986 contribution includes a succinct specification of the field as “a function whose value depends on its position in space–time; it is a system with an infinite number of degrees of freedom, resulting from the infinite possible determinations assumed by it at every point in space and at every instant in time”. Comprehensive definitions and more detailed information can be found in Bezoari & Ferro (1990a, 1991b) and in Ferro (1993d, 1993f).

At the precise moment when the field takes shape, space–time is affected by intense emotional turbulence in the form of vortices of β elements, which evoke and activate the α functions and thereby begin their process of transformation into α elements – that is, predominantly, into “visual images” (Bion, 1962); the place “where” these images are manifested – whether in the story told by the patient or in the analyst’s reverie or countertransference – is immaterial. (Elizabeth Bott Spillius provides a useful summary of Bion’s ideas in her Introduction to The Bi-Personal Field (Ferro, 1999: x–xii).)

The emergence of images described by Bion is, however, the end-point of complex operations of transformation, which Bezoari and I previously attempted to describe by the metaphor of mills (Bezoari & Ferro, 1992a). I shall summarize this description below.

Two α functions come into play in the analytic encounter. The patient’s recounting of anecdotes, facts and memories imposes heavy demands on the analyst’s α function, which will be involved in the process of alphabetizing and semanticizing the patient’s communication. Let us say that the major part of the work in the analytic field is carried out by two mills, a windmill (for words) and a watermill (for projective identifications). The two mills are fed with large sacks of
wheat (β elements), which must then be ground into flour (α elements), kneaded and baked (dream thoughts).

Many sacks of wheat are exchanged between the two mills (projective identifications passing back and forth); a larger number of sacks as a rule travel in the direction patient → analyst, unless the analyst is blocked or overloaded, in which case the flow may be reversed (Ferro, 1987; Borgogno, 1992, 1994a).

The communications between the two mills often tend to be in the raw state, so that they need threshing to separate the grain from the straw. The task of the α function in this case is gradually to grind down these elements to a finer consistency. For example, a high proportion of a given patient’s communications (which are unelaborated or in the raw state) are conveyed on the manifest level (by language) or underground (projective identifications), whereas a small number have already been transformed by the patient’s own α function. As a result of further processing by the analyst, new flour comes into being and the “functional aggregates” produced by the mental work of both parties in narrating what is happening in the field and in the couple will take the stage.

The “character” (the term is used here also in the narratological sense of the main protagonist, so that it may even be an object in the animal or inanimate world) assumes not only the features of a “real external character” or of a “character from the internal world” but also the quality of a “syncretic narrative node”, which concretizes, contextualizes, shapes and names what is happening in the field, thereby allowing it to be visualized in three dimensions.

This is the way in which the emotional–linguistic text of the session is able to express emotions and affects in a processed form capable of being transformed, narrated and shared.

The basis of this conceptualization is the “waking dream thought” – that is, the continuous “dreaming-in-order-to-be-awake” constantly accomplished by the α function when it forms α elements, which are placed in the appropriate sequence, out of all the sensory, perceptual and emotional afferences reaching us at every existential and relational instant (Bion, 1962).

Waking dream thought continuously separates the conscious from the unconscious and prevents us from being captured by the latter, allowing us to live the experiences we are having without being overwhelmed by them, and to metabolize them in real time. Night dreams enable us to view the outcome of an ever ongoing process (Bion, 1962).

We perceive our waking dream thought through the “near narrative derivatives” of the α elements, which are at all times also signals of the emotional–linguistic text of the session.

The text signals become perceptible whenever our chosen vertex is that of listening to what comes from anywhere in the field (the patient’s story or dream, our countertransference, our own dreams, projective identifications, etc.) as a live renarration of the emotions and movements of the field and of the success or failure of transformations of the field in the only therapeutic direction, namely β → α.
These field signals are like markers that enable us to keep up the tension of \( \beta \rightarrow \alpha \) transformation, calling our attention to any departure from this mutative direction as a dysfunction of the field.

The field signals, which are the moment-by-moment resultant of the emotional forces of the field, are a highly significant approximation to the emotional truth of the field (the “O” of the couple); they stem from the mental functioning of the patient and the analyst and from their interaction and vicissitudes.

Of course, these characters can be seen from other vertices present in the field in accordance with alternative models which assign them to external or internal reality. The models in the field are in a state of mutual oscillation and are self-confirming from every theoretical vertex of observation.

Let us now consider the phenomena of analysability and termination by an approach that emphasizes the use of field signals.

**Analysability or capacity to endure**

There is a conspicuous disparity between the abundance of literature on the criteria of analysability and the scant measure of agreement exhibited by the relevant authors.

What strikes one first is the fundamental inconsistency between the development of the models and the broadening of the criteria themselves: the analysts who have contributed most to advancing our knowledge of analysis of serious pathologies are found to have concerned themselves only marginally with criteria of analysability.

It is in my view more useful to invoke the criterion of capacity to endure, in the sense that every analyst ought to be conscious of the point to which he feels he can be pushed to analyse, on the basis of his own analysis, mental functioning and tolerance of risk and frustration. This consciousness should take account, too, of the endurance of the analyst’s model: there is often a process upstream of repression that permits the construction and formation of the “apparatus for thinking thoughts” (Bion, 1962) before these thoughts can be processed, and sometimes even allows a hitherto seriously deficient \( \alpha \) function to develop.

For a re-examination of the principal literature on the subject, it is worth consulting the comprehensive review by Limentani (1972), its later supplement (1988b), and the excellent review by Etchegoyen (1986).

It should, I think, be noted that authors on this topic have substantially tended to transfer their attention from the characteristics of the patient to those of the couple and to the interaction between a given individual patient and a given individual analyst.

At the same time the concept of analysability (understood as the possibility of a cure, seen as the end-point) has been supplemented and largely replaced by those of suitability for analysis (based more on the capacity to tolerate being in an analytic setting and to experience a process of transformation) (Limentani, 1972) and accessibility to analysis (where the only possible distinction is between readily accessible patients and patients who cannot easily be reached) (Joseph, 1985).
Again, many analysts have a sense of “alarm” at the possibility that an analysis might be broken off (as if “analysable” status guaranteed a process that would culminate in the completion of an expected terminal phase); however, the situation ought perhaps rather to be seen in terms of an analysis pursued as far as it can go (by the specific couple at work), in which case the analyst would have to accept, as Bleger (1967) puts it, that one analysis may end successfully whereas others might begin.

Another cause for alarm is interminability, experienced as a defeat rather than indicating that the treatment cannot be ended owing to the particular pathology of the patient and the field – for such an analysis–dialysis may on occasion also be necessary.

I have only twice turned down requests for analysis (assuming that I had a vacancy). In the first of these cases, dating back to the beginning of my analytic career, the patient confronted me with emotional and existential material similar to that which I had only just worked through in my own analysis, which I did not yet feel solid enough to tackle in another person. The second patient, again in the early days of my work as an analyst, was a tall and bulky man who, while “I was following him” as he told his story, informed me that while driving his car he had sometimes felt “followed” and, if his suspicion was confirmed, he had stopped and beaten up his pursuer; this seemed to me sufficient reason “not to follow him”.

On other occasions when I have had time, I have never said no to a patient because I felt that he was unanalysable or that his pathology was too severe – even if I have sometimes paid dearly in toil and mental suffering for this decision, which, however, also made it possible to venture beyond already “mapped” territory.

An air of mystery – albeit perhaps slight – surrounds the situation when the analyst says yes despite not having a vacancy; the patient’s material happens to dovetail with the analyst’s theoretical and often practical interests at the time, so that the analyst too sets off to explore mysterious, obscure or otherwise insufficiently negotiated areas of his own mind (Meotti, 1987).

Alternatively, the analyst may fear a deterioration in the patient’s condition. This could indicate that the technique used is inappropriate to the patient’s needs or capacity (as demonstrated by psychotic transferences, negative therapeutic reactions and broken-off analyses; cf. De Masi, 1984; Gagliardi Guidi, 1992; Conforto, 1996), or it might be a necessary corollary of efforts to allow slumbering or encapsulated states of mind to be worked through.

Puget & Wender (1987) consider analysis to consist in the activation – often in extreme situations – of a psychoanalytic function capable of facilitating “the understanding and semanticization of what has been unconscious, uncomprehended and unthought up to that moment – a relief to mental pain”.

The analyst must, of course, look closely into his own general availability for accepting a new patient into analysis, and subsequently for accepting a given individual patient; he may find himself saying no to a particular individual patient because there is no place for a new patient.
As stated above, the opposite may also happen: although the analyst may not have a vacancy for a new patient, he may find a place for a particular individual patient. From the classical point of view, a thunderbolt of this kind would be a good reason for not taking on a patient who arouses such countertransference feelings, but how can one resist, and why? There will be time enough to regret it during the course of the analysis – just as, conversely, with patients accepted only because one had a vacancy, the analysis sometimes turns out to be very exciting. In my view, this only serves to confirm the infinite range of meanings that may be opened up, and of worlds that may be activated, in an analysis.

The first meeting might be imagined as the most neutral of all, taken up mainly by listening to the patient’s history or internal world. However, this idea is naive in the extreme: from the time of the first telephone call, or even before, patient and analyst begin to construct “couple” fantasies, which crystallize from the very first meeting (as Baranger & Baranger, for example, say). What is more, the listening model, if applied without consciousness, structures the field and ultimately confirms the analyst’s theories through a hallucinosis of microtransformations in which theory distorts the patient’s communication by the imposition of a single “reading”. Interpretative colonization then creates the domain of the non-existent, avoiding the painful and frustrating experience of confrontation with the void of not knowing, of the doubt aroused by prolonged dwelling in PS, pending activation by the field – the “true matrix of possible histories” (in accordance with the emotional genomes of patient and analyst and with their capacities for transformation) – of a “history” that cannot so readily be foreseen. From the very first meeting, there is in my view a continuous oscillation between two analytic functions. The first is the analyst’s “negative capability” (Bion, 1970), which includes an ability to remain in doubt, in PS, thereby allowing the emergence of an infinite range of potential histories (or meanings). In the second, the analyst opts for the “selected fact”. This entails the strong choice of an interpretative hypothesis born of an emotion which aggregates what was scattered in PS into a Gestalt that forecloses certain meanings in favour of a single prevailing one, while unequivocally reorganizing from a specific vertex what has formed in the field; this is an operation that takes place in D and involves mourning for that which is not.

This corresponds to the narratological concepts of the “open work” and of the “narcotization” of possible histories to allow the development of a single history, a practical demonstration of which is Diderot’s Jacques le Fataliste (Eco, 1979; Ferro, 1992).

Here is a brief example.

* Carmen: her orgasm and her school report *

Carmen was a young non-Italian woman whose first communication was that she was unable to attain orgasm with penetration. I specifically noticed that this was the first thing she told me during our meeting.
She went on to tell me of her present rather unsatisfying life and of the family she had left behind in a European town. After recounting some stories from her childhood, she described a particular characteristic of hers, which was that she was always “furious”. This had been so since a very disappointing experience as a little girl: she had given her father her school report, which was full of bad marks, and had been sure he would get very angry and punish her. She had felt awful and enraged when he had signed the report without even a glance at the marks and hence without comment. She then told of her superficial relationship with her mother and other experiences connected with the political changes in her home country.

How is this first meeting to be thought of? How are the characters to be interpreted? They could of course be seen as substantially historical characters existing in external reality and connected with her own family romance. The sexual problems could then be considered in terms of femaleness, castration anxieties, oedipal and pre-oedipal themes, and so on.

However, the characters can also be understood as the patient’s way of recounting in a dialect the emotional facts of her internal world. “Orgasm with penetration” might stand for “deep intimate relationship”, while the story of the school report might be the prototype of a disappointing and frustrating relationship, as if Carmen had said from the outset: “This is my problem: intimate and deep relationships are never pleasurable to me, but only cause disappointment and rage”; and the sexual problem may be the vehicle for conveying these even more intimate matters.

But yet another possible level emerges if the characters and history are seen from the first meeting predominantly in terms of relationship: I had in fact already told Carmen on the telephone that I had no vacancy for an analysis and that I could only offer her a consultation; this must inevitably have aroused feelings of rage and disappointment towards someone who showed no particular interest in learning of her “bad marks”, and my answer had certainly not given her any pleasure.

Every one of these readings in my opinion represents a colonization of the patient’s text. The alternative is to create in the session a model that does not need such theorizings, whereby a name and meaning are assigned for the first time to something unknown that has never been thought before (at least with, and for, Carmen, with me and by me) – something we cannot know until it has actually come into being. This is basically what Bion means by the use of the “model” constructed in the session and by the analyst’s being “without memory or desire” (Bion, 1962, 1970). In other words, rather than relying on decoding-type interpretations, the analyst should look to his own “negative capability” (Bion, 1970) and see what transformations this “history”, precisely in the “dialect” in which the patient presents it, may undergo by virtue of the mental interaction between patient and analyst in the field they are together creating – the field being understood as a space–time that promotes and activates possible histories, on the basis, of course, of the emotional ingredients brought by the patient.

A significant aspect of this approach is that, whereas the characters of the session may be seen as falling within a spectrum – extending from historical characters
pertaining to the patient’s internal world or to the relationship on the one hand, to holograms of the field on the other – that admits of \( n \) different combinations, none of which can be determined \textit{a priori}.

Analysability therefore seems to me to be only an \textit{a posteriori} criterion, in the sense that we do not yet know what “stories” (of the couple, the internal world or the history) will take shape; all we can do is forecast (no more reliably than forecasting the weather) the turbulences that will be activated in the field – so that we should perhaps ask ourselves how far the “\( \alpha \) function of the field” and the field’s “apparatus for thinking thoughts” will be capable of resisting the loss of their structure and of transforming (rather than evacuating) the \( \beta \) elements of the field.

The only useful approach in my view, although not a criterion of analysability, is to assess the potential for transformation in the sessions from the very first meeting,\(^4\) by observing what capacity to form images, histories and reverie is activated in the couple, so as to allow prediction of the couple’s fertility. The absence of such activation might of course be precisely the problem that needs to be tackled.

It will be recalled that Bion assigned row 2 of his grid to “lies”, which stand for everything that “protects” us from the unknown – and it is the unknown that terrifies us most, so that we are always inclined to avoid it, exorcise it and map it with false charts. So I believe that every patient who is “difficult” – or unanalysable depending on one’s parameters – is simply impelling us towards unknown aspects of ourselves, of himself and of our theories (Gaburri & Ferro, 1988).

Bion’s story of the liars (Bion, 1970) springs to mind; and among the false truths we invoke to protect ourselves, I am not averse to counting much of what has been written on the criteria of analysability.

The acceptance of every new patient inevitably entails risks to the analyst’s mental life, which, however, are reduced if the analyst adopts the role of “the” patient’s archaeologist or decoder of his fantasies.

Seriously ill patients certainly present a risk to the analyst, because the work will involve confronting and metabolizing very primitive and sometimes catastrophic anxieties, which will enter the field in one way or another. The same applies to patients with severe psychosomatic pathology, with whom we must make the journey from the somatic to the mental.

One danger thus lies in the activation of a degree of mental suffering. (Freud himself said that every analyst needed periodic “maintenance”, and Bion mentioned patients who damage the analyst’s mind.)

Another “danger” has to do with the growth of the analyst’s own mind and concerns the suffering caused by the increase in the area of thinkability, concomitant with the expansion of the mind itself. Yet another – this time for the patient too – is that theories (or indeed interpretations) may be erected as defences against thinking.
Termination

The literature on the criteria for termination is of course extremely rich; detailed considerations can be found in the relevant chapter of Etchegoyen (1986), in Preve (1994) and in De Simone (1994).

My earlier comments apply also to termination. If the analysis is considered in “field” terms, the field itself will necessarily become the locus of “signalling” of the termination. The signal of this event may light up anywhere in the field – in the countertransference, countertransference dreams, or characters or narrations produced by the patient – on the basis not of a predictive theory but of a permissive model (Bion, 1962).

Theory and model are clearly distinguished by Bion in Learning from Experience (1962): theories are highly saturated and abstract, and if used in the session will distort the material, whereas a model is unsaturated, is invented anew every day, and constitutes a provisional discovery made in the session; although it may be organized into theories outside the session, in the session itself it is always unique and unrepeatable.

A further variable arises when the situation is considered in field terms – namely the fact that the field is structured by the mental contributions of both patient and analyst, and by the interaction of their defences, transferences and projective identifications. Hence the termination is specific to each individual situation and couple.

The termination for me always takes the form of an “event” specific to a particular analysis, even if common aspects can often be identified (albeit always a posteriori): the crucial element during the analysis has always been its unforeseen and unexpected “signalling” in the field by the emotional–linguistic text of the session.

Later abstraction from the various models tested in the session has in my experience often revealed a signal such as a token of maturation of the “apparatus for thinking thoughts” (Bion, 1962). In other words, we should in my view be thinking in terms of the development not so much of a given content as of what Bion describes by the metaphor of the digestive apparatus.

In addition to the $\alpha$ function (and its capacity to transform $\beta$ elements into $\alpha$ elements, and hence to lead on to waking dream thought and to thoughts), it will be recalled that Bion postulates the necessity of an “apparatus for thinking thoughts”, which, for all its inadequacy in the human species, is nevertheless required for processing, organizing and using thoughts once produced. In the absence of this apparatus, thoughts are evacuated as if they were $\alpha$ elements.

The “apparatus for thinking thoughts” is made up of $\text{PS} \leftrightarrow \text{D}$ oscillations and the $\phi \delta$ oscillation. In my view, sufficient introjection of this apparatus is a key aspect of this signalling. It is achieved during analysis not by discoveries or increased knowledge but through the progressive introjection of the analyst’s mental qualities – i.e. introjection of his way of treating emerging emotions, passions and thoughts (Bianchedi, 1991).
It is therefore the introjection of this quality that permits autonomy, which is, of course, acquired by dint of prolonged work on the contents, albeit not by their “revelation” or “interpretation”, but by the gradual transfer of this function to the other – as Bion says in connection with reverie and the maternal $\alpha$ function. Whenever it operates, not only are emotional contents reclaimed or transformed but also, and in particular, parts of the function itself, of the $\text{PS} \leftrightarrow \text{D}$ apparatus and of $\varphi \delta$ are progressively introjected.

The termination is prepared in the very first session, in that the analyst’s mental capacities, put to the test day after day and enduring for years on end, are the factor that will allow their “precipitate” to be introjected; the crucial aspects in my opinion are how the analyst’s mind has functioned together with his patient’s in the analytic field, and what transformations ($\beta \rightarrow \alpha$) have thereby been made possible, regardless of the theories of “interpretative culture” used.

What matters is how far the analyst’s mind receives and transforms the patient’s anxieties in the present; the extent to which the analyst’s theory includes this fact is of little significance. The essential point is what the analyst does in reality from the standpoint of the microtransformations occurring in the session, irrespective of what he thinks he is doing or of the dialect he thinks he is doing it in.

This is different from the more superego-oriented criterion of stabilizing the patient in D: Bion has after all taught us to think in terms not of firm anchoring in D but of a continuous $\text{PS} \leftrightarrow \text{D}$ oscillation. Introjection of the analytic function can, I believe, be seen as the “enzyme” facilitating the reaction towards D, affording the trust and hope that, even at moments when PS is at its most acute, the possibility of mental transformation in the direction of D still exists.

If analysis is regarded as the probe (Bion, 1970) that allows continuous expansion of the field it is investigating, the situation could not be otherwise.

On the question of whether to focus on the analyst or on the couple at work, Preve (1994) reconciles the positions of Grinberg (1981) and of Bianchedi et al. (1991) by affirming that “it is ultimately the analyst who assumes responsibility for the decisions to separate and to fix the date, but these decisions are the fruit of interaction within the couple”.

In addition to the indicators from the patient – described by Libermann et al. (1983) in terms of time, movement, detachment and “typical characters” – there are, again according to Preve, also indicators of architectural restructuring.

Great importance attaches in my view to the negative capability of the analyst, whereby he is able to tolerate doubt and not knowing, and hence to admit whatever the emotional text is signalling. I have been surprised by the emergence of one particular signal – an implement for maintenance of the mind – in several different analyses.

The forces operating in the field in effect suddenly yield an emotional resultant of this kind, and I see these signals too as “functional aggregates of the couple”, which take shape as such out of the emotions of the field, telling, through the characters, of the transformations that have occurred in the field. What is