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Searching for the analyst's reveries

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ABSTRACT

Over the last 20 years the post-Bionians have begun nothing less than to spell out the beginning of the metabolizing process (reverie) in the analyst's mind that takes place with under-represented mental states. This bold attempt leading to new discoveries, and its many possibilities for understanding patients, seems to have obscured differences amongst leading post-Bionians with regard to how they see the forms of reverie, and how they might best be worked with. With Bion's perspective as a background, this paper explores three approaches, and how they differ with regard to whether one follows the views of early or late Bion. Technical issues associated with these views are raised. A clinical example is offered as one way to use reverie.

KEYWORDS

Reverie; psychoanalytic technique; psychoanalytic theory

The most erroneous stories are those we think we know best and therefore never scrutinize or question.

Stephen Jay Gould

What happens when a psychoanalyst from one theoretical perspective tries to immerse himself and discuss a concept from another tradition? Does this work? Can it be constructive?¹ Ferro's (2015) criticism of attempts to understand his work from a Freudian perspective, believing the models were not comparable, is a typical reaction.² Ogden (2011) offers a different perspective in his discussion of a paper by Susan Isaacs.

The important thing is what one is able to do with the ideas Isaacs makes explicit in combination with the ideas that her language suggest ... In addition, and probably more important, I have a mind of my own, and that allows me to see in her work a good deal that she did not see. The same is true for you the reader, in reading Isaacs and in reading what I write. (p. 4)

Ogden's need to defend his understanding of Isaacs speaks to a larger issue in psychoanalysis of our tendency to dismiss critics from outside our circle, and thus lose whatever contribution they might make to our understanding.

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¹In an article reviewing the concept of countertransference Jacobs (1999) wrote, "I will do so from my own perspective; that is, from the viewpoint of one American analyst, trained in a classical institute." (p. 575). My training was similar to that described by Jacobs, and I have spent the last 20 years immersing myself in the literature not explored in my training, which has led to my view that within certain areas there is a common ground amongst seemingly diverse theoretical perspectives (Busch 2014, 2015).

²Ferro and Nicoli (2017) expressed his view of Freud's work recently when, after saying that there were many concepts in psychoanalysis that have outlived their usefulness, he was asked what we need to dispose of. His first response was "Freud's work, as far as its clinical use today is concerned, it is useless: reading something from Freud is never going to be helpful in a clinical situation" (p. 47).

One key finding in my attempt to understand what post-Bionians mean when they describe a reverie is that there are *important differences amongst them*. I'll explore these differences, as it is my belief that in order for a psychoanalytic concept to be generally useful it needs, within a certain degree of elasticity, some clarity and agreement with regard to its meaning. Without such agreement our discussions can become our virtual "Tower of Babel," with support and enthusiasm for a concept that actually means different things.

A further problem in discussing a concept like reverie is that, over time, certain terms become reified. In countering such a view, I believe O'Shaughnessy (2005) said it best when writing about Bion,

Bion's writings are not sacred texts. They are open to criticism and his psychoanalytic writings belong *not to any one of us*, but to the 'systematic ensemble' that is called psychoanalysis. (ibid., p. 1527)

Introduction

Grotstein (2009) noted, "Of all Bion's new ideas, that of 'reverie' seems to be acquiring the most cachet as an instrument of technique" (p. 69). I believe this is because reverie holds the *possibility of being a distinct form of the analyst's mental activity* that offers information unavailable through any other source. It is my impression that da Rocha Barros and da Rocha Barros (2016) capture the essence of reverie, which they describe as "a basic tool for building an interpretation of the meaning of the emotional experience that happens between the analyst-analysand" (p. 141). Yet, as Birksted-Breen (2016) indicated, the "notion of reverie needs some discussion, as it is used to mean, in my view, somewhat different things" (p. 29).

Given the outpouring of articles on reverie in the last 20 years that trace their roots to Bion's work, it is fascinating to note two facts: (1) how little Bion actually said about the term; and (2) while Bion is most often referenced for introducing the term reverie, it was Breuer (1893) who first coined the term to describe the hysteric's hypnoid state. Breuer also used the term "waking dream" to describe this state, which has come into the Bionian psychoanalytic perspective on technique fairly recently via articles by Ogden (2001) and Ferro (2002a). However, it was Bion who first used the term to describe a state of mind in the analyst.

Bion's primary writing about reverie appears in a few pages from his book, *Learning from Experience* (Bion 1962a, pp. 36–37). Here he focused on the mother–infant relationship, specifically the *mother's capacity for reverie* as the key element in modulating the storm of feelings the infant is bombarded with from inside and outside his body. This "makes available to the infant what would otherwise remain unavailable for any purpose other than evacuation as beta-elements ..." (ibid., p. 36).

Using it in this restricted sense reverie is that state of mind which is open to the reception of any "objects" from the loved object and is therefore capable of reception of the infant's projective identifications whether they are felt by the infant to be good or bad. In short, reverie is a factor of the mother's alpha-function. (ibid., p. 36)

As one can see, Bion used the concept of *reverie* to explain a *process* between mother and infant where beta elements (primitive mental states of the infant) can be transformed into alpha elements, and is a function of her alpha function.

While in *Learning from Experience* Bion explains that what is basic to reverie is the mother's feeling of love for the infant (p. 36), earlier in this same book he describes the *analyst's reveries* as the result of a more abstract process:

To review the terms I have used so far: (1) the ego is a structure that, as Freud describes it, is a specialized development from the id having the function of establishing contact between psychic and external reality. (2) Alpha-function is the name given to an *abstraction* used by the analyst to describe a function, *of which he does not know the nature, until such time he feels in position to replace it by factors for which he feels he has obtained evidence in the course of the investigation in which he is employing alpha-function*. It corresponds to that function of a number of factors, including the function of the ego that transforms sense data into alpha-elements. (pp. 25–26, italics added)

In short, if the function of reverie is to change beta elements into alpha elements as a result of alpha function, and this is an abstract process that can only be determined some time after it occurred, then the feeling of love as basic to reverie would also have to be an abstract process. This makes sense with regard to the analyst's feelings toward her patient, and the mother's towards her infant. We all know that feelings of love can, in certain circumstances, be still another beta element for the infant or patient to contend with. In summary, it would seem to me that the feeling of love, and the way its expression is received, is a highly complex process, and is revealed as a reverie *or not* after some time.

My reading of Bion is that he left *the process of reverie* sufficiently abstract so that one *couldn't* tell from any one interaction whether a mother or analyst's reverie occurred or if it led to a transformation of beta into alpha elements. From this perspective, it is only over a period of time that one could judge if a mother or analyst had been sufficiently engaged in a process of reverie.

As we shall see, the term has shifted so that it now refers to *a particular state in the analyst's mind, usually a dream-like state* that is supposed lead to a transformation in the patient's mind so she can dream her thoughts. Further, in contrast to Bion who saw reverie as a process that occurred over a period of time, and could only be identified after it happened, current Bionians have attempted to define reverie, and a method of working with it, within a single analytic session. It is a bold attempt to elaborate a concept in a new way.

It is interesting that in reviewing the notes of Bion's many clinical seminars (1987, 1990, 2005; Aguayo and Malin 2013), I could find no evidence of Bion ever referring to his reveries, nor does he ask those presenting clinical material about their reveries. Ferro and Nicoli (2017) pointed out that Bion never overcame his Kleinian training in thinking about working with patients, and one notices that in some of his clinical seminars (especially those in Brazil), Bion could be quite confrontational about the patient's aggression, which may have been typical of early Kleinian methods. Thus one is left with many questions as to how Bion thought about reverie's role when working clinically. It was up to the post-Bionians to take this concept of reverie and apply it to the immediacy of the clinical situation. In contrast, Taylor (2011) believes

Bion used his terms in a highly provisional way to explore hypothetical notions not yet fully defined. However, out of their original usage terms ---(these terms) can easily begin to sound like established entities with a real existence. Adopting them then begs many questions

concerning the nature of the phenomena to which they were supposed to refer. (pp. 1099–1100, parenthesis added)

The post-Bionians' attempts to define reverie

In looking through the references on reverie in Levine and Civitaresse's (2016) excellent book, *The W.R. Bion Tradition*, one finds multiple views regarding what is happening in the analyst's mind that determines she is having a reverie, in contrast to other mental activities, or what the analyst might do with her reverie that is transformational for the patient. It leads to the conclusion that with regard to reverie there is a *tradition waiting to happen*. That is, there is obviously something important these authors are trying to get at, which may not have been elucidated before, but exactly what that is remains elusive.

There are a vast number of analysts in the post-Bionian group, and I cannot do justice to all of them. Therefore, I have chosen to focus on the work of analysts who represent three distinct views of reverie, and how it might be used in the clinical setting. The analysts I have chosen are: Thomas Ogden; Elias and Elizabeth de Rochas Barros;^{3,4} and Antonio Ferro. Briefly, the Barros⁵ and Ferro have a very specific view of reverie, which requires a dream-like image. It is a view of reverie similar to that of Cassorla (2013) and Civitaresse (2013) as well as many others. *Ogden, who is the most widely quoted author of the last 20 years in this area, thinks of reveries as including a wide variety of psychic states*. Further, regarding the use of reveries, the Barros have a unique position in that they think it is necessary to transform the analyst's reveries into something that can be symbolized. Influenced by the Barros, this view can be seen in the work of Cassorla (2013, 2016) and de Cortiñas (2013). In contrast, Ferro and Ogden believe the analyst's capacity to have a reverie is transformative in itself (i.e. changing beta to alpha elements).⁶

In reviewing the work of the post-Bionians I start from two underlying premises:

- (1) In evaluating the usefulness of any psychoanalytic concept there has to be a certain *reliability*⁷ or *consistency* of meaning amongst those using the term. This is basic to the development of any construct across fields of study. At its simplest level, it can only lead to confusion if we think the post-Bionian we are reading or listening to has one definition of reverie, but he has his/her own definition of the term.
- (2) Freud gave us a method, free association, to help us understand not only *what* is on our mind, but *why* that may be. The post-Bionians are brilliant in seeing *what* comes to mind, but those like Ogden seem not to reflect on *why* what comes to mind comes to mind, as he sees himself in a state of reverie⁸ where everything he thinks is a reverie.⁹ *Self-reflection*,¹⁰ *with all of its problems as a source of information about what is on our*

³Writing together and separately.

⁴While the Barros haven't published extensively on reverie, they have a particular view of working with reverie that I believe is a unique extension of the concept.

⁵In the interest of simplicity, I will refer to de Rochas Barros as Barros.

⁶Ferro's position is consistent on this point.

⁷I am using the term reliability here in its scientific sense.

⁸This is in contrast to those post-Bionians who view reverie as a *function of the analyst's* analysing instrument that becomes available at certain moments in an analysis.

⁹While it doesn't appear in his written works that Ogden reflects on why what comes to mind comes to mind, I obviously can't say for certain that he doesn't do this.

¹⁰By self-reflection I mean musing and dreaming one's thoughts, not thinking really hard about something.

mind, is the analyst's one bullwork against self-deception. Diamond (2014) captured this position when he stated,

The analyst's reflections upon his/her mental processes often functions like an internal supervisor that disrupts the dyadic fusional patient-analyst connection dominated by imaginary identification. This unique psychic activity on *mind use* by the analyst in relation to the patient, analyst, and analytic couple-often facilitated by consultants when the capacity for it is lost or blocked-remains a constant, essential factor in the complex process of therapeutic action. (p. 533)

Thus for those post-Bionians who believe everything in an analytic session is a co-construction, Cassorla (2013) reminds us that "It is important to note that even though the analyst's dream is part of a *dream-for two* it is a dream of his or her own". (p. 204)

Definitions of reverie

I will start with the work of the Barros and Ferro since they define reverie similarly as a *surprising dream-like image* that comes to the analyst's mind and contains strong emotional elements. Ferro uses the term *pictograms* and the Barros call these images *affective pictograms*.

Da Rocha Barros (2000) defined the elements of these images most succinctly as "containing powerful expressive-evocative elements" (p. 1094). He goes on:

I use the concept of *pictogram* specifically to refer to a very early form of mental representation of emotional experiences, the fruit of alpha function (Bion 1963), that creates symbols by means of figurations for dream thought, *as the foundation for and the first step towards thought processes.* (p. 1094, italics added)

In short, Barros presents the analyst's *affective pictograms* as the first step in a transformational process, as one might approach analysing a dream symbol.

Ferro makes a similar connection between what he calls the analyst's *pictograms* and their potential for transformation of disturbing affects. Thus, he

postulates the centrality of the metabolizing activity we carry out on any and all sensorial and psychological impressions (occurs via) ... forming a visual *pictograph* or ideogram from every stimulus, in other words a poetic image that synchronizes the emotional result of each stimulus or set of stimuli. (Ferro 2002b, p. 185)

In short, what the Barros and Ferro suggest is that an emotionally charged image comes to the analyst's mind as a way of capturing a patient's unmetabolized affect, and this image has the potential to change a non-verbal symbol into a thought that can be symbolized in words. In this way it has the possibility of fulfilling Bion's concept of a reverie as an image that transforms what is primitive to more integrated mental functioning (i.e. in Bion's terms, beta elements into alpha elements).

Ogden's brilliance as a translator of Bion is unquestioned, along with his capacity for observing his internal states while reporting them unflinchingly. His ability to use what comes to his mind and the feeling states it leads to are models for how an analyst can use his inner world to better understand his patients. However, in reviewing the work of Ogden, I don't think it has been so clear in the literature *just how different his view of reverie is* from those of Ferro and the Barros. In contrast to these two authors, Ogden (1997a, 1997b) suggests that a certain slippage in using reverie is useful, and thus he considers a *variety of mental and physical states as reveries.* In short, Ogden views reveries as a

*type of umbrella concept, which includes: somatic states; memories; associations; and countertransference reactions.*¹¹ As stated by Ogden (1997b), reveries

are our ruminations, daydreams, fantasies, bodily sensations, fleeting perceptions, images emerging from states of half-sleep (Frayn 1987), tunes (Boyer 1992) and phrases (Flannery 1979) that run through our minds, and so on. (p. 568)

Recently Ogden (2017) has re-stated his 1997 view:

Reverie, as I understand it, comes unbidden in mundane forms, such as thoughts about an argument with one's spouse, the lyrics of a song, thoughts and feelings about a fall taken by one's two-year-old child, childhood memories grocery lists and so on. (p. 5)

In Freudian terms these thoughts that drift into the analyst's *consciousness* would have been called his *associations*, already in a verbal form, and a valuable tool in understanding the developing transference–countertransference once the analyst was able to centre them in the interspsychic field (Bolognini 2010; Diamond 2014).

At times Ogden views reveries as

a state of mind in which the two are, to a large degree, free to engage in an unimpeded stream of consciousness, a type of consciousness generated by means of a relatively unencumbered interplay of the conscious and unconscious aspects of their two minds working/dreaming separately and together. (Ogden and Ogden 2012, p. 249)

At other times Ogden (2007, 2009) sees talking about plays, movies, or books in a particular way as “talking as dreaming” (Ogden 2007, p. 575).

Ogden sees his reveries coming from his own unconscious, but also the “unconscious experience co-created with the analysand” (Ogden 2001).¹² Birksted-Breen (2016) has suggested that Ogden's form of mental activity is not consistent with Bion's view of reverie.

On the technique of working with reverie¹³

One way to conceptualize the differences in technique amongst these authors, within a Bionian context, revolves around whether one follows the views of *early* or *late* Bion. As captured by Vermote (2011),

Bion moved away from focusing on how something becomes represented (the so-called early Bion), and began to consider what happens at an unrepresented, undifferentiated level and how changes at this level can be initiated or at least not be inhibited by the analyst (the so-called late Bion). (p. 1090)

Bion believed these primitive mental states could not be known, only experienced. This has led to different approaches where Ferro and Ogden believe the analyst's capacity for reverie is transformative by itself, while for the Barros it is necessary to symbolize the meaning of the reverie in the context of the patient's associations, language action,¹⁴ and affects. Thus, for Ogden and Ferro, the analyst's experience of reverie, which they believe

¹¹In contrast Ferro (2016) views somatic states as “the evacuation of ‘pure’ beta elements that have not gone undergone incipient processes of mentalization or metabolization” (p. 196).

¹²While this is a position accepted by many Bionians, it seems worthy of a full study in its own right.

¹³In this section I am focusing on the essence how these authors use reverie, and therefore will not go into the full complexity of their thinking about psychoanalytic technique.

¹⁴When words are primarily used as actions (Busch 2009, 2014).

is unconsciously co-created, is indicative of a change in the patient, while for the Barros the analyst's reverie needs to lead to something known that can be transformed into symbolic thinking in order to stimulate psychic change in the patient's mental functioning.

Ferro

Ferro theoretically eschews the significance of the role of symbolization in the change process, yet it's my impression that many of his interventions do just that, as we will see in one of his clinical examples below.

In brief, there are two key elements in Ferro's stated approach to reverie. The first seems based on Bion's original view of reverie, i.e. a mind/feeling state in the mother that allows her to change beta elements into alpha elements. In conjunction with this, Ferro sees growth in the patient's capacity to think, feel, and dream in treatment as based on *what is going on in the analyst's mind, rather than interpretive work per se*. In this he is following Bion's late views that one can only *experience* undifferentiated states, and this is what analysis is about. Thus Ferro (2002c) notes

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 is irrelevant. *The essential point is what the analyst does in reality from the standpoint of the micro-transformations occurring in the session, irrespective of what he thinks he is doing or of the dialect he thinks he is doing it in.* (p. 9)

In various clinical examples one gets the impression that Ferro believes that the analyst's ability to transform undigested elements even after a session can affect how the patient responds the following session.

I shall here apply this Bionian principle (the patient as one's best colleague) to a dream, which I shall present as evidence that the α -function is constantly at work. A kind of satellite navigation system dreams in real time what takes place in the analyst's consulting room *after an interpretation need not in my view necessarily be interpreted, but it can be used to facilitate the development of the field.* (Ferro 2008, p. 199, italics added)

Certainly, many analysts would agree that having a thought, image, or feeling state could help us understand a patient in a new way, leading to a change in atmosphere in a session. Our understanding doesn't have to lead to an interpretation for this to take place, but rather there may be a change in the timbre of our voice, or phrasing that communicates a greater empathy for the patient's difficulties. *However, the question remains, as to whether such a state of changed attitude in the analyst leads to the type of psychic change associated with interpretations that change what has been insufficiently represented into symbolic thinking, and its containing function.* I think Ferro would argue that he is working with psychic states that can't be known, but can only be experienced. Does he suggest that a pictogram links words and symbolic thinking with what has loosely been called unmentalized states? My impression is Ferro believes that with more primitive thinking the analyst's capacity for a pictogram is sufficient for metabolizing the beta elements associated with such states.

Ferro has published innumerable clinical vignettes, although rarely do we get a glimpse of the pictograms he sees as basic to reverie. However, in the case of Lisa (Ferro 2005) he does have a spontaneous image, and it is instructive to see how he works with it.¹⁵

¹⁵My thoughts will be presented in italics.

Ferro describes a heroic treatment with Lisa, where she moves from being seriously disturbed, with fragile boundaries, that at times necessitated hospitalization, medications, and broadening of the frame, to finishing her studies, getting married, having a job, and two children by the 10th year of analysis. Ferro's admirably open and detailed presentation of what he did and what he struggled with in four widely spaced sessions raises many interesting questions regarding psychoanalytic technique, but I will focus on the session where he has an image and how he works with it.

In the session before the one reported, Lisa talked about her shame over people finding out that she goes to psychoanalysis. Ferro's attempts to understand more about this leads Lisa to associate to an elementary school teacher who made her read things she didn't know how to read. Ferro, by now familiar, with Lisa's "persecutory" crescendos, leaves off further investigation on this topic. When Lisa described her fear of neighbours seeing the mess in her house, he "interpreted this in the transference" (ibid., p. 1253), but this interpretation isn't reported. She then talked about her husband who, seeing her undressed, commented, "What horrible big legs you have" (ibid., p. 1253). *Ferro then reports that the image of "an enormous gorilla appeared to me in reverie"* (ibid., p. 1253). The brief summary of the previous session stops there.

(The complex question of what a reverie is can be seen in Ferro labelling his "enormous gorilla" image a reverie. In non-Bionian language this would probably be called an association, possibly helping the analyst understand how the patient experienced her husband's remark. Birksted-Breen (2016) delineated reverie from other forms of thinking in the following manner:

Reverie is also not the same as an image that might come to mind to represent, as a metaphor, what is taking place. The single image I am referring to be closer to dream images than "thoughts", and may seem quite unconnected with anything conscious occurring in the material ... (p. 30)

Within this definition, the closeness of Ferro's image to Lisa's husband's remark would lead to further questions as to whether this was a reverie.)

In Ferro's account the next session takes place on a Monday, after Ferro cancelled the previous session. The patient comes in saying she was "bad," reporting panic attacks, wanting to run away, but being unable to move. With prompting the patient indicated *this wasn't about analysis*, but about her husband and being glad he was away and frightened he wasn't there. Ferro mirrors the patient's ambivalence, staying away from a transference interpretation for the moment. Lisa then talked about two movies she saw the previous evening, *King Kong* and *Krakatoa East of Java*,¹⁶ saying one was in black and white.

Ferro: It's as though in certain situations a volcano starts moving, or a gorilla, and you flee or remain paralyzed, in both cases terrorized. I have the impression that the volcano and gorilla correspond to a series of emotions that you haven't been able to "read moment for moment" and that arriving all together they terrified you. I thought this was the meaning of your words in the last session about the elementary teacher who forced you to read things that you didn't know how to read, as I did in insisting on trying to get you to say why it was monstrous that someone knew that you were in analysis.

¹⁶A disaster movie from the late 1960s about an erupting volcano.

One may wonder about Ferro's idea that transformations of beta to alpha is that "what matters is how far the analyst's mind receives and transforms the patient's anxieties in the present" (2002c, p. 9), i.e. *a silent process in the analyst's mind*. Further, it is worth noting that after Ferro has the image of the gorilla the patient has a weekend filled with panic and feeling paralyzed. Unmetabolized beta elements seem to remain prominent. Ferro cancelling the previous session might likely have been complicated Lisa's reaction. However, one might also think that *Ferro's gorilla image allowed Lisa to seek out the two movies that expressed her terror*. However, this is only my impression, as Ferro doesn't offer an explanation for how the gorilla image was transformative.¹⁷ Most striking to me was how Ferro's response to the movies was primarily an attempt to put the fears embodied in the movies into words; *in essence providing symbols when there were none*. The session then continues:

P: I have the impression now that you haven't spoken to me like this for a long time; I think you've understood me ... that you are close to me.

P: I also had three dreams: in the first I was on the motorway, going from one place, I had to reach another, but there were flyovers, crossroads, junctions; I couldn't understand anything any more—I was panicking; in the second dream, there was Angela, my maid, who had taken sheets covered in shit to the laundry; I was so ashamed; it wasn't possible; and then the laundry didn't clean them; they sent them back dirty; in the third dream, there was the countryside and they were cutting a tree down; it was the tree of life; it wasn't possible, it was excruciatingly painful and yet they were doing it, I was desperate. (ibid., p. 2005, pp. 1253–1254)

Ferro then asks Lisa what these dreams make her think of, and she replies, "Nothing. Once I knew how to interpret my dreams, lots of ideas came to me, now no longer; I don't know what to say ... it's as though I had got lost in Rwanda;¹⁸ I don't know which way to go." (ibid., p. 1254)

What follows is that Ferro, using the dreams as metaphors, attempts to dream Lisa's dream for her, with varied success. It seems that Ferro felt, at that point, she primarily needed a "teacher" (i.e. the alpha function of the analyst).

Can one see in this example how Ferro's image of the gorilla was transformative? Impressionistically one can see the possibility that the gorilla image might have led Lisa to watch the movies she watched, using them to express her fears. It also may have allowed her to have a dream and remember it. While beta elements infused her experience of the break and the dream, it may have been enough that this very disturbed woman was able to dream. However, ultimately I find the connection between Ferro's image of the gorilla, and the subsequent session, vague and difficult to pin down. It is my sense that Ferro's use of an image, along with *his capacity to put Lisa's fears into words*, is what leads to her feeling closer to him, leading to her reporting her dream where she is able to show him what she fears most (i.e. what a mess she can make). Thus, one comes away with questions about Ferro's example. Was his gorilla image a reverie? What does it mean?¹⁹ Is a reverie in the analyst's mind enough for a transformation to take place? Does Ferro attempt to change the under-metabolized into words

¹⁷In this article Ferro was only reporting clinical data.

¹⁸Ferro explains, "Lisa calls her old way of functioning by the name of 'Europa', and her new way without drugs that exposes her to new violent emotive states that no longer belonged to her 'Ruanda'" (ibid., p. 1253).

¹⁹For example, Schmidt-Hellerau (2005) points out "how this huge gorilla is holding this tiny woman carefully in his big paw; he doesn't hurt her, yet everybody thinks he will and is afraid of him. Thus, while consciously feeling in the grip

more than he acknowledges? Reading through the many examples Ferro offers, it is my impression that transformations into words is a key element in his analytic work.

Da Rocha Barros

The Barros' work is more in the tradition of building representations, and it is to their views I will now turn.

The view of the *de Rochas Barros*²⁰ of how the analyst might use his reveries is closer to the way many analysts work; i.e. they focus on the development of *symbolic thinking via interpretation*. They reject the idea that the analyst having a reverie is enough for a transformation to take place. They believe that "those who argue that the experience of dreaming is more important than its interpretation and that, as a result, interpretations can be dispensed with, are confusing two types of problem". In a joint paper, the Barros (2011) highlight the significance of symbol formation for thinking.

We start by stressing the idea that the process itself of constructing the symbol in its different components and its vicissitudes is centrally important to contemporary psychoanalysis since symbols are essential for thinking and for storing emotional experiences in our memory and for conveying our affects to others and make them explicit for ourselves. (p. 879)

So the task for the analyst is to translate his reverie into symbols.

The Barros see a reverie as only the first step towards the ability to think about an experience in that "interpretations that symbolize the meaning of the reverie are essential for storing emotional experiences in our memory and for conveying our affects to others and make them explicit for ourselves" (da Rocha Barros and da Rocha Barros 2011, p. 879).

One is reminded of the work of Aisenstein, continuing the work of Marty with psychosomatic patients, where there has been an "erosion or erasure of psychic work, or mentalization" (Aisenstein and Smadja 2010, p. 344). Yet Aisenstein (2006) maintains that "If psychoanalysis is unique, and irreplaceable, in relation to other forms of psychological treatment, it is so, in my view, because it opens up thought processes and enables the subject to reintegrate into the chain of psychic events even something unthinkable" (p. 679). Green (2000), in his paper on *The Central Phobic Position*, showed how one could understand the pernicious effect of a patient who destroys representations within a classical Freudian position.

A clinical example by Bergstein (2013) provides how I think the Barros might apply their method. He describes his work with Eric, who floods the session with words, leading Bergstein to become numb and uncomprehending. As Eric is talking one day, Bergstein has an image (reverie) from a movie, *Eternal Sunshine of the Spotless Mind*, where erasing memories is a key component. He realizes "the scene foggily fits with the situation I'm in with Eric ... " (p. 636). Eric then talks of various people he eradicated from his mind, and while speaking to Bergstein he has various landscapes in mind, which he experienced with others, but when he remembers them there is no one else.

of a monstrous threat, she seems to preconsciously know and communicate that nothing bad will happen to her" (p. 1263).

²⁰While the Barros have not published clinical examples of how they might work with reveries, it is easy to see how their views could be employed.

Using his own reverie and Eric's associations, Bergstein eventually interprets,

You are making a tremendous effort to remain present here with me, and to keep an impression of me and my words within you, and of the feeling invoked in you by my interventions. Yet, the experience seems to slip away and you don't seem able to capture it. You remember the words, but the feeling dissolves away'. (p. 637)

Using his reverie, in conjunction with Eric's associations, Bergstein puts into words what he understands of how Eric's mind works, giving form to Eric's experience and Bergstein's experience of Eric. The wish to be connected and the difficulty in doing so are now put into symbolic form, allowing for further inquiry where previously there was only fog. As stated by the Barros (2016), "we transmute the evocative language of visual symbols ... into a verbal language descriptive of meanings and in this way amplify the capacity to think the experience on attaining meaning to the involved feelings" (p. 151).²¹

In summary, I see the Barros' work as part of a Freudian–Kleinian perspective, where the key to working with more primitive states is the transformation into symbols. Bucci (2012) recently reminded us of "the particular role of language in enabling change in emotional schemas; the power of certain forms of verbal expression to evoke autobiographical memory, and to connect memories to one's current state, and the power of other uses of language to reorganize emotional schemas ... " (p. 283).

Ogden

As mentioned above, Ogden broadened the definition of reverie to include psychic states that had previously been identified by other names (i.e. countertransference, free associations, somatic states, defences, etc.). It seems like, for Ogden, *it is the analyst's state of mind that determines if a thought is a reverie*, regardless of the affective meaning or its context. Ogden's trust in the veracity of all types of thinking as reveries comes close to what Taylor (2011) believed as characteristic of late Bion where he "was proposing that *intuitions* and acts of *faith* are the main means of analytic apprehending" (p. 1102). Kernberg (2011) regards the difficulty with such an approach as being due to the fact that

elements stemming from the analyst's personality and from unconscious reactions to the patient in terms of the analyst's own unconscious conflicts tend to be confused with the overall nature of the intersubjective field, with the potential risk of loss of the capacity to differentiate clearly what comes from the patient and what from the analyst, and exaggerating the contribution of the patient's projective identification in the subjective experience of the analyst. (p. 651)

In his 1997 paper on *Reverie and Interpretation*, Ogden begins his description of his work with Ms. B by describing various unpleasant somatic reactions to hearing her racing up the stairs (e.g. tensed stomach muscles, nausea). He then describes how he experiences Ms. B.

It seemed to me that she was desperate not to miss a second of her session. I had felt for some time that the quantity of minutes she spent with me had to substitute for all of the ways in which she felt unable to be present while with me ... As she led the way from the waiting room into the consulting room, I could feel in my body the patient's drinking in of every

²¹In this same paper the Barros note similarities in the Green's (2005) work on tertiary process, and the Botella and Botella (2001) on figurability.

detail of the hallway. I noticed several small flecks of paper from my writing pad on the carpet. I knew that the patient was taking them in and hoarding them “inside” of her to silently dissect mentally during and after the session. I felt in a very concrete way that those bits of paper were parts of me that were being taken hostage. (The “fantasies” that I am describing were at this point almost entirely physical sensations as opposed to verbal narratives.). (p. 572)

Ogden considers these reactions (and others he has when Ms. B lays down on the couch and talks) as transference–countertransference reactions, and includes them under his umbrella concept of reverie. It leads him to make an interpretation in what he recognizes as a chilling tone. *Where does this chilling tone come from? How is it different as part of a reverie rather than a countertransference?* How would it relate to Bion’s definition of reverie?

As Ms. B continues to talk and Ogden listens from a critical perspective, he has what seems like a series of associations that he considers reveries. First there is a Mafia boss being shot, followed by Ogden’s obsessional preoccupation with the clocks in his room. This is followed by a memory of a phone call about a friend who has emergency bypass surgery, which Ogden then imagines he would have to go through. Following this there is an association to a friend where her breast cancer had recurred and widely metastasized, and Ogden’s shame over his behaviour as protecting himself from her painful aloneness.

He then relates this to what he’s avoided with Ms. B, and is able to empathize with her from a more sympathetic position. When I read this I thought this could be the transformation that occurred from these latter reveries, i.e. a change in the way Ogden could listen to Ms. B.²² As one might expect, Ogden doesn’t make an interpretation from his reveries in this session. However, when the patient reports a dream to begin the next session Ogden sees it as a result of the patients “*experience of and participation in the unconscious intersubjective movement that I have been describing*” (p. 589, italics added). This would fit with Ogden’s late Bion view that primitive mental states can only be experienced.

Ogden expands the definition of reverie to include almost anything he thinks, introducing the term “talking as dreaming” in 2007 (p. 576). He likens it to free association (p. 576), and views its purpose as akin to Bion’s view of reverie, when he describes its theoretical context.

Thinking [dreaming] has to be called into existence to cope with [dream-] thoughts’ (Bion 1962b, 306). In the absence of function (either one’s own or that provided by another person), one cannot dream and therefore cannot make use of (do unconscious psychological work with) one’s lived emotional experience, past and present. Consequently, a person unable to dream is trapped in an endless, unchanging world of what is I view talking-as-dreaming as an improvisation in the form of loosely structured conversation (concerning virtually any subject) in which the analyst participates in the patient’s dreaming previously undreamt dreams. In so doing, the analyst facilitates the patient’s dreaming himself more fully into existence. (Ogden 2007, p. 577)

He describes talking as dreaming as a “loosely structured form of conversation between patient and analyst that is often marked by primary process thinking and apparent non

²²There does seem to be an empathic breakdown when in the next meeting Ogden found himself “watching the play of sunlight on the glass vases near one of the windows in my office. The curves of the vases were lovely. They seemed very feminine, resembling the curves of a woman’s body. A bit later I had an image of a large stainless steel container in what seemed to be a factory, perhaps a food processing plant” (ibid., p. 580). This leads him to become anxious about the machinery. I cannot say if it’s essential and what it might mean, but I can’t recall any other sexual imagery in Ogden’s reveries.

sequiturs" (p. 575). Ogden finds this technique important for patients who are unable to engage in wakeful dreaming or free association in sessions, and claims that it leads them to be able to begin to dream formerly un-dreamable experience.

He then cites the case of Mr. B, where after four years of a "listless" analysis, Mr. B begins to dream. *So before the reported session something had already changed that allowed Mr. B to reach this important step that Ogden sees as the goal of talking as dreaming.* In that part of the session where Ogden demonstrates talking as dreaming,

Mr. B began the session by saying that at work he had overheard a woman saying to a colleague that she could not bear to watch the Coen brothers' film *Raising Arizona* because she could not see the humor in the kidnapping of a baby. Mr. B then asked me, "Have you seen that movie?" (p. 583).

Ogden reports, "I told Mr. B that I had seen the film a number of times. I was aware only as I was saying these words that in responding in this way I was saying to the patient more than he had asked of me. I experienced this not as a slip, but as a line that I was adding to a squiggle game."

It is interesting that as Ogden realizes that Mr. B's question only required a "yes," "no," or silence, he doesn't reflect on why he said more, but without explanation as to how he came to his conclusion he sees his response as part of a Winnicottian squiggle game.

From a more classical perspective I might have wondered about a competitive counter-transference, as another way of understanding something about the treatment.

After Ogden muses on the possible transference meaning of the patient bringing up a movie by two brothers, but doesn't say anything, Ogden reports:

With an intensity of feeling in his voice that was unusual for him, Mr. B said that he thought that the woman whom he had overheard talking about *Raising Arizona* was treating the film as if it were a documentary: "It seems crazy for me to get worked up about this, but that film is one of my favorites. I have seen it so many times that I know the dialogue by heart, so I hate to hear the film disparaged in a mindless way (p. 58).

Ogden then says, to the patient, "There's irony in every frame of that film. Sometimes irony can be frightening. You never know when it'll be turned on you." This conveys Ogden's idea that whatever comes to one's mind when the analyst believes he is talking as dreaming is part of a squiggle game. The significance of irony in the film is completely Ogden's, along with the idea that this is what is frightening Mr. B. I am reminded here of De Saussure's (1993) observations,

I am convinced that the most effective analysts have a capacity to use their whole selves, that is their own past and present experiences, their physical sensations, emotions, intellectual knowledge, etc. in the effort to understand their patients as thoroughly and as profoundly as possible, and to formulate their interpretations clearly and pertinently, using words which have an emotional as well as an intellectual impact. The ability to do this demands a basic minimum of confidence in ourselves, which permits an inner mobility of functioning and allows us to use our own free associations as a means of enlarging our comprehension of what is communicated to us. This does not mean that we accept the results of our spontaneous thoughts and feelings uncritically. It does, however, require an effort on our part to avoid repressing awareness of our own desires, phantasies and habitual ways of reacting. I think this implies that in the mind of an analyst who is listening to a patient there is a constant dynamic interaction among innumerable conscious, preconscious and unconscious thoughts and feelings. Perhaps we need to remind ourselves periodically that, in ourselves as

well as in analysands, that which is conscious is just a small part of our mental functioning. (p. 1158)

The patient, in an excited voice, tells Ogden why the movie isn't a documentary, and then apologizes for getting so carried away. Ogden replies, "Why not get carried away?" Ogden then explains,

This was not a rhetorical question. I was saying in a highly condensed way that there had been very good reasons for the patient as a child to feel that it was dangerous to talk with excitement in his voice, but that those reasons were true to another reality, the reality of the past, which for him often eclipsed the reality of the present. (Ogden 2007, p. 586)

As Ogden views Mr. B's restriction of his affective exuberance as an important problem, from my perspective I would see these moments when Mr. B restricts himself within the session as an ideal moment to analyse the inhibitions that suddenly occurred. Wouldn't it be difficult for a patient to get carried away if the inhibitions against getting carried away weren't analysed? While Ogden might be right that his comment is a construction of what was previously talked about with Mr. B, how might the patient's psychic growth be affected if a persistent defence is not analysed the moment it occurs?

Later in the analysis, Mr. B spoke about that session:

I think that it doesn't matter what we talk about – movies or books or cars or baseball, I used to think that there were things that we should be talking about like sex and dreams and my childhood. But it now seems to me that the important thing is *the way* we talk, not *what* we talk about. (p. 586)

As with Ferro, we can understand how a particular way of talking with a patient can change the atmosphere in a session, which leads to therapeutic benefits. However, as Stein (1981) showed in his paper on the "unobjectionable transference," that in certain kinds of patients what passes for a benign, positive, and productive transference can serve as a crucial resistance against the emergence of important analytic material.

A search for a model of reverie

Bion's view of reverie, an ineffable state of mind in the mother that transforms beta elements, is likely a necessity for any analysis to be successful. It is my impression that Grinberg (1987) came closest to applying this view of Bion's definition of reverie to psychoanalytic treatment when he stated,

In the course of the analytic process, just as in infancy in the mother-child relationship, the analyst's capacity for "reverie," his ability to contain and metabolize the projections of the patient, *returning them through the interpretive activity*, gradually becomes assimilated by the ego of the analysand. It is then possible for the patient to continue learning to "dream" his dreams in the same way that he gradually learns to "think" his thoughts. (ibid., p. 165, italics added)

The process Grinberg describes is a probably necessary background for any analysis to occur, while the metabolizing process is something that, like in Bion's definition, remains unspecified. What the post-Bionians have been attempting to do is *specify how this metabolizing process occurs*, and what one does with the result. As I've indicated above, in pursuing this issue it would be useful to clarify what a reverie is, and how it

becomes transformative for the analysand. That is, is reverie a particular type of thought process stimulated in the analyst by the patient, and/or is reverie rather a state of mind in the analyst that leads to many types of thoughts as potential reveries? Put another way, is reverie an analytic *function* or a *state*?²³ Also, in order to transform un- and under-represented thoughts, is it sufficient for the analyst to just experience his reveries, or does he have to use his reveries as the beginning of a process whereby these early states will be symbolized?

I think most analysts would agree that, at times, we enter a dream-like state during analyses, where many different types of thoughts and feelings occur to us. I also agree with those who view these waking dreams as leading to potential insights that have not yet been put into words. In pioneering the exploration of these states in minute detail, Ogden and others have alerted us to their metabolizing potential. However, I'm concerned about such an all-encompassing conception. Not only would it diminish the particular specificity the reverie notion might contribute to our clinical tool-box, but such a broad-tent understanding would take all thoughts and feelings in this dream-like state as metabolizing, thus de-emphasizing a key method of the analyst, i.e. analysing his inner associative process in order to sort out which of his thoughts and feelings are his own and which are truly arising from the field. In this way, a major barrier against the analyst's *omnipotent belief in his own thinking might be lost*.²⁴ That is, if we believe we are always thinking reverie, any thought becomes part of a transformational process. A countertransference feeling doesn't have to be reflected upon by the analyst if it is seen as part of a reverie; it just is. Thus, an analyst realizing he is saying more than he needs to doesn't need to question why if it is seen as part of a squiggle game.

*It is my view that the Barros' and Ferro's idea of an image that suddenly comes unbidden to the analyst's mind has important potential for contributing towards understanding the metabolizing process.*²⁵ A surprising, spontaneous image, which is the way dreams appear, is something entirely new and created in the analyst's mind in the analytic moment. It seems to be created from the preconscious/unconscious border of the analyst's mind leading to its form (as an image), and encompassing strong emotional feelings as noted by the de Rochas Barros and Ferro.²⁶ As many have seen it as basic to a psychoanalytic cure, I agree with the de Rochas Barros' position that an image (reverie) allows for but also requires the development of symbolic thinking via interpretation. While a change in the atmosphere of a session may well occur with the analyst having an image, as Ferro suggests, it would be mysterious or at least difficult to see how simply having it would lead to the type of structural change that deserves to be called transformative.

Birksted-Breen (2012) has added her thoughts to the importance of images as a pathway toward symbolization. As it is

closer to dreaming, it enables the mental work of "figuration" (Botella and Botella 2001), of transformation of elements inhabiting the field between patient and analyst into a condensed evocative image that thus is meaningful to both patient and analyst and hence an important potential meeting ground between them. The more "regressed" expression of drive and affect

²³Julie Augoyard reminded me of this distinction, for which I am appreciative.

²⁴Of course, associations can also lead to defensive rationalizations. However, it remains the major method for exploration of psychic states.

²⁵See Birksted-Breen (2012, 2016).

²⁶These images are difficult for the analyst to hold on to as the pull back into the unconscious is strong.

in the visual image offers the possibility of meeting in the concrete realm and bringing together the two perspectives, concrete and metaphoric. The unfocused state of mind in this way creates the optimal conditions for symbolization. (p. 830)

The one thing I would add to the Barros' view is the *necessity for the analyst to enlist his own associative process* in understanding the image that comes to mind, like we would do with any dream. Like the manifest content of a dream, the image invites us to work on understanding a reverie. Many analysts find it difficult to understand dream images without the patient's associations. In that same sense, a reverie may not only be co-created in the field, but may also need to be elaborated by both the analyst's inner work and the patient's further contributions, when available. I see this as one way we can potentially speak to Kernberg's (2011) suggestion that it is important for the analyst to try and distinguish between his own unconscious conflicts and the intersubjective field.

Below is an example of how one might work with an affective pictograph in conjunction *with an associative and self-reflective process*.

Phillip, a senior executive, was describing a committee meeting where he was annoyed that people were saying things he thought he'd already said. He believed the others didn't acknowledge his authorship of these ideas. As he was talking I was reminded of the times in our sessions when I made an interpretation that he felt he already said. My impression at these times was that he had vaguely touched on the same topic, often with emendations, but that much of what I interpreted was left out of his narrative. I was also reminded how Phillip complained that he thought he was giving clear instructions to people working for him, but they ended up not understanding what he wanted. Phillip then described his conversation with his colleague R, where he was trying to explain his feelings about another colleague S, and R said this colleague was a "real jerk." Phillip realized he couldn't just come out and say the same thing. Here I was reminded of a time when, at the dinner table he was talking about his feelings about a family friend and his son-in-law said, "She's really dense." He was amazed he could say this so clearly. *At this point an image came to mind that looked like a woman with a face without any distinguishing characteristics. It was a white circle with no mouth, eyes, or nose. I was taken aback by the image, it felt threatening, and I found myself wanting to push it out of my mind as unrelated to the patient.*

My reaction to the image seems typical for an idea or feeling that breaks through from the preconscious–unconscious border, as I am able to create a non-verbal symbol (Bucci 1997). This is in contrast to an image deeper in the unconscious where thoughts are more primitively organized, and may result in a disturbing feeling state without an image.

However, I was able to hold on to the image, and I realized the woman had hair that looked like Phillip's (i.e. Phillip has dense, tightly curled hair that he keeps long). As my thoughts drifted, an image of a Japanese geisha came to mind, and the phrase "losing face" came to mind. It then came to me that most often in talking to me, Phillip is *self-effacing*. After a while I said to Phillip that sometimes when he was telling me something it was hard to follow because of his *self-effacing* manner of talking. His thoughts then went back to the committee meeting, and he wondered why he had it in the first place. He knew what he had to do, and why didn't he just do it? He then said, "Well I didn't just want to shove my decision down their throats." He caught the negation in that statement, laughed, and began to explore the implication of his sadistically tinged sexual fantasies for one of the first times.

In my understanding, the image that appeared to me was an affective/cognitive symbol that encapsulated a feeling state first picked up by my unconscious and translated into a preconscious image. The feeling I had when it suddenly appeared, and the difficulty I had holding on to the image, speak to its closeness to the unconscious border. *At these times, like with a dream, it is only through our own associations that we glean the meaning of the image. In my view the image and the associations need to be symbolized by the analyst before a meaningful interpretation can be given to the patient.* My interpretation was to the defensive aspects of Phillip's transference way of talking, and his associations led me to think it was the sadistic element of his sexual fantasies that led me to want to push it away, and led to the negative hallucination of the facial openings; an image in the form of compromise formation. That is, at its base this fantasy was a wish to shove his penis down my and everyone's throat. However, in my defensively informed image, with no mouth on the face, there was no throat to shove his penis down, and no eyes to see what was happening. Further, my own image of geisha woman is twofold; i.e. a delicate flower and a sexual courtesan. Thus the fantasy of defiling this sexual delicate flower in this violent act expresses the sadistic quality I felt I was picking up on.

I'd like to explore another aspect of the image that came to my mind in the session with Phillip as a way of demonstrating what I see as the complexity of understanding the analyst's images, and how much they still need to be explored. Here I'd like to focus on my feeling of threat associated with the faceless image. While I've presented a few reasons for this feeling, I realized later there was something more in the content of the image. I was reminded how, at times, when Phillip was talking in his self-effacing manner, I didn't feel I was with someone real, and I would withdraw. This reaction was, in part, based upon my own history, but I couldn't appreciate the depth of feeling associated with this, and what Phillip was protecting against, until having this image. This touches on the belief of many post-Bionians on the co-construction of reverie, which is another topic that needs further exploration.

Some final thoughts

Since reverie was resurrected as a central clinical concept by the post-Bionians, its incorporation into clinical practice and articles over the last two decades around the world has been astounding. It is my impression there is nothing comparable to it. While I believe it captures *something* new and essential to understanding what is occurring in psychoanalysis, there is much that needs to be clarified and elaborated further.

Taylor (2011) has raised an important issue about late Bionian technique that seems very relevant to what has seemed like a reluctance to engage in critical thinking about reverie.

We need to be able to see the "workings" of the analyst's observations and reasoning if we are to be able to assess the warp and weft, the fiber, of the analyst's engagement with the particular psychic reality to which the analyst's hypotheses putatively apply. This is necessary if we are to judge and to dispute, to decide when an *act of faith* – if we consider it to be such – has proved to be well-founded or misfounded, when there has been too little in the way of leaps of the imagination, or when by contrast there is too much self-indulgence, and finally when the hunches or intuitions actually have those rather important predictive,

extrapolative and other qualities which take us closer to what lies behind the surface facts.
(p. 1111)

In general, I believe it will be difficult to define reverie, and differentiate it from other forms of messages we may pick up from the patient's unconscious, without considering an unconscious with a layered depth. *I think there isn't one unconscious, there are only different levels of unconsciousness.* This was captured in Freud's (1933) drawing of the Structural Model, where the unconscious was shown to go from a permeable border with the preconscious to an endless depth, and is validated in everyday clinical experience.²⁷ This allows us to hypothesize where the analyst's unbidden experiences may come from. A rough topography of the analyst's reactions, depending on what level it may come from in the patient's unconscious, might include the analyst's somatic reactions, feeling states, images, and day dreams, with somatic reactions representing a deeper region of the patient's unconscious. I don't want to get into too many complications at this point, but just want to point out there are varieties of feeling states we have as analysts, from confusion to dislocation to sadness, etc., each of which likely corresponds to different levels of unconscious depth in the patient's unconscious to which the analyst may be responding to. The analyst's *affective image*, as described by de Rochas Barros and Ferro, potentially adds a new dimension to our understanding as a *non-symbolic symbol* standing between a feeling state and a thought. Thus the analyst seems to pick up something from the patient's unconscious that allows for a more developed level of thought than pure feeling.

Finally, in thinking about why the post-Bionians themselves have not confronted the differences in approach amongst them, I would suggest that like many pioneer thinkers, it is tempting to rush ahead to see where one's new discoveries can lead. Like with Freud, for most of us it is not always easy to look back upon one's work and correct earlier views, while for those with a great demand for their thinking the temptation is to keep expanding ideas that are popular. Further, and I think we see this often in psychoanalysis, there is a temptation to not look too closely at the work of others on the same theoretical team. It then is left to others to look at these concepts with the advantage of not needing to support others, but with the disadvantage of being outsiders. It is too easy to then condemn these views because they come from an outsider. Hopefully, the advantages of this outsider's approach in this paper have outweighed its disadvantages.

Translations of summary

Au cours des vingt dernières années, les analystes post-bioniens ont entrepris la tâche immense d'expliquer dans le détail le début du processus de métabolisation (*reverie*) tel qu'il opère dans le psychisme de l'analyste en présence d'états mentaux sous-représentés. Cette tentative audacieuse qui a abouti à de nouvelles découvertes et à des possibilités accrues de compréhension des patients, semble avoir éclipsé les différences parmi les post-bioniens les plus éminents quant à la façon dont ils perçoivent les formes de *reverie* et en tirent profit dans leur travail. Avec pour toile de fond la perspective bionienne, l'auteur de cet article explore trois modes d'approche en mettant en évidence leurs différences selon qu'on adopte les premiers points de vue de Bion ou ceux apparaissant plus tardivement. L'auteur soulève également les questions techniques qui sont associées à ces points de vue. Il cite un exemple clinique permettant d'illustrer la façon dont il utilise la *reverie*.

²⁷See also Schmidt-Hellerau (2001, p. 161) regarding differentiation of the pre-unconscious, the unconscious, the preconscious and conscious.

Im Laufe der vergangenen 20 Jahre haben Post-Bionianer die nicht geringe Aufgabe in Angriff genommen, die Anfänge des Metabolisierungsprozesses (Reverie) zu erhellen, der sich im Analytiker vollzieht und durch den unterrepräsentierte psychische Zustände verarbeitet werden. Dieses kühne Unterfangen, das neue Entdeckungen mit sich brachte, und die zahlreichen Möglichkeiten, Patienten zu verstehen, verdecken offenbar Unterschiede in der Art und Weise, wie führende Post-Bionianer die verschiedenen Formen der Reverie und ihre Anwendungen begreifen. Mit Bions Perspektive als Hintergrund werden im vorliegenden Beitrag drei Ansätze und die Art, wie sie je nach Orientierung am frühen bzw. späten Bion voneinander abweichen, untersucht. Auch die mit diesen Sichtweisen zusammenhängenden technischen Fragen werden erörtert. Ein klinisches Beispiel illustriert eine der Möglichkeiten, mit der Reverie zu arbeiten.

Negli ultimi vent'anni, gli psicoanalisti post-bioniani hanno iniziato a descrivere nel dettaglio nientemeno che la fase iniziale del processo di metabolizzazione (reverie), nella mente dell'analista, di stati mentali che ancora non hanno pieno accesso alla rappresentazione. Sarebbe tuttavia che le nuove scoperte e le molte nuove possibilità di comprendere i pazienti che questo coraggioso tentativo ha portato con sé abbiano fatto passare in secondo piano le differenze che dividono i principali analisti post-bioniani rispetto al modo in cui essi intendono le varie forme di reverie, e i modi in cui è più o meno auspicabile lavorare con queste ultime. Tenendo come sfondo la prospettiva teorica di Bion, il presente articolo esplora tre diversi approcci evidenziando come essi differiscano a seconda che ci si attenga alle posizioni del primo o dell'ultimo Bion. Sono inoltre sollevate alcune questioni di tecnica legate a questi diversi punti di vista, e viene poi presentato un esempio clinico che illustra un modo particolare di utilizzare la reverie.

A lo largo de los últimos veinte años, los postbionianos han empezado a explicar con detalle nada menos que el comienzo del proceso metabolizador (reverie) que se da en la mente del analista ante estados mentales subrepresentados. Este intento audaz que conduce a nuevos descubrimientos, y a sus múltiples posibilidades para comprender a los pacientes, parece haber oscurecido las diferencias entre los postbionianos prominentes respecto a cómo ven las formas de reverie, y cómo se podría trabajar mejor con ellas. Con la perspectiva de Bion como telón de fondo, este artículo explora tres enfoques, y cómo difieren estos según si uno sigue los puntos de vista del Bion temprano o del tardío. Se plantean cuestiones técnicas asociadas con estos puntos de vista. Un ejemplo clínico ilustra una manera de usar la reverie.

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