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On the countertransference of the patient:

Transformations of the psychoanalyst's 'theoretical self' and their possible articulations with the vicissitudes of the analytic relationship

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In this paper the author examines one of the many levels of the analyst/analysand relationship: the possible interaction between the analyst's mental routes in relation to theories (also meant, but not only, as internal objects) and the vicissitudes of the psychoanalytic relationships with his patients. The author assumes that an important variable affecting the transformation of certain therapeutic relationships is the change that takes place in the relationship between the analyst and that part of his internal world where his theories find their place. He names this part of his internal world 'theoretical self', and 'precipitates of the analyst's theoretical self' those complex formations, akin to more or less cohesive conglomerates, that are formed by his relationship to theories and to psychoanalytic institutions, and by the various, 'personal' internalised objects. The psychoanalyst will relate to these precipitates in a variety of ways, and he will make use of them mostly at an unconscious level in his analytical work; and his patient is likely to 'react' to them, almost chemically. The author also offers some working indications: the psychoanalyst, despite his knowledge of some aspects of his own countertransference, is in fact lacking in knowledge, unless he constantly does some extra work focusing on how his mental position (i.e. the relationship with the precipitates of his theoretical self) may intervene in any of the therapeutic relationships that he establishes—not necessarily in the same way in each of them. The author also illustrates his reflections and conceptualisations by reporting dreams and excerpts from sessions taken from three psychoanalytic treatments in the course of several years.

Keywords: countertransference, precipitates of theoretical self, theoretical self, transference, tropisms

In this paper I hope to demonstrate a sort of self-disclosure by a psychoanalyst to his colleagues showing some of the mental processes that—in my opinion—are inevitably and ubiquitously present in the mind of the psychoanalyst at work, independent of his individual characteristics as a person. I am aware that this may seem disturbing and provocative, but I believe that to give rise to reactions, even intense ones, by means of a piece of writing, is much more useful than not to do so.

What you can read is the fruit of 'one' cut, one of the possible and perhaps innumerable of those which we may adopt 'in a piece of psychoanalytic writing'. Indeed, in this paper one of the multiple levels of the psychoanalyst–analysand relationship is examined: the possible interaction between the mental pathways of the analyst in relation to the theories (intended also, but not only, as internal objects) and the vicissitudes of the psychoanalytic relationships with his patients. The choice of individuating and studying

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such a level arises from my following theoretical option: if we manage to better focus on the operating of the psychoanalyst's mind, which paradoxically is the only thing which we can truly know, perhaps we can better appreciate that of the mind of the analysand.

I am well aware of the risk I run in making such statements; I am put in mind of an anecdote by Jacobs (1986) who recounts that one evening, after he had presented a paper pertaining to some thoughts and images which had occurred to him while listening to a patient, he was approached by an older colleague who said, 'Very interesting, Ted, but I have the impression that analysis should concern itself with the mind of the patient'. Accusations in the form of self-congratulation and narcissistic self-gratification which may be brought to the analysis of one's own subjectivity (and therefore following on the interaction) seem to me legitimate but not theoretically plausible since I believe that, first, the by now peaceful 'acquisition of acts' of the inevitable involuntary participation of the analyst in the analytic relationship transforms the traditional model of analytic objectivity into the more nuanced model of relativism and perspectivism (Levenson, 1972, 1983, 1991; Searles, 1979; Gill, 1983; Hoffman, 1983; Hirsch, 1993; D. B. Stern, 1991; Ehrenberg, 1992); and, second, psychoanalysis' greatest fault is not the existence of interaction, but the non-analysis of manifestations and meanings of the interaction; and the meanings of interaction are non-analysable if we do not use two components, namely, the analysis of the subjectivity of the analyst and the skills of the patient as legitimate interpreter of the analyst's experience (Hoffman, 1998).

Nowadays, we are well aware that individuating and investigating the greatest possible number of operating levels of the mind of the psychoanalyst at work is a necessary task; and I propose with this piece of writing to attempt to examine one of these levels, without in any way claiming to saturate the area of research (as I am well aware, for example, that our patients perceive subliminally many things pertaining to us, perhaps even more important than our rapport with our theories) but aiming, however, to open it to the investigation of new psychoanalytic objects. Regarding the inseparable link between therapy and research, I identify completely with what our master tells us: '[psychoanalysis] proceeds gropingly making use of experience, it is always unfinished and ready to give a new arrangement to its theories or to modify them' (Freud, 1923, p. 254).

This investigation arose from the awareness I reached at a certain point in my journey as a psychoanalyst, of facing a new situation. The magnetism of the psychoanalytical literature was less intense than before, and I felt less drawn to the models that I had learned from and found useful in the past. The remnants of my personal analysis and supervision, both during and after the training, were gradually sinking to the bottom of my mind as a psychoanalyst, so much so that at times I found myself in a kind of empty space. All this was sometimes anxiety provoking, while at other times it left me unperturbed, but it could also be highly stimulating because of its developing and creative function. This occurred both in my clinical practice and also when, like now, I had to distance myself from it and make a leap, which allowed me to abstract some ideas and communicate them to colleagues. I came across this sense of emptiness through a number of stages, which I have reconstructed by means of inspecting some analytic relationships.

By observing certain changes in some patients, and in particular in the 'oldest ones', and bearing in mind that, in my opinion, these changes could not be due only to variables independent of the analysand, I began to test first preconsciously and then more consciously: in fact, I am writing about it, the changes of my own relationship with the psychoanalytical

theories and with psychoanalysis in general, including psychoanalytic institution.

I have thus surmised that an important variable intervening in the transformation of certain therapeutic relationships is the change that occurs within the relationship between the psychoanalyst and that part of his own inner world where his theories are located. This could not be otherwise if we agree that one of the main features of psychoanalysis is the extensive use that the therapist makes of himself as an operational tool. I would term this part of the analyst's internal world the 'theoretical self'; and I would term 'precipitates of the theoretical self' those complex formations, the sort of more or less cohesive conglomerates that are shaped by theories, by the psychoanalytic institution—the moment in which they turn from external objects into a sort of internal objects—and by the various 'personal' internalised objects. He may relate to such 'precipitates' in various forms, and he may make use of them mostly without being aware of them; and the patient is likely to 'react' to them almost 'chemically'. It should also be said that such 'precipitates' are formations in constant evolution, since they are modified by their continuous interaction with new external objects (other theories, patients in analysis etc.). I believe it is useful to observe the vicissitudes of these intra-relationships of the analyst, since I think that there are meaningful articulations between them and the vicissitudes of the analytic relationships. These 'precipitates', as we will see, may have a different 'weight' and exert their influence in the various phases of the psychoanalyst's evolution, and therefore also in the analytic relationships that he establishes and maintains.

I have moved from a phase of idealisation of psychoanalysis in general to a fascination with certain models in particular, which led me to consider other theories as either useless or misleading. I then found myself immersed, as already mentioned, in a situation in which absence and theoretical emptiness predominated. This is, of course, a paradox because, if no theoretical structures existed in me, my mind would go pear-shaped and would not function. It is therefore conceivable that what appeared to me and was described by me as emptiness is, in fact, an absence of what is known. The objective of this paper is that of trying to know and emphasise this very 'unknown' or, as Bollas (1987) pointed out, this 'already known but not yet thought'.

Let me go on: the hypothesis is that there would be a juxtaposition between the mental pathways of the analyst (I am referring here to the theoretical pathways or, better still, relating to theories and therefore to the precipitates of the theoretical self) and some pathways of the analysand. The premise consists of my conviction that the patient consciously perceives, but is unable to verbalise many aspects of the analyst ignored by the latter; this is virtually a neutral process within the development of the analytic journey, whereas it is not at all neutral what the patient subliminally registers about his own analyst and whose trails are supplied through dreams (of which I shall make use in order to undertake this reconnaissance route) and through verbal and para-verbal material.

Therefore the operational consequence should be that: the analyst, even though he can become aware of aspects of his own countertransference, may be lacking in his knowledge if he does not exert further work focused on how his mental position (i.e. the relationship with his theories and with psychoanalysis in general at the time, the relationship with the precipitates of the theoretical self) could influence any given therapeutic relationship he is dealing with and, as we shall see, not necessarily in the same way.

This is reminiscent of what Macalpine (1950) states when she tries to demonstrate, rather convincingly, that the transference takes place reactively. According to Macalpine we should somewhat expect that any change of the situational trigger would lead to a

different transference. But these are analogies not homologies. She refers to the setting meant as a special frame within which regressive and transference phenomena take place, triggered by the fifteen enlisted 'infantilising' factors, whereas I wish to emphasise instead the patient's reaction to the changes of the analyst's inner relationship with his own psychoanalytic theories. We could speak of that mental setting which can change according to the transformations of those specific object relationships of the analyst between his own self and his theories-objects, model-objects, technique-objects, Freud's 'mega-object', personal analysis, supervisions, psychoanalytic institutions' mega-objects and so on, including their intra-relationships. These relationships constitute what I have named 'precipitates of the theoretical self'. A typical example of how our relationship with theories tends to change and heavily influences the way we see and interpret within the psychoanalytic therapy, as well as having an important bearing on our technique, is illustrated by Kohut in 'The two analyses of Mr Z' (1979). Here we notice how Kohut, in the second analysis of Mr Z, was able to induce transference reactions quite different from those of the first treatment. Conversely, another striking example of how the personal analysis and institution mega-objects have been internalised as 'bad objects', to use Fairbairn's (1952) terminology, is the famous book by Masson *Final analysis*. In this instance, the function of the relationship between analyst and psychoanalysis is not expressed in terms of changes of technique derived from a clinical text (incidentally I find it rather difficult to think of Masson practising as a psychoanalyst) but by producing a literary text 'on' psychoanalysis. Other examples, perhaps not so *éclatant*, are much more frequent, even if less popular. Therefore I think it would be interesting to observe the process of how some patients may react to these transformations.

Having said this, my question is are we really sure that we wish to include the analysand's response to such 'action' of the analyst as part of the transference? In other words, is it possible to consider that the analyst is in continual enactment with the patient and that, given his irreducible subjectivity, one of the reasons for this enactment is traceable—also—in the mutable and triangular rapport which engages with these precipitates of the theoretical self and the patient? That is, that the vicissitudes of the analyst–analysand relationship do not also depend on the alternations that the analyst has with his own psychoanalytical objects and, therefore, that the relationship does not endure continual modifications, even if very slow, in the mind of the analyst because of this? Having thus also the consequence of 'seeing' the patient in different ways during the years? And is it not therefore possible to think that all of this does not then register at some level with the patient who then will re-act in some way to these modifications unknowingly induced by the analyst in the analytic interaction?

Before going on to the examples, I would like to clarify briefly my position regarding the concepts of countertransference and enactment, and the meaning with which they are used in this text. I start from the assumption that in the analytic field events develop which cannot be considered a reply from the analyst to a projection of the patient; there are moments in which it is the analyst who begins an interactive sequence (and I explore such a situation in this paper); after all, an undoubted psychoanalyst long ago already stated regarding the patient's projections on the analyst:

> certainly it is the case; but *they do not project, as it were, on to nothing*, where they do not find something similar; in truth they allow themselves be guided by their awareness of the unconscious and they shift onto the unconscious of other persons the attention which they have averted from themselves (Freud, 1921, p. 227), my italics).

Continuing in this vein, I consider it an illusion cultivated for decades the idea that countertransference is a simple reaction to the transference of the patient, as in the analytic field there exist two subjectivities, that of the analysand and that of the psychoanalyst. These two subjectivities are in an asymmetrical position, which has many consequences, one of which, considering the concept we are examining, is that it is easier and certainly more convenient to individuate and analyse the vector which goes from the analysand to the analyst instead of vice versa. So that, while I am aware that I run the risk of inflating the use of the term—so much so as to have caused McLaughlin (1981) to propose abandoning the concept—and while I am of the opinion that at this point its use is maintained for communicative purposes, I propose to use countertransference in its broad meaning as something which, in short, one identifies with the psychic reality of the analyst in front of the patient, as 'the experience which the analyst has of the patient' (Fosshage, 1995), experience, I would add, which is conscious, preconscious and unconscious. It is, therefore, a fundamental part of an analytic relationship, as it is by means of attentive analysis of the countertransference 'islands' (preconscious and unconscious), which the analyst succeeds in causing to emerge, that we may understand a great deal concerning the analytic relationship and, finally, concerning the patient, but in this exact sequence.

And here it is necessary to proceed to the second concept, that of enactment. On the Panel of the American Psychoanalytic Association of 1992 on this concept, in which there participated Boesky, Chused, Jacobs, McLaughlin and Poland, the term was defined as 'put in the act of transference': a tendency of the patient, to a great extent effected in a verbal and unconscious way for both members of the interaction, to persuade and conduct the analyst to a reciprocal participation. The enactment therefore would refer to an interactional situation whose roots are unconscious in both members of the analytic couple.

Personally I mean an interactional phenomenon with unconscious roots, which can, however, manifest itself in the couple not necessarily as the outcome of the interaction, but also as the outcome of tropisms—of the analyst and analysand—which, once collected, unconsciously, by one or the other, bring about an interactive sequence. The tropisms to which I refer in this text are evidently the incredibly slow but perceptible changes of the analyst in relation to various psychoanalytic objects. Changes that, as stated, necessarily involve the patient inside and outside the analyst's mind and that therefore generate certain interactive sequences, which in turn determine modifications of the internal objects in the minds of both members of the analytic couple, in the passionate as much as complex game which is played out at every psychoanalytic session.

As regards countertransference enactment, I agree with Renik (1993) who speaks of the ubiquitousness of this; and I am in agreement with this keen New York psychoanalyst when he states that the awareness of countertransference follows enactment, it does not precede it. I, too, suggest that the emergence of the countertransference islands (and the subsequent elaboration of the analytical alternations) may happen only after the accomplishment of the countertransference enactment and its ensuing analysis. In this regard it is my pleasure to cite two other authors: Sandler (1976), who states that the repetition of the interactive structures is a reciprocal process and that the analysis which follows on from the enactment is the fundamental changing element of the psychoanalytic operation, and Levenson (1991), who adds that countertransference enactment is the cornerstone of the therapeutic operation. I am somewhat more cautious, not making such categorical statements, but

I certainly maintain that enactment is spontaneous, authentic and inevitable and its analysis is fundamental.

Therefore, in concluding this introduction, it seems appropriate to confirm that the variable relations which the psychoanalyst entertains along with his precipitates of the theoretical self may intervene in each of the therapeutic relationships in which he is involved, even if in different ways, as we shall see. That is, we might consider that in the analytic relationship the analyst is in rapport with his own permanent enactment. Indeed, he must link with these kind of internal objects and the phenomenology that derives from the changes in such relationships, which I have chosen to call tropisms; he gives great importance to the analytic relationship which may be taken from the patient. The patient then will 're-react' (it is for this reason that the title of this work speaks provocatively of countertransference of the patient) to these phenomena in the same way as in relation to other enactment phenomena of the analyst, perhaps more striking and more interactive, which, according to how the psychoanalysis—intended here also as a method of research—proceeds, he individuates and studies. The psychoanalyst cannot be aware of these phenomena recorded by the patient, both generically for the motives present in every enactment phenomenon, as I have shown above, and also in particular because they are phenomena which develop in an absolutely unique time-spatial frame: they come to the fore so slowly, over a period of years (thus the term tropisms), and they are observable only by means of more contemporary analytic investigation. Therefore, to collect them immediately and within a single analytic relationship would be something akin to an ethologist expecting to be able to describe and explain the rituals of coupling of a species of bird having observed only a single couple on a single occasion, or a biologist wishing to study the development of a plant by observing it for one single night!

Thus, I would make two suggestions for the reader: 1) it is advisable to proceed with the reading following more so the analyst—by means of that which the patient and the analyst himself will tell us about him—than the patients; I know that it is not usual to find oneself following different analytic events in the same article, but the focus herein being on that which have been labelled 'tropisms' of the analyst, barely perceptible movements which then the patient will re-enact, I have found it necessary to develop the work following this methodology. 2) It is possible that one has the sensation of a certain intermingling of the patients and also perhaps of patients and analyst; I maintain that this is in part due to having willingly obscured certain aspects of the analytic vicissitudes of single patients to the advantage of focusing on those of the analyst; also it is in part due to the fact that undoubtedly in analytic processes one spends long periods of time when there is a phenomenology in which an absence of differentiation predominates between patient and analyst. It is obviously necessary in these phases for the asymmetrical position to allow the analyst to recognise what is happening, in order to interpret it when he considers it appropriate, that is, when the patient is be ready to receive it.

First illustration: Grandiose transference phase

'Plinia and the Sphinx'

A constant of the analytic relationship with Plinia has been the difficulty in finding a balance between a position of neutrality, which would not be perceived by her as cold detachment, and an availability and participation, which would not be experienced as

intrusion and invasion. One could say that the whole analytic journey was played out in a space where various roving emotions have been intense from the beginning. Equally intense was the work done to acknowledge, name and understand such emotional states.

From the outset the process of being in analysis stirred up in the patient graphic images describing powerful conflicts. In the second session, she described how: 'The situation here makes me think about being on the bus with somebody breathing down my neck'.

In the eighth session Plinia recounted the following dream: '*There is my mother on a frozen lake. She falls and is injured. I am not able to help her: there is someone pushing her*'. Association: It's terrible to be at the mercy of others without being able to decide, which is what is now happening to my mother.

From very early on, strong countertransference emotions were evoked in me. I recorded the following reflections after the third session:

'Her way of listening and talking to me with that arrogant air vexes me quite a bit; only occasionally and with a certain difficulty I am able to shift from this initial annoyance and to show concern and attention.'

I will now present a sequence of three consecutive sessions, which took place in the second week of the seventh month of analysis. Such a sequence is necessarily compressed in a way that will demonstrate my working hypothesis.

In the first session the patient spoke initially about being glad to go through with the analysis, then she said that she did not want to think about bad things and mentioned the summer holiday. Then she stopped. She spoke again of her personal history that she wanted to retrieve, of fractures with her parents, and towards the end of the session she asked me what had been happening during all these months of analysis. I did not reply to this question and after some minutes the session ended. I will now transcribe the summary of the subsequent session written soon after it:

'(Very heavy session!) She arrives and says that before starting the session she would like to clarify it and if she does not clarify it she might as well stop the analysis altogether. I tell her that we can clarify it, but she may wish to lie on the couch first. She accepts this hesitantly. She says that the previous evening I should have noticed that she came in one mood and left in another. In fact, when she left the session she was totally outraged with me and subsequently thought that she would never come back again. Then she thought she would ring, but when she tried the phone was engaged. She then imagined that I was working and seeing other patients and that she was only one amongst many. This thought led her to come back to reality. Then she wondered whether to come back in order to obtain clarification. She now insists that she wants an answer from me (she is absolutely furious and I found myself in a mixed state of impotence, rage and surprise). She says that she cannot tolerate my lack of answers and the fact that I stay silent. She feels like a singing and dancing jester.

'I tell her that perhaps she had arrived yesterday with certain feelings that she managed to express and then these feelings have smashed against the sphinx, hurting her and making her resentful (this image was retrieved from a session of a few days previously used by the patient herself in order to represent the immovable, immutable and unperturbed analyst, whereas she felt like the singing and dancing jester ringing bells in order to have an answer from the sphinx). I add that she seems to want to get rid of me in the same way as her good feelings have been got rid of by my silence in yesterday's session.

'Plinia retorts that this sounds like a power struggle and that here I have the power, but that she should be the one to have it.

'I decide not to get into this diatribe and try instead to work on this image of psychoanalyst-sphinx by interpreting this image as a projection of an inner object. The patient replies with nonchalance that if this were not so she would clearly not come to analysis, as a matter of fact she comes in order to undo these very enigmas.

'I feel outwitted. After a little while and with some anxiety I stop the session.'

In the third session of the week the patient reports a dream after speaking of the characteristics she thought her ideal analyst should have—characteristics, which, of course, I was not endowed with, namely, warmth, understanding and liveliness. In the dream: '*It is an evening amongst friends, my analyst is also there, different from you, but I know it is my analyst. I am embarrassed about this, when analysis and external reality get mixed up. My analyst reassures me like a sensitive friend. Then there is a change of scene and we are in a kind of hospital room; I have in my hand an aerial which is part of a flat metallic plate which is my mother, or better still that which remains of my mother, who is communicating via this aerial which gets longer and shorter*'.

This study of Plinia was the first analysis carried out during my period of training. She was therefore obviously seen with weekly supervision in a classic setting, on a couch and with four weekly sessions.

Some years ago, in a reflection developed upon this analysis, I had written: 'The first thing I thought was to put to the test how much these images could correspond not only to how the analyst is experienced by his patient "because" of the transference, but also how much they were somewhat emerging from the interaction between the two of us and were relating to my particular way of moving within that relationship. Perhaps a certain rigid technique in me, the sensation of being "frozen" as soon as I moved, and my silences may have triggered the onset of such images. These were probably also her way of trying to make me experience the only type of relationship modality she knew which would enable her to get in touch with her (inner) mother. The latter was communicating through a metallic aerial and the patient was left with no option but to adapt to it. Perhaps the coldness of the frozen environment was a function of this relationship, which I was led into through Plinia's old relationship patterns. Patterns that she was particularly fond of and devoted to, for I was becoming a co-protagonist of mine, in which the analytic neutrality for example (idealised and distorted into coldness by me) could well be represented by the images of the aerial and the sphinx.'

More recently, integrating with that already written and detailed here, I was inclined to believe that the interruption of the analysis in this patient was also due to her impossibility of finding an illusory space in her relationship with the analyst, including a space where she could express her omnipotent features: that potential space was occupied by a candidate—pre-consciously and unconsciously—struggling with becoming a psychoanalyst and the consequences thereof, while the patient could do nothing else but be a jester in order to survive. When, thanks also to the patient's psychopathology, that position was no longer tenable, the thread keeping the two together was broken. The powerful bond between the grandiose analytic self of the candidate and the various psyche-objects, among them his training, was clearly stronger than the concern and care for the needy mirroring self of the patient. Plinia, in fact, interrupted her analysis after almost one year.

As Kohut (1976, 1979) informs us, in people with narcissistic disturbance, these

very needs tend to manifest themselves in the first phase of analysis. Therefore, if such a predisposition meets up with an unacknowledged similar one in the analyst, occurring during that very phase where he himself is grappling with his own grandiose aspects of becoming an analyst, we cannot but have a collapse of the therapeutic function. The certainty with which Kohut affirms its ubiquitous manifestation, as with other psychic configurations upon which he built his model, is only partially shared by me. I would rather take the view that, as a corollary to my primary hypothesis, it is those very grandiose aspects of the analyst—present in him during certain phases more than in others, for they depend on the 'quantum' of self-criticism and resulting belief in the theoretical model—that determine or even emphasise those phenomena that I would call, at this stage, grandiose reactions of the patient. For example, the attachment and devotion to certain theoretical and technical models on the part of the analyst can reinforce the amount of resistance in the patient. It is clear that I am referring to a situation in which I consider with indulgence a transitory phase (in my case the beginning of my activity), characterised by a grandiose image of self as psychoanalyst, but we may assist in situations in which this becomes a truly real pathology of the analyst, because these images crystallise in the (inner) self. As Resnik says in *Theatre of the dream*,

> Many patients ask analysts to become a sort of omnipotent sphinx, and many of us respond by actualising this fantasy: either by adopting a monolithic silence or by giving a monolithic answer. If the analyst-sphinx were to speak, he would risk losing his own omnipotence: God does not speak, or when He speaks He says the absolute and definitive truth (2002, p. 109).

As I, however, maintain that, as the Italian saying goes, 'the tongue hits against an aching tooth', it is necessary to consider that those 'many patients' probably also respond to the needs (dissatisfied or unresolved) of 'many of us', and it is actually up to us psychoanalysts to recognise if, when and where we ratify this question/answer of the patient, and why.

We should not at all underestimate the fact that similar reactions, when analysed by the analyst's awareness, are, in fact, 're-actions' to certain elements that the patient has unconsciously registered in the analyst. Such reactions, when acknowledged and analysed by the analyst, may therefore lead to a productive development of the analytic process and relationship, and hence—more importantly—are therapeutic for the patient. I will return to this at the end of the paper.

Second illustration: Idealising transference phase

> I am nothing, but there is at least something big outside me, something carrying that which I experienced in the past. All that I can do now is try to bond with this object and, even if now I am nothing, later I shall become big just like him (Kohut, 1976, p. 82).

According to Kohut the relationship with the idealised object is the other modality being utilised in order to maintain the narcissistic balance. He defines such a configuration as 'the idealised parent imago' (p. 16). Even though we are in the presence of an omnipotent and grandiose self-image, there is still a need for someone to contain and preserve such an image.

I am not really concerned with the meta-psychological implications of Kohut's theoretical positions, but I quote them here because I find them useful at a descriptive level to introduce the reactions of two patients during a particular time of the analysis

linked to the phenomenology of the idealised parent imago, here clearly represented by psychoanalysis.

Ada and Luca

Both patients reported, within the first two years of analysis, dreams in which the idealisation of the analyst was noticeable.

Ada, a 34-year-old, began her analysis (on the couch, four sessions a week) in order to deal, on the one hand, with her manic depressive reactions to her breast cancer and, on the other, in order to understand something more about her homosexual object choice. She repeatedly dreamed about me first as a kind of 'tummy' containing and nourishing her, then as a 'prince charming' fighting against images representing death and lastly as a *super-macho* giving her multiple orgasms.

Luca, a 30-year-old researcher attached to a prestigious university, came into analysis (on the couch, three sessions a week) for certain obsessive symptoms and also a tendency towards destroying everything which he constructed, in both his professional and personal relationships. He often dreamed of me either as a government leader or a prophet.

A curious and uncanny anecdote, which, however, seemed to confirm my hypothesis, relates to the type of postcard, which both patients sent me, in which Christ's face was represented. I received these postcards almost a year apart, when Ada was in her third year of analysis and Luca was in his second year. I can now state with certainty that I was going through a powerful idealisation of psychoanalysis at the time and that it must have been impossible for my patients not to be aware of this. I also think that, thanks to such relational configuration (a kind of idealised parent imago), I was able to tolerate the relentless contact with death and destructiveness, which in Ada's case was particularly overwhelming. It was a position characterised by an almost blind faith in the transformative power of our discipline, which represented the driving force that allowed me to go on and tolerate the idealisation with which my patients needed to invest me, on the one hand, and their destructive attacks, on the other. I was able to learn fully from Ada and Luca only when I acknowledged this position of mine, once I had got out of it. That is to say, I gradually began to understand how they came to experience me as a messiah: there was a very close connection between their idealising transference on me and my own transference on psychoanalysis as an idealised object. *Might it be referred to as a countertransference to my transference on psychoanalysis?* An analogous countertransference, in the sense of likeness and homology, in that moment, between the relationships of the internal objects of the patient and those of the internal objects of the analyst?

I will return to Ada and, more particularly, Luca in the next section.

Third illustration: From high to low tide

Following the idealisation period, along with my propensity to accept less harsh theories and weaker thoughts, four patients of mine, three of whom had been in treatment with me for some time, dreamed either of *crowded situations, where both they and I found ourselves and could not move, or about me as a driver or a trekker. I was placed in front of a series of signposts pointing to various places and did not know which direction to take. I got stuck and so did they*.

Until I was able to acknowledge what was going on and deal with it within myself, there was a regressive pull in their reactions. It was this very regressive phenomenology, both in and out of the analytic setting in more than one patient, which I was in no way able to unravel, which forced me to think about what was happening in my inner world. I then eventually acknowledged the degree of confusion within me in relation to my use of theories. Shall we say that, in moving from a full idealisation of psychoanalysis to giving it more down-to-earth attributes, and from using a strong model to using a variety of models, I had, in fact, found myself at a crossroad not knowing which way to go: which operational model could I, and did I actually know how to, use?

Following such an elaboration, what happened was my gradual approach to that vacuum which I initially described: anxiety provoking to some extent, but also extremely stimulating for me and productive for some of my patients. After a while those very patients began to dream of situations similar to the previous ones, such as crossroads where we both found ourselves, but where, unlike previously, I suggested which way to go in order to see where it led to. The atmosphere of the dreams was full of anxiety and curiosity.

As I am equally convinced, following Levenson's (1983) suggestions, that when a patient dreams of the analyst he often picks up invisible aspects of the analyst himself, I maintain that such patients, who had 'followed' my process of inner change with regard to theories and models, had clearly detected a degree of hesitation and uncertainty in me on how to interpret some psychoanalytic facts, unlike that which had happened in previous phases where I appeared to be more decisive. It was a hesitation due to the clogging of 'theoretical overload', which in some way covered up defensively the spaces left free by the fall of the idealisation. A bit like wishing to hide a beach left free by the low tide because we feel that its landscape is too desolate. Thanks to certain signals sent by the patients themselves, I was able to notice an overload ready to engulf me. The elaboration of this situation of mine allowed the creation of *space to think in a more liberating way both for me and for them.* Furthermore, we could move within these spaces in a new way so that these patients could feel able to continue with their analytic journey safeguarded by my presence.

Such introspection had developed partly through my patients' dreams, partly through maturative insight and partly through changes in external reality. Ada started to resolve a relationship characterised by malign dependency; another patient initiated an important work project; Luca became engaged and began to achieve important career advancement. A fourth female patient, who had started her analysis fairly recently, unfortunately withdrew from the treatment.

I think that the potential space created by freeing myself from theoretical overcrowding and providing a space where it was possible to interact with an analyst who was no longer overloaded—on the contrary, who was rather empty, but still able to 'guide' if necessary—allowed some patients to access a level of change which they probably would not have otherwise been able to reach. I imagine that the patient who stopped treatment had to confront those anxieties about emptiness, which I was unable to deal with at that time, and needed, given her analytical 'youth', a different mental setting from mine and, therefore, a different technical approach.

Luca

We now meet Luca again in a session during his third year of analysis and in another session during his fourth year. In that of the third year I only came to understand later how

much I grappled as an analyst with the theoretical burden, whereas in that of the fourth year I began to elaborate, as I previously mentioned, my contact with ' emptiness'.

Session 298

P [after some minutes of silence]: I feel overwhelmed by a number of things I have to do and I am afraid of not being able to cope. I had a dream last night: *you and I are in a session and you seem somewhat absent*. I think about those four days you will not be here. I think you will probably go to the mountains and that you will have lots of women about and that you will get into trouble. I had another dream last night: *I have to jump and you are fixing my parachute, which belongs to you. I glance at you from below as though you are on top of me with your face, gaze to gaze; you are thinking of something else, but you want to reassure yourself about the state of the straps by checking them and tightening them up. You also remark that I don't have thermal underwear and that I ought to wear it*. We do not know whether I will jump or not, as the dream ends there.

[He associates with his doctoral thesis, which he is unable to complete and with the wish, expressed in the previous session, of having his hand held by me.]

A: [I think about the parachute, about my concerned and obsessive attitude, about the theories the patient is studying in order to write up his thesis, about his Don Giovanni attitude when he entered analysis and, with a sneaking sense of guilt, about my inability to feel as present as I would like to in this phase of his analysis as well as about my general difficulty in empathising with my patients at this particular time (but why?) to such an extent that I had indeed prolonged my weekend to go to the mountains (how does he know about it?). I decide to intervene, but without getting too much into it and by concentrating instead on my last association about straps and baby bands, recalling that, even though my patient was in his thirties, he was experiencing an indirect memory of them]: Perhaps you are feeling paralysed by my attention, almost choked by an anxious analyst/mother who is concerned about you, but not as you would like to and who ends up blocking you.

P: Your present and absent gaze makes me think … [Long silence.] Why the women? You do not know which one to choose. I have the fantasy that they are all beautiful, a bit as if it was happening to me; am I projecting? [Silence.] My mother, it is true, could not care less about me at the beginning, the puerperal psychosis I have heard she suffered from—do you remember when I asked my parents about it after that session? … And yet I wanted your hand the other day … yes, during our last session. Now you are going away for a few days, who knows … [Silence for a few minutes.] I can imagine you in the mountains grappling with the choice of the footpath to follow; a path for every woman? How do you cope?

A: [I think about having made an interpretation, or rather a draft of interpretation which had partly hit the target, perhaps a bit taken for granted, who knows! But I feel that the hurdle Luca makes reference to is there. I think about that time when I organised and led a trekking expedition. I studied the whole footpath including the possible alternative routes on the ordnance survey map, but when I was there, leading the group, I was terrified of making a mistake. Each time I saw a diversion I was trying to remember where to go, I was thinking about the map instead of using the compass or the sun! But of course this is reality for you; even here! But I cannot think about it now, although I need time I have to think on my feet now, but how difficult it is to think in a hurry! Bion (1962) reminded us how generals had to make rapid decisions for the troops in

real time otherwise … He was right. I feel satisfied with what I said; in any case the session is about to finish.]

Session 442

P: [He talks about a possible contract with a university; if he obtains this position the topic of his research will be 'free time'; he is afraid of going away from here and afraid of teaching … clearly he can do well in his career as he feels more energetic. He thinks about his own free time.] I have always been afraid of my free time and how to fill it up; I did it with the TV. Now to be thinking about free time for research would be a paradox. Talking of paradoxes last session you highlighted the dream of A who was afraid of losing K because she 'would not give it to him [make love] twice a week', and that we learned from the dream that A would not give it to him twice a week more or less; we only know that she would not give it twice a week. Meanwhile, I was thinking that she would not give it twice weekly in the sense that she should have done it but she was giving him less and therefore, for this reason, she was afraid of losing him. I was referring to the sense of deprivation. Your comment was like an opening to me … it is true that I am less afraid than before of the empty spaces of the day and it is also true that days are less anxiety provoking between sessions; those previous obstacles between you and me have been resolved. I feel you are closer to me, able to give me a hand and also feel that you are not so suffocating… Perhaps you feel less suffocated … or perhaps it is I who experiences you in this way.

A: I think you are saying that there is less concern about emptiness now here.

[My thinking refers to an article, which I found wonderful, by Khan (1983) on idleness in which the author used the metaphor of fallow ground. My thoughts began to coalesce. It has been weeks, months, that I have not been reading much about psychoanalysis; my explanation is that I had very little wish to do it … I know very well that this is a shallow psychoanalytic explanation. It is the same as when I smoke a lot and then for two or three days I feel a revulsion; I need to feel oxygenated, to experience my taste buds, not to smell my smoky fingers. Then I stop for a while.

There is something else: Ada dreamed a few days ago that *we were in a car and I was driving. We get to Bologna near a 'spaghetti junction', I choose one saying that we could try it, and we move on without being concerned where it will take us. She feels safe with me driving. I seem to appear trustworthy and determined. At one point I asked her if she wanted to drive* … Just think that she went on and on for months about the fact that I was not giving enough space to her idea that she had been abused as, according to her, my theories would not allow for it and for some reason I would give in to them! And what about that dream she had a long time ago where *both of us were on the bus and I couldn't move because it was too crowded and for the same reason we couldn't even talk*? What about Alicia (the patient who has started a new work project)? She's afraid of where we will end up going—she clearly tells me. She didn't think that analysis was so adventurous and perhaps she would have preferred a type of psychotherapy with advice, suggestions and a clear road to follow. Only one road and always the same road. Forget free associations! She had just started, and this is probably normal, but it is true that some years ago I was more unencumbered. I had a clear opening gambit—like when I always used the same opening move at chess because I knew it very well—and I felt much safer and maybe even the patient felt much safer … who knows! Thinking

about safety (I go back in my thoughts to Luca): that dream about the parachute straps which I think he had more than a year ago … In fact, the safety made me think about the safety harnesses that are used in climbing … the parachute which in fact belonged to me … and what about those women whom I was supposed to have, along with his pun: a woman for every footpath and there I was indecisive about the choice. Yes, it was a projection, but he was also picking up the paralysis of that time because of the theoretical overcrowding in my head. Only now could I acknowledge it. In the meantime *I had to hold him tight, otherwise he would have undone his parachute*! Did I fear that he would stop the analysis? Perhaps I was afraid that if I did not break his fall with my parachute theories he would crash to the ground too hard. It is true I was very containing … A mix of his things and mine, perhaps more than a mixture it was an emulsion. The important thing now is that I have become aware of this. I decide to intervene.]

A: You experience me as closer and less suffocating, a bit like there was an empty space which is not so anxiety provoking that it has to be filled up at all costs. There is space in order to receive, to receive also that which is already there; one can remain in contact with the absence of something, waiting … like in fallow ground.

P: I feel like crying. It is not by chance that these things come up now; N [his girlfriend of almost one year] has left and will come back in a month. I am about to finish my work in the library and if everything goes well I should begin working at that university. But I have to wait six months. Here we are, the emptiness again. Meanwhile, however, I could try to deal with that project on free time. Here we are, going back to the beginning again. Did I tell you that I organised an audio-visual link through the web so that we could communicate and see each other when N is not there? Obviously I would have to use it when the Internet is not too busy, but the important thing is that I have been able to create this possibility of maintaining a contact when it is possible and when we wish to.

A: [I think about the presence of the absent N, about the possibility for my patient of acknowledging it and dealing with it; I think about me and my possibility of staying in touch in the presence of the absent cumbersome theories, I then think of that image on the beach previously described. I don't think there is much more to add. I stay silent and so does Luca until the end of the session.]

Discussion

Once again: how much has my change with regard to certain models influenced these patients' process?

I believe that it must have had some influence, in that my experience of them is inevitably modelled by underlying theories and this is verified by means of my different way of relating to them which, in turn, stimulates certain reactions in them.

It is very informative, concerning this point, to think of how much Ada has recently told me about the fact that she now feels much more free to think in analysis. Having interpreted in a very classical way her statement in terms of a reduction of superego requests, and connecting it with her changing rapport with her father, I asked myself, however, if it were really this which was underlying the awareness of the patient; I expressed this consideration and I then composed myself to listen. After a short time Ada said that there came to mind a dream she had had a few nights previously: '*We are*

together in a swimming pool and you are teaching me how to swim, keeping me afloat and moving on behalf of me; you work really hard, however, because, apart from me, you must bear the weight of a belt of lead around your waist and ankles. At a certain point, it seems with great effort, you carry out some form of operation by means of which you unburden yourself of these lead impediments, and I, in that very instant, feel free and I begin to swim by myself'.

Ada was approaching the termination of her analysis; in reality, she is lighter, not just from a metaphorical point of view but from every point of view: after almost five years from the appearance of her last tumour, which was followed by surgery of the breast and a long period of chemotherapy, she now plans to have plastic surgery for a new breast; she has started to have relationships with men, with sexual satisfaction, something which had never previously happened; she no longer feels persecuted by everything and everyone, as when she commenced analysis; she takes much better care of herself, having also abandoned some omnipotent aspects which served to deny the cancer; she has much greater capacity in terms of discriminating and evaluating internal and external realities; she has stabilised good relationships with family members—father and sister—and her maternal figure has lost its persecutory characteristics and has instead become an object with which it is more possible for her to identify.

All of this, however, is not enough to explain this dream, with regards to the relationship with me, our not-so-distant individuation and separation, but also my relationship with that 'leaded' part which the patient recognises I have abandoned at a certain point, causing her subsequent freeing of herself. For a very long time our analytic relationship was characterised by a symbiotic bond which kept us united and which assumed, right from the start, formidable therapeutic import for Ada, allowing her to live through terrible phases of her life (she came into analysis after having been operated on for a breast tumour, and during the first three years of analysis she had two more tumours). Indeed, during these years a certain theoretical 'overweight' did characterise me, making me work very hard, but also allowing me, evidently, to train myself in extreme situations which only once experienced can then permit us to set ourselves free from those leaded impediments, swimming well and freely thereafter. In the analytic experience with Ada this happened and amazingly, or perhaps not, it then concerned also her, almost as if in the moment when I let go of certain weights (useful in the learning process) she could also feel herself free to let go of me. What, then, are these weights? Theories? Or are they rather 'classic' internal objects—like father, mother, analyst—introjected so as to transform the theories? I think that the question posed in this manner is somewhat misleading. The theories which we 'chose' are contemporaneously the fruit of that which we are and the germ of that which we shall be; they are something extremely complex which inform our reality (and therefore also that which we share with our patients) and from a reading of this reality they take form, as in *Drawing Hands* by Escher, in which a hand draws a hand which draws it. They are inevitably something which is a synthesis between that which is inside us and that which comes from without; they are something of the conscious, preconscious, unconscious; they are inextricably linked with the emotions and they are, with and by means of these, mind organisers. And, the moment they settle inside us, they become the precipitates of our theoretical self. What is certain is that in every analytic relationship we might individuate a route which the analyst takes—inside that of the route taken with the patient—regarding these precipitates of the theoretical self, and that this journey is determined by multiple

factors. Along this route the precipitates undergo a number of transformations, since the psychoanalyst gets in contact with the patient also through them. One of Luca's recent dreams, it seems to me, illustrates this point quite clearly: '*I had a dream which to me seems the continuation of the parachute dream which I had a long time ago. I was up in an air balloon with somebody who looked like you, only this person was a little older. You, or this other person, is concentrating on checking the cables which tie the balloon to that kind of enormous basket where we were; I tell you that everything is okay and then I look after the flame; you look at me and tell me that I'm right, that we can relax, that we're safe, and you sit down. I am happy that you can rest yourself*'.

If it is evident that also here we are dealing with the evolution of the patient, that he has arrived at a working and loving completeness, diminishing significantly his obsessive aspects, it is also necessary to consider the change in the analyst regarding the cables which sustain the basket and which recall, as Luca rightly indicates, those of the parachute in the dream of the second year: now, behind the reassurance of the patient, the analyst no longer has to concern himself with checking; there is an atmosphere of sufficient safety, which is that which one 'breathes' in an analytic situation, but which is also that which I perceive in relationship to my theories, and which Luca, being receptive, perceives in some way. On the contrary, it seems to be Luca who says to the 'old' analyst (we are in our fifth year) that he can take a rest, because the links (between 'above and below', I believe, between the precipitates of the theoretical self and what the precipitates are related to) are sorted out. Probably, my anxiety about the parachute dream, which Luca had noticed, was linked, in many respects (which I am investigating in this paper), to my difficulty in handling the various theories (we were in a 'too theoretically full' state). Another consideration is that in this dream I was managing an air balloon, which is an upward means of transportation, whereas in the previous dream I was managing a parachute, which is something that goes downwards. Previously, theories functioned as 'parachutes', to protect the patient and myself from traumas as we 'landed'. Therefore, it was necessary to pay great attention to the existence of very close links between them and what they came in contact with, both inside and outside myself. Perhaps I deluded myself in thinking that this kind of control could be totally conscious, whereas it seemed to be obsessive and anxious, as the parachute dream had shown. The precipitates were an insufficiently cohesive conglomerate, perhaps, and my relationship with them was 'heavy', in a way; and this 'heaviness' was reflected in my relationship with Luca. Now, instead, greater theoretical freedom and a more relaxed relationship with the precipitates of my theoretical self allowed the patient to relate no longer to an anxious, hyper-vigilant, obsessive mother/psychoanalyst, but to someone who, as his dream showed, was not worried and could take some rest and be close to him. It was Luca who looked after the fire and regulated the temperature of the air balloon/analytic situation, and consequently the altitude of the flight. The internal links of the psychoanalyst's theoretical precipitates, the links between them and his own self and, finally, the links of the patient with all this, were felt to be solid enough, but also resilient by both partners of the analytic couple, who then could continue their long-distance flight with sufficient mutual trust.

My conclusion is that one has to consider carefully, from time to time, what happens in our minds as psychoanalysts as far as an ever-changing relationship with our discipline is concerned, along with its theories, models and institutional aspects. This clearly is not, nor will it ever be, final (I do not believe that there will be anything final in the discoveries of our discipline). I do believe, however, that it would be clearly

worthwhile to detect amongst the folds of our patients' transferences that there are also certain 'countertransferences'. These may be reactions to what we unconsciously transmit to them about our multiple and often unrecognisable, perhaps because poorly studied, transformations of the relationships we have with what I have named 'precipitates of the theoretical self'. The experience of the analyst is pre-eminent and, precisely because every analyst models and uses in his own way (unconsciously) his own experience of patients, it is necessary to investigate ever more and even better those complex, defined, infinite and fascinating routes which intertwine in our mind and which then lead us to have a certain image (even if shifting) of that relationship and of that patient.

I conclude with a comment made by a colleague fond of the sea, who commented on another paper of mine from which this present work originates, regarding my description of the beach at low tide: 'Given my love for the sea, I cannot refrain from revisiting the image of the beach left free by the tide. It is impossible to hide it; we can however deny it by remembering it covered by water or fantasising about the next submersion. It is an objective emptiness, but the awareness of the tidal rhythm cannot make us experience it as desolate. You need to wait and the emptiness will fill up and more importantly, never with the same water, never with the same strength, never with the same speed, turbulence, colour or smell. The water that comes back is always free, new and uncontainable' (del Soldato, personal communication).

Translations of summary

Zur Gegenübertragung des Patienten ODER Transformationen im "theoretischen Selbst" des Psychoanalytikers und ihre möglichen Verknüpfungen mit den Schicksalen der analytischen Beziehung. Der Beitrag untersucht einer der zahlreichen Ebenen der Beziehung zwischen Analytiker und Analysand: die mögliche Interaktion zwischen der mentalen Beziehung, in welcher der Analytiker zu seinen Theorien (auch, aber nicht ausschließlich, als innere Objekte verstanden) steht, und den Schicksalen der psychoanalytischen Beziehungen zu seinen Patienten. Der Autor vermutet, dass eine wichtige Variable, die die Transformation bestimmter therapeutischer Beziehungen beeinflusst, die Veränderung ist, die in der Beziehung zwischen dem Analytiker und jenem Teil seiner inneren Welt stattfindet, in dem seine Theorien ihren Platz haben. Er bezeichnet diesen Teil seiner inneren Welt als das „theoretische Selbst" und als „Niederschläge des theoretischen Selbst" jene komplexen Formationen, die - kohärenten Konglomeraten mehr oder weniger ähnlich – durch seine Beziehung zu Theorien und zu psychoanalytischen Institutionen sowie durch verschiedenartige „persönliche" internalisierte Objekte gebildet werden. Der Psychoanalytiker wird sich in verschiedener Weise auf diese Niederschläge beziehen und in seiner analytischen Arbeit auf einer unbewußten Ebene von ihnen Gebrauch machen, während der Patient wahrscheinlich fast „chemisch" auf sie reagieren wird. Der Autor formuliert zudem praktische Empfehlungen: Auch wenn der Psychoanalytiker bestimmte Aspekte seiner eigenen Gegenübertragung kennt, weiß er in Wirklichkeit nicht genug, sofern er nicht ständig zusätzliche Arbeit leistet, indem er sich darauf konzentriert, wie seine mentale Position (d.h. die Beziehung zu den Niederschlägen seines theoretischen Selbst) potentiell jede therapeutische Beziehung, die er aufnimmt, beeinträchtigen kann – was nicht zwangsläufig auf ein und dieselbe Weise geschehen muss. Der Autor illustriert seine Überlegungen und Konzeptualisierungen anhand von Träumen und Sitzungsausschnitten, denen drei psychoanalytische Behandlungen aus einem Zeitraum von mehreren Jahren zugrunde liegen.

Sobre la contratransferencia del paciente: Transformaciones del 'self teórico' del psicoanalista y sus posibles articulaciones con las vicisitudes de la relación analítica. Este trabajo examina uno de los múltiples niveles de la relación analista/analizado: la posible interacción entre los recorridos mentales del analista relacionados a las teorías (también entendidas, pero no solo, como objetos internos) y las vicisitudes de las relaciones psicoanalíticas con sus pacientes. El autor asume que el cambio en la relación

entre el analista y aquella parte de su mundo interno donde se encuentran sus teorías es una variable importante que afecta la transformación de ciertas relaciones terapéuticas. El autor denomina 'self teórico' a esta parte de su mundo interno, y 'precipitados del self teórico del analista' a aquellas formaciones complejas, una especie de conglomerado más o menos cohesionados, conformadas por su relación con teorías y con instituciones psicoanalíticas, y por los diversos objetos 'personales' internalizados. El psicoanalista se relacionará con estos precipitados de variadas formas y los usará en su trabajo analítico sobre todo en el plano inconsciente. Y ante estos es posible que el paciente 'reaccione' casi químicamente. El autor también ofrece algunas indicaciones operativas: aunque el psicoanalista puede conocer algunos aspectos de su propia contratransferencia, en verdad le falta conocimiento, a menos que realice un continuo trabajo suplementario focalizado sobre como su posición mental (véase la relación con los precipitados de su self teórico) puede intervenir en cualquier relación terapéutica que él establezca, y no necesariamente de la misma manera en cada una de ellas. El autor también ilustra sus reflexiones y conceptualizaciones mediante el informe sobre sueños y extractos de sesiones de tres tratamientos psicoanalíticos a lo largo de varios años.

Sur le contre-transfert du patient , OU Des transformations du « self théorique » du psychanalyste et de leurs possibles articulations aux vicissitudes de la relation analytique. Cet article étudie l'un des nombreux niveaux de la relation analyste-analysant : l'interaction possible entre les cheminements mentaux de l'analyste relatifs aux théories (qui sont à comprendre également, mais pas seulement, en tant qu'objets internes) et les vicissitudes de ses relations psychanalytiques avec ses patients. L'auteur postule qu'une variable importante influençant la transformation de certaines relations thérapeutiques est le changement qui a lieu dans la relation entre l'analyste et cette partie de son monde interne qui abrite ses théories. L'auteur appelle cette partie du monde interne de l'analyste le « self théorique » et qualifie de « précipités du self théorique de l'analyste » ces formations complexes, apparentées à des conglomérats plus ou moins cohérents, résultant de sa relation aux théories et aux institutions psychanalytiques, et de ses divers objets « personnels » internalisés. Le psychanalyste entre en relation avec ces précipités de multiples façons, et il les utilisera le plus souvent à un niveau inconscient dans son travail analytique ; son patient est susceptible de « réagir » avec eux au sens quasi chimique. L'auteur propose également quelques pistes de travail : malgré sa connaissance de certains aspects de son propre contre-transfert, le psychanalyste de fait manque de connaissances, à moins de pratiquer constamment un travail supplémentaire sur la question de savoir comment sa position mentale (c'est-à-dire la relation avec les précipités de son self théorique) peut influer sur toutes les relations thérapeutiques qu'il établit – et pas nécessairement de façon identique sur chacune d'entre elles. Enfin, l'auteur illustre ses réflexions et conceptualisations en rapportant des rêves et des extraits de séances provenant de trois traitements psychanalytiques sur plusieurs années.

Del controtransfert del paziente OVVERO Trasformazioni del «sé teorico» dello psicoanalista e loro articolazioni possibili con le vicissitudini della relazione analitica. In questo scritto si esamina uno dei molteplici livelli della relazione psicoanalista-analizzando: l'interazione possibile tra i percorsi mentali dell'analista in rapporto alle teorie (intese anche, ma non solo, come oggetti interni) e le vicissitudini delle relazioni psicoanalitiche con i suoi pazienti. L'Autore ipotizza che un'importante variabile che interviene nella trasformazione di certe relazioni terapeutiche sia il mutamento che avviene nella relazione tra lo psicoanalista e quella parte del suo mondo interno dove trovano posto le sue teorie. Egli denomina «sé teorico» questa parte del suo mondo interno e «precipitati del sé teorico dello psicoanalista» quelle complesse formazioni, sorta di conglomerati più o meno coesi formati dalle sue relazioni con le teorie e con l'istituzione psicoanalitica e dai vari oggetti internalizzati «personali». Con questi precipitati lo psicoanalista intratterrà relazioni mutevoli. Di questi precipitati egli si servirà, per lo più inconsapevolmente, nel lavoro analitico, e con questi è possibile che il paziente «reagisca» quasi chimicamente. L'Autore offre anche indicazioni operative: lo psicoanalista, anche se può arrivare a conoscere alcuni aspetti del suo controtransfert, è in difetto di conoscenza se non svolge un continuo lavoro supplementare focalizzato sul come la sua posizione mentale (leggasi il rapporto con i precipitati del suo sé teorico) possa intervenire in ognuna delle relazioni terapeutiche che intrattiene, e in ognuna non necessariamente allo stesso modo. L'Autore illustra le sue riflessioni e le sue concettualizzazioni riportando sogni e brani di sedute tratti da tre trattamenti analitici seguiti nel corso degli anni.

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