

Chapter 2

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The symbiotic bond and the setting

The two principal sources for the modern theory of the setting are Winnicott (1956a) and Bleger (1967a). However, whereas the former author is universally known for having maintained that the setting is more important than interpretation as a component of the analyst/environment system in cases of primal deficiencies of the ego, the same cannot be said of the latter. For this reason, I wish to compare Bleger's conception of the setting, and in particular of its underlying theory of a primitive mode of mental functioning called the *glischro-caric position*, with certain later conceptual developments of the post-Kleinian school. I postulate that, by tracing the course of this 'karstic stream'¹ of psychoanalytic thought, we shall be in a better position to identify *a posteriori* its extraordinary significance for defining the therapeutic factors in the treatment.

The problem is relevant to the present situation, as witness the many contributions which, oddly enough, correlate turning points in an analysis with breaches of setting. Among the authors who have addressed this subject, Modell (1989) occupies an important position. Denying that therapeutic change can in any case be based on the transference neurosis or on insight, he instead stresses

¹ Like the watercourses that flow through the karstic landscapes of the Yorkshire Dales in the UK or the provinces of Trieste and Gorizia in north-east Italy, which disappear underground because of the geology of the area and then return to the surface in resurgences.

the element of the *frame* and, drawing attention to Bleger's study with its characterization of non-process and of the constants within which analytic therapy unfolds, presents the intriguing hypothesis that the main function of interpretation lies not so much in making the unconscious conscious as in preserving the setting.

On the basis of this area of more general interest, the specific idea for this chapter stems from Bleger's (1967a) view that the setting constitutes an *ally of the patient's psychotic part*. This formulation can readily be deconstructed into its component parts. In it, Bleger in effect presents a simplified version of the topographical model of the psyche as commonly applied in analytic practice – a model in which psychotic and non-psychotic parts of the personality are contrasted – and, not without first inverting the terms in which it is usually expressed, derives the military metaphor of an alliance from it. His contribution is in itself already a paradoxical and indeed bewildering text. What kind of alliance can ever be forged with an entity (the psychotic part) against which one is fighting, and which one therefore seeks to defeat, and no longer, or not only, with the healthy parts of the ego? Again, if the two opposing camps are not to be deemed totally irreconcilable, as one is to suppose, and if a channel for diplomacy, albeit concealed, is kept open, how are we to conceive of splitting, the basic functional element in such an organization of the mind? Lastly, what recommendations on technique can be derived from Bleger's characterization of the setting?

The meta-ego

Bleger's paper on the setting (*encuadre*) can be regarded as an application of his manifestly Bion-inspired theory of the 'psychotic part of the personality' and of symbiosis as a developmental stage and mode of relating. At birth, the individual

is in Bleger's view not isolated. There is already a relationship, which is primitive in nature but not objectless, between the ego and the world. Hence the starting point of human development is a state of primitive fusion on the structural level, which always includes the subject and the environment, albeit not as clearly differentiated entities. On the phenomenal or behavioural level, this state can also be described as symbiotic. Such a relationship results from a form of experiencing reality that Bleger calls the 'glischro-caric position' (*gliscroskaruon*: the expression, borrowed from Eugène Minkowski, literally means 'viscous nucleus').

The idea of a third 'position', due to Pichon-Rivière, is developed by Bleger in an original way. Prior to the Kleinian paranoid-schizoid and depressive positions, the glischro-caric position is seen as corresponding to a stage in which the ego is not distinct from the object, which for this reason is called an agglutinated or glischroid object, and is characterized by the presence of specific anxieties (of a catastrophic/confusional nature) and specific defences (splitting/projection/immobilization). The 'agglutinated object' was only later to be renamed the 'agglutinated nucleus', in order to emphasize its nature as a relationship that is not truly with an object but instead based on a primary identification, in Fairbairn's (1952) sense of the term, between the object and the part of the ego linked to it – or rather on multiple identifications, which are so numerous that this primitive ego must be deemed 'granular'. What matters is that, from this first developmental phase, the subject can gradually evolve the sense of reality and define itself in terms of identity.

With the activation of the paranoid-schizoid position, part-objects (both good and bad) make their appearance, and the ego gradually differentiates and becomes more coherent at the expense of the first agglutinated nucleus, which, however, persists to some extent, albeit in slowly and progressively discriminated and fragmented form. The glischro-caric position in fact lies at the root not only of primitive symbiosis, but also of the residues of symbiosis to be found in the mature personality, and which can be observed in any psychoanalytic treatment. These residues mostly remain silent, but on occasion they may invade the personality for internal or external reasons. A given

subject's degree of need for symbiotic dependence is thus correlated with the persistence of the agglutinated nucleus, or rather with the *relative dimensions* of unresolved archaic residues of undiscriminated fusion of the ego with the object. The corresponding part of the personality, which, in the adult, Bleger calls the *psychotic nucleus*,² is that which constitutes the background to, or the foundation of, the more differentiated or neurotic ego. That is why Bleger calls it the *non-ego* or *meta-ego*, by analogy with the terms used in describing disorders of the body

² A difficulty confronting anyone who reads or discusses Bleger's writings is surely presented by the confusion resulting from his use of a number of terms as synonyms – namely, agglutinated, symbiotic, psychotic, undifferentiated, undiscriminated, syncretic and immature. For this reason, at the risk of repeating myself, I wish to point out that, for Bleger, the glischro-caric position is the *mode* of experiencing the reality that corresponds, in structural terms, to the state of fusion between ego and object, which he calls the 'agglutinated nucleus'. In adults, the *persistence* of this nucleus identifies the 'psychotic part of the personality'. The principal source of misunderstandings is the fact that this *residue* may undergo a variety of vicissitudes. Where a more differentiated ego can develop appropriately, the residue usually remains silent and is the guarantor of the *necessary* symbiotic links with the object and the non-human environment. If individual development has been deficient, it may give rise to a range of clinical forms dominated by ambiguity, extending from isolated personality traits to outright psychoses. In still other cases, it may, through regression of the more differentiated part, assume the role of a defensive organization. Symbiosis, or the symbiotic relationship or bond, is the *product*, which is non-apparent under basic conditions, of the 'psychotic part of the personality' on the behavioural level. This same part is sometimes referred to by the metaleptic expression – that is, one in which the antecedent is referred to by the consequent – of the 'symbiotic nucleus'.

From this point of view, the 'psychotic part of the personality' should not a priori be seen as a concept that expresses a pathological aspect of mental functioning, any more than certain other concepts initially used to denote strictly psychopathological phenomena (a long list of such concepts could be compiled). One may disagree with this choice of vocabulary, which is in any case essential for illustrating Bleger's model, but advantage can also be taken of a certain vagueness, including a conceptual vagueness, which in fact indicates that all psychic manifestations are actually situated along a continuum. This is by no means a trivial point, as a quick look back to Freud (1914b, p. 77) suggests: 'But I am of opinion that that is just the difference between a speculative theory and a science erected on empirical interpretation. The latter will not envy speculation its privilege of having a smooth, logically unassailable foundation, but will gladly content itself with nebulous, scarcely imaginable basic concepts, which it hopes to apprehend more clearly in the course of its development, or which it is even prepared to replace by others. For these ideas are not the foundation of science, upon which everything rests [...].'

schema. It is in fact an essential, but not perceptible, level of psychological organization. It is the set of 'steady or motionless relationships (the non-absences) [which] organize and preserve the non-ego, and serve as a basis for the building up of the ego according to frustrating and gratifying experiences' (Bleger, 1967a, p. 512). These 'psychotic' levels of the personality, which are characterized by intense symbiotic needs, are assigned the task of protecting the subject from separation.

To return to the setting, Bleger's main contention is that the analytic relationship, which can in itself be broken down into process-related and non-process-related (i.e. variable and constant) phenomena, is essentially symbiotic, or rather that it is called upon to make up for an absent or distorted symbiosis, and that therapy consists in a gradual process of de-symbiotization or reduction of the agglutinated nucleus. It is the organization of the setting that enables the primitive and undifferentiated relationship with the object (or rather, the part of the personality which, as its heir, corresponds to it) to take the stage once more so that this developmental process can take place.

The setting, defined as 'the role of the analyst, the set of space [...] and time factors, and part of the technique' [ibid., p. 511], includes the unchanging elements of the relationship. By virtue of the sense of security stemming from the set of rules that define it, the setting is the part of the analytic situation most suitable for serving as the 'depository' and guarantor of symbiosis. In addition, by virtue of its stability,³ it can be regarded as an institution and, like any institution, it constitutes the fundamental – in most cases silent – nucleus of the personality. In the analytic relationship, the setting takes the form, vis-à-vis the process, of an in-different background element of non-absence, just as the meta-ego is, for the ego, that which is non-experienced, in the sense of non-reflective, as opposed to experience that can be assumed by consciousness, and the

³ According to Di Chiara (1971, p. 55, translated), the setting 'must be made up of as few elements as possible', with 'the lowest feasible index of variability'. Searles (1960), too, attributes a vitally important role to the non-human environment as a harmonious extension of the self, on account of its major contribution to the subject's emotional security, sense of stability and continuity of experience, as well as to the development of personal identity.

foundation of its very structuring. Moreover, it is precisely the equation 'setting = symbiosis = institution = nucleus of identity' that lies at the heart of Bleger's thesis. The key point in his argument is that, whereas the therapeutic alliance is indeed forged with the neurotic (i.e. healthier) part, 'this is true of the process but not of the frame. In the latter, the alliance is established with the psychotic (or symbiotic) part of the patient's personality' (ibid., p. 516).

The clinical manifestations of the agglutinated nucleus swing between excessive control (symbiosis, affective blockage, hypochondria or violent reprojection) and loss of control (various degrees of alteration of consciousness due to massive invasions of the ego). Two forms of psychotic dissolution lie at the two respective extremes: (a) loss of agglutination with dispersal of the agglutinated nucleus; and (b) destructuring of the more integrated ego. This outline clearly demonstrates the importance for mental health of a good dynamic equilibrium between the 'psychotic part of the personality' and the more differentiated ego.

Before continuing our consideration of Bleger, let us compare his theory of the steady, 'viscous' nucleus of identity with those of other authors whose models of early mental functioning are in certain respects similar – in particular, Marcelli (1986), who postulates the existence of an 'autistic position' at the beginning of mental life, and Ogden (1989), with his hypothesis of a generative matrix of the ego's 'sensory floor'.

Touching

Two decades on from Bleger's study, a few years prior to Ogden's first paper (1989) on the subject, and following the contributions of Tustin (1972) and Meltzer et al. (1975), which are based on considerations of psychopathology, Marcelli (1986) describes an autistic position, which he regards also as a

transitional phase in the normal development of newborn and very young babies – i.e. in the first three months of life. His theory derives from the study of the deficiency of symbolization observed in autistic children, who fail to exhibit the typical gesture, at age 12 to 18 months, of pointing at an object with a finger. Stemming from a failure of the motor act of gripping something, pointing eventually assumes the role of a precious instrument of communication when the mother intervenes to confer meaning on it and to transform it into the word for the object pointed at. Pointing is therefore an essential stage in the acquisition of language, representing in effect an unparalleled presymbolic idiom in that it involves an initial recognition of the boundary between ego and non-ego. In Kanner-type autistic children, who are considered to find it difficult or even impossible to accept this first boundary, there is instead firstly a refusal of language, and secondly the characteristic gesture of using an adult's hand for reaching an object, in a mode denoted by the concept of adhesive identification.

Having devoted an initial contribution to the problem of the absence of pointing, Marcelli (1983) considers whether or not such behaviour falls exclusively within the purview of psychopathology. After all, the absence of pointing, together with the presence of a particular type of adhesiveness, also seems to be characteristic of a phase of ontogenesis in the very earliest period of a baby's life: 'the hand of a newborn that clasps its mother's finger or clings or attaches itself to the breast can be said to represent, at a very early stage, the mechanism of adhesive identification through which libidinal cathexis of the skin can perform a limiting and containing function' (Marcelli, 1986, p. 28, translated).

It is then but a short step to postulating a similar fusional/symbiotic level in *normal* infant development, with an underlying early type of mental functioning. According to Marcelli, the adhesive identification and dismantling described by Meltzer et al. (1975) in infant autism are present at a very early age and constitute a stage in development that is necessary in order to permit the tracing of an initial boundary of the self. In the earliest phases of life, these two mental mechanisms have the function, on the neuropsychological level, of effecting a perceptual simplification for the baby, which they protect from an excessive flow of sensations. They help the baby to familiarize itself with an environment that

has been made less complex and more easily assimilable. In other words, they serve the purpose of development. This strategy of the autistic position has its counterpart in the information-filtering function expressed in Freud's concept of the protective shield against stimuli. It therefore appears reasonable to assume the existence of a normal 'adhesiveness', which serves for the perception of a boundary and for initiating the process of identity construction, and which fails only if it becomes hypertrophic. But how is symbolization arrived at? How does an embryo of intentionality come into being?

At the beginning of mental life, the primitive autistic phase is followed by a symbiotic phase, characterized by the progressive cathexis of exteroceptive sensitivity. This is still a pre-object stage. At a certain point in mental development, a pre-consciousness of the mothering object appears, in the form of an initial distinction between pleasurable/good experiences on the one hand and painful/bad experiences on the other. An essential requirement for the transition from sensory activity to representability is temporality, the rhythmic succession of so-called primitive aggregates (fragments of objects + fragments of affective experience), which may be deemed equivalent to Bleger's agglutinated objects. What matters is the ritualization of maternal behaviour. For the genesis of a first thought, which is a thought about succession and time, along the lines of 'after this there will be something else', time itself must be organized in a circular and predictable manner. In this sense, the increase in meaning is a function of repetition: 'It is not absence in itself that permits thinking and access to symbolic activity, but the regular sensation of absences and presences, of the regular repetition of experiences [...]. Rhythmicity appears to be the basis on which the child's activity is constituted' (Marcelli, 1983, pp. 65-7, translated). Starting from an initial thought about time and succession, the child gradually acquires the capacity to represent reality to itself.

The experience of discontinuity, of a caesura in the temporal order, has a structuring effect precisely because it permits the coming into being of an embryo of intentionality, an outline of the ego, a state of anticipation, of 'tending towards'. In this way, a 'purely physiological need' is transformed into a wish. The 'founding agreement' on the identity in the process of formation will

stipulate that the subject's capacity to wait for satisfaction or the subject's threshold of toleration of frustration at any given time shall not be exceeded.

The autistic position assumes pathological significance when it is no longer in the service of a strategy, and when its retention as a defensive posture becomes the strategy itself. Conversely, 'normal' adhesive identification establishes relationships of continuity that are not conceived as static. For it is reasonable to assume that the line of the bodily boundary comes to be defined gradually by way of the dynamic – sensory – modulation of the contact surfaces. It is only in the case of the autistic object that sensations become fixed, with the consequent disappearance of the sense of a limit, which can arise solely from the possibility of distinguishing and perceiving variations in accordance with an appropriate gradient of tolerability.

Observation of mother-child interaction has shown that pointing in effect acts as a presymbolic organizer, performing a function of communication (the failure of which, as the residue of a gesture, can be seen in various stereotypies), and that the preceding phase of touching is its precursor: *might this perhaps be analogous to the dynamic concreteness/sensory nature of the setting?* Pointing does not initiate any symbolic interaction, but remains a purely motor act unless it encounters the maternal intentionality or reverie that gives it meaning. In the same way, *by analogy*, if the analyst's symbolization function is deficient, *the setting too becomes an empty ritual, an autistic object* (Ogden, 1989).

In psychoanalytic treatment, the setting is an important primary guarantor of the necessary rhythm of security, seen as the harmonious distribution and regular, rhythmic succession of tonic and atonic moments, moments of in-tention or of withdrawal. The material and formal elements of the setting are in my view those which, by virtue of their concreteness, invariant recurrence and non-process character, are best suited to serving as the place where needs for symbiotic adhesiveness can be deposited. A particular function of the setting is precisely that of providing a 'skin' still in adhesive contact, with the role of integration, like that of touching in an infant until it is able to perceive initial, elementary phenomena of tactile discontinuity, micro-areas of space-time of

non-contact, thus ultimately leading to more mature and extensive forms of symbolization.

Freud himself had already wondered how a system capable of satisfying requirements both of preservation and of change could possibly be modelled. That is the fundamental paradox of psychoanalytic treatment, as well as of memory and of the self, poised between confirmation of identity and the impetus for transformation and emancipation, between non-process and process. Repetition confers meaning and order on things. As we know from clinical practice and from life, breaches of or discontinuities in the setting give rise to disorientation and disquiet. They have the consequence of a painful sense of loss of familiarity, a form of vertigo that may descend into actual anxiety. Something alien bursts on to the scene. All of a sudden, a secure place becomes unrecognizable and inhospitable. The entire fragility of the foundations of a subjectivity that cannot but discover itself to be rooted in the encounter with the other is seen to reappear. This is the 'impact of experience' (Berto, 1998), when the subject is struck by something that cannot immediately be accommodated within a pre-established horizon, but which gives rise to a profound disturbance, sometimes utterly transforming the affected subject – a phenomenon described by Bleger as the catastrophic effect of the unforeseen loss of the agglutinated nucleus. Yet it is only by exposing itself to these risks that the organism can integrate the new, can change, adapt to and learn from reality, on each occasion establishing a new equilibrium for itself.

The particular interest of Marcelli's ideas lies in his identification of autistic adhesiveness, which can now be represented on the theoretical level by the conceptual apparatus supplied by Meltzer and Tustin, as a necessary stage in the process leading to the development of thought. What limits this notion, however, as will be shown below, is the fact that Marcelli links it strictly to an archaic period of development, rather than seeing it also as a permanent experiential level of the subject.

The sensory floor

The concept of the autistic-contiguous position (Ogden, 1989) is a new version and further development of the trends of research pursued by Bleger and Marcelli. Unlike Bleger, Ogden extends his model to the description of phenomena within the realms of both normal and pathological functioning. With regard to the term 'position', the ambiguity of the model used – psychopathological or ontogenetic – is resolved. Pathology is correlated with a hypertrophy or rigidification of the modes of production of experience characteristic not only of an obligatory stage of development but also, later, of normal mental functioning.

The Kleinian notions of the paranoid-schizoid and depressive positions (to avoid terminological confusion, Winnicott [1963] preferred to call the latter the phase of the 'capacity for concern') came less and less to denote developmental stages contained within precise chronological boundaries, and increasingly the components of an elementary affective-cognitive chemistry of the mind, of processes of splitting/analysis and integration/synthesis that form the background to any ideo-emotional activity. It is in Bion's theory of the mind that the Ps ↔ D oscillation ultimately assumed central importance, the two 'positions' having become synchronic dimensions of experience.

Ogden sees the autistic-contiguous position as a third mode used by the mind to generate meaning – that is, to 'test' reality. Complementing Klein's, and later Bion's, dynamic of the Ps and D positions, it in fact represents their necessary premise in so far as it organizes an initial psychic space. For it is only once an initial frontier for the demarcation of a psychic place has been defined that initial projective-introjective phenomena can arise. This sensory floor develops from sensory-type experiences and on the basis of the care received by the infant from birth. In this way a model of the mind that is both structural and dynamic is delineated: the autistic-contiguous position is conceivable only in a continuous

dialectical relationship of coexistence/alternation with the other two 'modes', as night follows day and darkness light; in its variable states of greater or lesser equilibrium, this relationship determines the quality of the subject's perception of reality in general and the occurrence of certain psychopathological states in particular.

The autistic-contiguous position, too, is defined in relation to a specific constellation of anxieties, defences, organizations of thought and characteristics of the object relationship. Again in accordance with Kleinian usage, the second term (contiguous) refers to the psychological organization, while the first (autistic) concerns the associated defences. A psychic state corresponding to the autistic-contiguous position is one whose structuring element is a particular type of sensory functioning, stemming from impressions produced predominantly on the level of the epidermis, from contact with sensory surfaces. The mode of experiencing based on 'contiguity' is presymbolic. That is to say, it does not entail any distance from the object, from that which is symbolized, or, consequently, the need for mediation vis-à-vis the object. The essential point for Ogden is that this earliest form of experiencing reality *operates throughout life* 'out of awareness as the experiential matrix [...] for all succeeding subjective states' (Ogden, 1989, p. 33n). Precisely because it constitutes 'an even more primitive presymbolic, sensory-dominated mode' (ibid., p. 30), it is difficult to represent in words: 'Rather it is a relationship of shape to the feeling of enclosure, of beat to the feeling of rhythm, of hardness to the feeling of edgedness [...]. Early experiences of sensory contiguity define a surface (the beginning of what will become a sense of place) on which experience is created and organized' (ibid., 32f.).

A psychological and sensory film, a first type of relationship, is constituted by way of experiences of periodicity (originating mainly from aspects of care, such as being held or cradled, or the sound of words), which become the sense of rhythm, of symmetries – a sensory 'going on being' (Winnicott, 1956b, p. 303). These forms of contact or, literally, 'impressions', which are in fact equivalent to the autistic forms described by Tustin (1986), will subsequently come to be associated with ideas of security, protection, relaxation, affectivity and warmth.

This leads to a basis for the construction of identity and of the reflective ego, or self-consciousness, a *'barely perceptible* background of sensory boundedness of all subsequent subjective states' (Ogden, 1989, p. 50, my emphasis). The autistic-contiguous position thus comes to represent the matrix within which an initial rudimentary outline or integration of the self comes into being, with the gradual onset of the sense of bodily limits or of an enveloping and containing surface.

The three basic modes of experiencing reality (autistic-contiguous, paranoid-schizoid and depressive) are paralleled by an increasing gradient of symbolization capacity. Development proceeds from the asymbolic/fusional level to the presymbolic level, to the symbolic equation, and ultimately to appropriate symbolization, as expressed in the terminology of Segal (1978). In this sense, every single psychological event is overdetermined, but the balance may be shifted towards one or other of the various modes. A good capacity for thought presupposes an active and flexible interplay between the various positions, while the exclusion of any one of the levels of experience always results in psychological and emotional impoverishment: *one and the same depressive mode, sometimes portrayed as the – in a sense definitive – ideal of maturity and balance by virtue of its supposed character of 'integration, resolution and containment [...], if unopposed, leads to certainty, stagnation, closure, arrogance and deadness'* (Ogden, 1989, 29f.). The compensation afforded by the paranoid-schizoid mode, on the other hand, opens the way to new thoughts and connections, just as, in Bleger's model, it succeeds in fragmenting and discriminating the agglutinated nucleus.

Any sudden discontinuity of form, symmetry, rhythm or intensity in maternal care may have adverse consequences, causing the infant to experience a state of 'non-being'. Each mode of experiencing reality creates, preserves and negates the other. From this point of view, psychopathology

can be thought of as a collapse of the generative dialectic interplay of modes of experience [...]. Collapse in the direction of an autistic-contiguous mode results in a tyrannizing imprisonment in a closed system of bodily sensations that precludes the development of 'potential space' [...]. Collapse in the

direction of a paranoid-schizoid mode results in a sense of entrapment in a world of things-in-themselves wherein one does not experience oneself as the author of one's own thoughts and feelings; rather, thoughts, feelings, and sensations are experienced as objects or forces bombarding, entering into, or propelled from oneself. Collapse in the direction of the depressive mode results in the experience of a subject alienated from his bodily sensations and from the immediacy and spontaneity of lived experience. (Ogden, 1989, 77f.)

If obstacles arise to the evolution of these primary forms of containment – if it proves difficult to form a 'psychic skin' – recourse may be had to excessive and dysfunctional solutions, with the aim of avoiding the experience of separation and loss, in the form of a 'second skin'. This is a tendency to search constantly for something or someone to 'hold things together' (in this case, integration of the self is guaranteed by dependence on surface qualities of an external object), by means of forms of adhesive identification and pseudo-relationality (Mitrani, 1992). Part-qualities of the object – odour, voice or the visual element – may become a source of sensory stimulation to which the subject can cling. The internal function of containing parts of the self, or the capacity to be alone or to console oneself, may not develop sufficiently.

To recapitulate, with Ogden, Bleger's model ceases to be bogged down in an excessively psychopathological vision. The reconstruction, however hypothetical, of early exchanges between mother-environment and infant is refined. One senses why the function of (re)constructing the sensory floor/foundation that is equivalent to Bleger's meta-ego can be substantially attributed to the elements of the setting (but obviously it is a question of degree, the setting being understood in an extended sense as including the so-called internal setting of the analyst) and to the 'concreteness' of these elements.

Clinical fragments

In accordance with some ideas put forward by Di Benedetto (2000) on listening to the preverbal in psychoanalysis, the setting/environment can in my view be thought of as a multimodal source of sensory stimuli made up of rhythms, tones, intensities and tactile, auditory, olfactory, pressure-related and kinaesthetic sensations, which have in common with music the fact that they constitute a 'language as yet lacking in "vocabulary"', which is not yet symbolized. As its components gradually acquire order and structure, this environment, like any other that is meaningful, takes the form for the subject of an initial level of sensory integration which, while destined to recede into the background in the process of treatment or of individual development, never completely disappears, nor is it ever drained of its cohesive force.

It is not hard to think of events whereby these normally silent basic/symbiotic levels of the ego, deposited in the setting like a kind of 'phantom world', are made to speak. The following very brief clinical vignettes, while not claiming demonstrative status, nevertheless illustrate situations, atmospheres and stories in which the concepts discussed above seemed to me to be useful for an initial understanding of the patient's emotional problems, or merely as a guide to the formation of some early, provisional impressions.

I shall begin by describing some situations involving a temporary crisis in the setting (in which, as Bleger would say, symbiosis 'weeps'⁴), followed by others in

⁴ Roussillon (1995, p. 36, translated) tellingly summarizes the questions with which the setting 'in pain' confronts the analyst: 'Certain chance breaches have the effect that the setting ceases to be "silent", begins to "weep" and thereby reveals its hitherto secret function of being the guardian of a split or disavowal. An analysis of the setting and its function thus appears not only necessary but essential. The difficulty arises when one wishes to determine how that function works. If the breach occurs by chance or spontaneously, it is quite likely that it can be analysed in the context of a restored setting, but where such a – temporary or localized – breach does not take place, what is to be done? The question arises particularly because what is "deposited" or "immobilized" in the setting remains inherently "silent". A deliberate breach of the setting by the analyst can scarcely be contemplated – what kind of breach would have a "mobilizing" effect, and when? – and would in any case make the subsequent analysis of its impact very difficult'. The debate on this issue is long-standing: Bleger

which an increased need for adhesiveness or a symbiotic connection with the analyst can be glimpsed. In all the cases portrayed, the significant element is in my view the implicit reference to silent, 'institutional' levels of the setting (even if the reference is not exclusive – i.e. something that leaves the door open to different interpretations).

Silvia tells me that, *in the last few days of the holiday break* that has just ended, hypochondriacal anxieties resurfaced. When she goes to bed at night (*but also, I observe, on the couch*), *she finds it difficult to find, or refind, a comfortable position*. A kind of tension forces her to arrange her limbs in unnatural postures. It is as if – as she feared – she had caught mad-cow disease, and was feeling the first effects of the dramatic neurological *instability* she happened to see in a television documentary about the affected animals.

A partial movement of relatively undifferentiated aspects into the more mature ego, attributable to a crisis in the setting, may perhaps have given rise to confusional anxiety, which was at one and the same time a symptom and a means of self-preservation. In particular, the hypochondria is indicative of an attempt to recover a form of 'framing' on the level of the body. By 'tossing and turning' on the couch, Silvia is of course also telling, in the here and now of the session, of the difficulties she is experiencing in repositioning herself in the symbiotic area of the setting and of the relationship.

Owing to an unforeseen problem, I had to cancel Stefano's session with only a day's notice. However, because his mobile battery was flat, he did not receive the message I left on his voicemail, so he comes to the consulting room and is confronted by a closed door: 'There *wasn't even a light on* in the corridor!' he tells me later. Next evening, when lying down on the couch, he stumbles and bumps his head against the wall, fortunately without serious consequences, and

(1967b) already refers to contributions dating from the early 1950s, and comes out against the deliberate use of breaches of the setting as a technique. See also Ferro (1996); Stern et al. (1998); Rossi Monti and Foresti (2002); and Ryle (2003).

almost overturns the couch (!)... Having recovered, he tells me about the 'earthquake' caused by the reorganization of shifts at his workplace, and the sense of *void* he experiences in wandering about the city in the afternoons, now that he has an enormous amount of free time at his disposal – 'a weird situation,' he remarks.

We both have a sense of painful discomfort when – one would hardly credit it – the same thing happens again next time. I try to establish the sequence of events: he sits down on the top end of the couch, which is in the shape of a 'horizontal' S and not fixed to the base, so that, by an unnatural twist of the upper part of his body, he can keep his eyes on me for as long as possible (so as not to see me disappear again?).

For the next few months, he consistently arrives about ten minutes late for his session; this arouses a chronic sense of uncertainty in me, and none of my interpretations succeeds in modifying this behaviour. Eventually I conclude that it is a way of 'playing' with absence and of letting me share the feeling of what happens when the floor of the ego 'trembles' – as reflected in the traumas of 'bumping his head' and the (semi-)obscured light of consciousness.

Nora's session is about to end. A few minutes before it finishes, the next patient arrives early for his appointment and rings the bell. I apologize and go to open the door. When I return, I see that Nora has put her coat on and is about to leave, but I cannot help noticing that the adjustable top end of the couch is inclined sharply to one side and *almost in the process of overturning* (!). I wonder, and then ask somewhat nervously, in a low voice, whether the interruption has made her angry, but she seems as surprised as I am at what has happened.

The unexpected micro-fracture in the relationship has in effect operated on a sensory level, which cannot be expressed in words, interwoven with as yet unrecognizable emotions – rather like a dissonance in a musical text or a tear in a preverbal, presymbolic connective tissue.

Matteo, a 30-year-old clerical worker who 'always stands bolt upright like a soldier', comes into analysis on account of a depressive state connected with the break-up of his marriage, which he experienced as a rent in the continuity of his identity and self. Now in the fifth month of his analysis, he brings me a dream: *he notices that he has marks, which then seem to him to be sores, on his hands, and then also on his arms. He undresses, and finds that they are all over his body. In comes A., his wife, who sees him and then goes away again.* He comments that everyone distrusts him and thinks he is ill. In the last few days he has resumed using creams for the psoriasis affecting his elbows, which has recently got worse. He cannot hide the sore places on his hands... They go away, and then come back. His wife knows that they are not catching... but what about other people?

Referring to something discussed in an earlier session, I say: 'So you are still afraid of showing yourself, you are ashamed...' (Meanwhile, I wonder where *I* might have 'gone away' to and whether some of my recent absences to attend congresses might have contributed to the 'sores'). He answers: 'Yes, because I see it as a failure; I see myself as a marked man: yesterday I was ashamed to go and vote. Everyone knows everything in the country – it's incredible. *Separated*, after less than a year of marriage! Fantastic! A nice one, that! In my imagination I have to bear *this mark impressed on my skin ... like a leper.*'

During the course of this analysis there were numerous images in which he appeared inside a tough protective shell, consisting more than once of a car. In an initial dream brought in his first session, seeing himself in the company of a girlfriend in a Lancia Y10, he had presented his 'genetic heritage', providing a kind of equation representing his affective world. In the analyst's associations, the image had been transformed into that of a patient with a chromosome complement of the type $X + 10Y$! The *genetic map* corresponded, in the reality of his history – as a little boy he was tormented by a humiliating sense of inferiority because of his slow growth – to his choice of acting as a parachute officer and adopting the associated mental and muscle 'tone'; he assumed the thick hide of assault troops, the first to be sent behind enemy lines, but his skin was also with covered in sores and exposed to any and every insult.

The dream helps me to work with a maximum of tact (applying an ointment consisting of the avoidance of any interpretative 'violence'); to respect the patient's needs for rigid self-containment, as expressed in his bearing, his manner of speaking and even in the posture he adopted on the couch, as well as in his hypersensitivity to 'physiological' variations in the setting; and to be aware that any interruption in the link with the analyst/wife reactivates intense feelings of persecution and leaves him feeling alone like a leper (that is, it presents a direct threat to his 'skin' as the psychic integument of the self), hovering between risks of impulsiveness – the Y10 – or of depressive *collapses* which are increasingly difficult to *ward off* or to repair.

Matteo has gradually become more 'visible' not only to some friends, to whom he has been able to recount the vicissitudes of his life, but also to myself. As a result, we have witnessed a gradual reduction in the amount of Y, which, as we know, is often greater in violent personalities; that is to say, we have observed an increase in his capacity to manage emotions of which he was previously very afraid.

Alessia, whom I see on a face-to-face basis in our initial interviews, suffers from a kind of inability to find her own way in the world, owing to envy of her friends and intolerance of her mother, as well as to her consuming anxiety about a young man across the Atlantic. She would like to get away from home as quickly as possible – soon, perhaps, as a voluntary aid worker with a humanitarian organization in Albania. She talks incessantly and at each meeting picks up a pencil and plays with it for the *entire* hour; she goes through the motions of drawing on the wooden surface of the table, but does not leave any mark (suggesting to me the need to fill an affective and relational void by putting herself in contact with, or sticking firmly to, the material medium of the setting)... Each time she leaves in haste, just as she came in, as if there were never enough time, or she could never really stop to think – as if, for the time being, she could only tolerate the 'geographical' (affective) confusion and oceanic distance separating her from her love objects by withdrawing into an envelope of

sensations, the possible starting point for the reconstruction of a reliable and secure symbiotic bond which she perhaps lacked in the past.

In his first interview, Sergio describes to me a devastating state of loneliness, which gives rise to recurring crises of depression and suicidal fantasies. Hunched, short in stature and so awkward that he initially conveys the impression (which soon, however, proves false) of a slight stammer, his face lights up and he becomes secure and uninhibited in his speech when he turns to the subject of his studies in the field of physics, in which he excels. Owing to severe health problems from birth, he had to undergo repeated operations and needed to wear an orthopaedic corset for years. The family environment was equally restrictive, the rhythms of life being governed by strict religious observances.

While listening to him, I see in my mind's eye the course of a therapy confined within an *orthopaedic corset of intelligence*, but probably lacking for a long time the physicality of emotions and affects.

Paolo, for his part, is tormented by hypochondriacal anxieties and panic states, and for a long period his sessions call for the structuring of an abundant *film of dreams* – complex dreams – which appear fascinating, and are also, I would say with hindsight, characterized by a strong illusion of transparency. He soon develops considerable skill on the level of coherent, winning presentation, accompanying the dream deposited at the very beginning of the session. His confirmation of my interpretative ideas is always equally prompt.

After a time, I begin to wonder to what extent all this is, paradoxically, a way of remaining on the surface – of establishing forms of adhesive, imitative, 'ambiguous' forms of contact, necessary at a certain stage of an intense symbiotic transference in order to avoid any movement in the direction of differentiation, which would arouse unbearable experiences of loneliness and abandonment, like those that caused him so much pain in his infancy.

In other situations, the invasive presence of obsessional thought mechanisms or a posture of virtually 'clinging' to the couch, with the patient's hands anchored firmly to its edges, may convey the impression of levels of functioning involving somewhat *excessive* recourse to adhesiveness, to a second skin – which, however, like an orthopaedic corset, admittedly holds, but also constrains, without permitting much freedom of movement or providing adequate permeability, protection and warmth. This is the case with Bruno. He is very intelligent as long as he remains on the 'operational' level, but has serious difficulties with symbolization, or, as Bick (1984, p. 352, translated) puts it, with 'grasping ideas'. With great clarity, he describes the stupefying effect – the 'befuddling of consciousness', as Bleger might say – which he seeks in smoking and drinking, as well as, at other, less desperate times, in intense intellectual work, to relieve the burden of a chronic sense of emptiness.

The breaches of the setting illustrated in the first few of these clinical vignettes, which are physiological or take the form of a 'forcible entry' and are experienced and suffered in the meta-ego, give rise in the patient to a trauma that is expressed in almost immediate repetition – in a tension, as yet not mediated by words, in the direction of representability and reparation. In this way, through the crisis of space triggered by the interruption of symbiosis, the usually mute sensory floor afforded by the setting/body/environment system, whose existence we can normally only infer, becomes perceptible. These breaches are made up of composite events, probably attributable both to levels of unconscious intentionality, which can therefore be interpreted as enactments, and to more asymbolic stratifications of the ego, or unmentalized experiential planes that emerge together with signs of a laceration; moreover, these signs are never lacking, just as the various *modes* in which the mind experiences reality are simultaneous.

In the second group of clinical fragments, on the other hand, the common feature is the need, expressed in various ways, for 'hyper-sensory' self-containment, with the probable aim of intense 'deposition' in the setting.

Ambiguity

In the light of the foregoing theoretical and clinical presentations, let us now consider the fundamentals of Bleger's argument. His theory of the glischro-caric position on the one hand paved the way for Marcelli's developmental-physiological thesis and for Ogden's physiological-structural approach, while on the other adopting a paradoxical formula to draw attention to the crisis affecting the very concept of the therapeutic alliance. Bleger thus anticipates and contributes to the change of paradigm from the drive-based to the relational model which, according to Ponsi (2002), underlies this crisis.⁵

The formula of an alliance of the setting with the 'psychotic part' entails a complex conception of the meaning of splitting, which has repercussions at clinical level. Contraposition is superseded by complicity. Surprisingly, the psychotic part appears first as the guardian of a sense of continuity of the self (the meta-ego or 'frame' of the ego), and then as a helper that knows how to manage certain situations which arise when the ego is confronted by the danger of dissolution. This is what Steiner (1993) seems to suggest in stating that pathological organizations of the personality act like a medicine that enables the wounded ego to feel less in danger of disintegration. Consequently, indications of a singular and secret unity of the psyche can be discerned even in the most

⁵ 'The concept of the "therapeutic alliance" arose within a theoretico-clinical model in which it was appropriate to see analysis as a war against unconscious resistances and in which it was therefore necessary to rely on a pact – an alliance, precisely – to be concluded with the healthy parts of the ego. This terminology and the associated concepts are somewhat anachronistic today, in so far as they are based on the drive model and on an approach that disregards the theoretical and clinical contributions of object relations. The idea of an analysis conducted by the ego in the form of a "war" against the resistances put up by the forces of the unconscious is connected with a conception of analysis that fails to take account of the kind of technique currently prevalent in the psychoanalytic community – a technique that was also largely forged in the treatment of seriously ill patients, in whom the defences to be considered are based not so much on repression [...], for which the model of "war" and alliance is appropriate, as on splitting' (Ponsi, 2002, p. 2, translated).

disquieting manifestations of dissociation. The psychotic and non-psychotic parts can then be conceived in positive terms as 'modes' of generating meaningful experiences of reality. As already argued by Bleuler in relation to dereistic thought, the salient factor may lie in the logic of complementarity that links the 'parts'. These seem to espouse the motto *flectar non frangar* in a dialectic in which one term creates and preserves the other by negating it – the converse also being true – thus linking them in a relationship of mutual necessity.

It now becomes possible to adopt a more problematic, provisional and relativistic approach to the concept of the therapeutic 'alliance', which, at least in certain operational forms, proves to be reductive precisely in the negative, 'demonic' connotation of the sick part. After all, the military metaphor is limited by its neglect of the factor of *antagonistic solidarity*, the 'play of parts', or secret consonance, and by its emphasis on conflict to the detriment of the concealed pact of mutuality that links the two (or more) parties present in the mind, which appear as opposing and irreducible only if considered in isolation from each other. A clear-cut schematic consideration of this kind runs the risk of relegating the more dramatic phenomena of mental suffering to an area of pre-Freudian opacity and of reducing the space available for establishing or preserving a link with the patient. The problem seems, on the other hand, to be that of unblocking or reducing conflicts by means of innovative solutions that strengthen the ego without breaking the links with the psychotic part, and, in particular, of adopting an emotional posture allowing the analyst to make contact with the sick parts and to tolerate long-lasting states of seeming non-relationship.

Bleger (1967b, p. 216) appears to support this model in certain notes; for instance: 'upon the occurrence of highly persecutory situations which the subject cannot face because he would otherwise be plunged into total disorganization or a state of psychotic dissolution, he blurs the contradiction or persecution he is experiencing and regresses to ambiguity.' If, as Freud (1920, p. 13) states, there 'is something about anxiety that protects its subject against fright [...]', mobilization of the agglutinated nucleus constitutes a secondary means of confronting an inexpressible, non-representable terror coinciding with the

'threat to life' (ibid., p. 31) presented by traumatic shock, which the assistance of the psychotic part begins to hold back as the 'last line of defence of the shield against stimuli' (ibid.), while at the same time organizing an idiosyncratic world for which a price must be paid in terms of pain, albeit a pain that is already less intolerable.

In Bleger's view, in a sufficiently integrated person the agglutinated nucleus (the psychotic part) remains split off. In a situation of mental suffering, on the other hand, it may come to the surface, and may then assume a variety of forms, all of which, however, can be traced back to the clinical treatment of ambiguity.⁶

Ambiguity is seen as the expression of the type of non-discrimination characteristic of the glischro-caric position and of the organization of the primitive ego – a 'granular' ego made up of fragments of different, coexisting identifications, or swarms of syncretic egos. In other words, the sense of the contradictory nature of antinomic terms proper to the paranoid-schizoid position is lacking, as is the possibility of experiencing ambivalence which is characteristic of the depressive position.

Now it seems to me that the 'play of parts' of the personality can be expressed equally well in terms of the clinical manifestations of ambiguity, which, because they reveal the lack of discrimination in identity and in ego/non-ego differentiation, are for Bleger the distinctive mark of the psychotic part. The 'granular ego', the 'kaleidoscope of personalities', inauthenticity or bad faith, mimicry, the proteiform character, permeability with regard to the assumption of varying roles, provisionality and artificiality, or '*Zelig* qualities' – might all these manifestations of regression to the syncretism of the glischro-caric position represent, within limits, not so much malignant degenerations of the ego as life-saving resources?

Unlike Bleger, Ogden does not see ambiguity as resembling Winnicott's *false self* or Deutsch's *as if* personality. He attributes imitation, one of the salient aspects of the ambiguous personality, to the mode of functioning of the autistic-

⁶ This term often has a negative connotation, even though, for example, it expresses the very essence of poetic language. Racamier (1992) and, among American authors, Kafka (1989) consider the experience of ambiguity to be essential to the acquisition and maintenance of the sense of reality.

contiguous position, and his theory sees it as a strategy for acquiring a basic cohesion upon which a self will subsequently be able to develop. In a word, he regards it as an important form of object relationship, and thereby offers an example of how a more elaborate theoretical model can be expected to help us distinguish better between different clinical facts and to place ourselves more effectively on the patient's side.

Sensation, memory and the object

As we have seen, a genetic and developmental theoretical structure remains the basis of Bleger's theses, the idea of development in phases being substantially retained. The glischro-caric position is the oldest of these phases and, even if it may reappear in certain stages of both normal and pathological development, is destined to be overcome. It can persist solely in the form of residues of a primitive agglutinated formation, of encystments of immature parts, and deficiencies in personification and the sense of reality are a function of their consistency. Notwithstanding his acceptance that narcissistic transferences – both autistic and symbiotic – are present in every analysis and that narcissistic nuclei exist virtually in any individual, however 'mature', *Bleger's theory does not yet fully espouse the conviction of a necessary, continuous and in fact non-eliminable matrix of production of experience 'on that level'* (he alternates between the concepts of persistence and regression). This is so even if this very matrix seems in some way to be implied by the concept of the meta-ego and even if, in particular, its finer mechanisms remain unexplained. It is as if the function of the glischro-caric position were exhausted in the very earliest phases of psychic life, and as if the agglutinated nucleus were formed once and for all, although it can change its location in space, shatter or expand.

Developed on the basis of the conceptual instruments of infant psychoanalysis, Marcelli's contribution enriches the concept of a 'third position', transferring it to

an original ontogenetic dimension and assigning importance to the aspect of temporality. Its reconstruction of the transition from sensory functioning to representational or symbolic thought is convincing. This transition in fact constitutes the pivotal point between process and non-process, between the invariance necessary for the non-ego and the change that allows the individual to adapt to the demands of reality.

The decisive step taken by Ogden is his demonstration of the necessity of the activation and maintenance of somato-psychic experiential levels, of a presymbolic nature, *throughout life*. Just as, in gestalt psychology, a figure can stand out perceptually only against a background, so the ego cannot be differentiated *and preserved* except as against a non-ego or meta-ego. An appropriate image might be that of walking, which is possible only by applying the feet to a floor or ground that remains sufficiently stable. It can be modified, but only within limits, and only by the slow deposition of variations, otherwise there is a risk of falling – of trauma. Conversely, tolerable elements of discontinuity, which do not exceed the individual's threshold level, in each case represent opportunities for thinkability and for ego development and maturation.

This situation is reflected in a famous passage from Proust. When the protagonist almost stumbles over the uneven cobbles of a Paris courtyard, the sensation of falling evokes involuntary memories of the irregularly shaped slabs making up the floor of the baptistery of St Mark's in Venice, thereby restoring to him a profound and gratifying sense of continuity of the self. No one understood better than Marcel Proust how memory and identity are rooted in the senses:

And so it is with our own past. It is a labour in vain to attempt to recapture it: all the efforts of our intellect must prove futile. The past is hidden somewhere outside the realm, beyond the reach of intellect, in some material object (in the sensation which that material object will give us) which we do not suspect. (Proust 1998 [1913-1927], p. 61)

The subject thus apparently needs to experience reality in a 'presymbolic, sensory-dominated' mode (Ogden, 1989, p. 30) – to structure symbiotic bonds and links, even in adulthood, as guarantors of identity. After all, concepts featuring widely in the psychoanalytic literature, such as unison, empathy or identification, surely also refer to this persistent need for contiguity/adhesiveness. Might the setting act in this way as a presymbolic organizer awaiting transformation through the intervention of the analyst's alpha-function and 'apparatus for thinking thoughts' – a *'function' and an 'apparatus' whose molecular level is identified by the 'positions'* – in symbolopoiesis, just as touching gradually gives rise in an infant to the gesture of pointing and the attentive mother gives a name to the objects of reality for the first time?

In this way, in adapting or otherwise to the spatio-temporal and dialogic coordinates of the setting, patients in the analyst's consulting room bear witness to the state of this symbiotic life of theirs – their meta-ego – to the humps and bumps of the 'ground', and to the general conditions of solidity and reliability of their 'floor'. In some, the incessant need for reparation proves to be obsessive, given the extent to which this sensory floor is felt to be damaged, energy even being withdrawn from the more differentiated and reflective capacities of the ego – an ego that remains bogged down and blocked on the level of a primitive adhesiveness, which is in fact a hypertrophic agglutinated nucleus.

For example, some patients constantly ask the analyst questions – questions for which actual answers are not expected, other than as signals of the analyst's presence; the answers are therefore not listened to in terms of their content, but have a high pragmatic value. The situations concerned are characterized for long periods by two-dimensional, surface functioning, pending the possibility of creation of a psychic space between patient and analyst, and hence in the patient's mind. Conversely, we are all familiar with certain cases, which may even be more difficult to treat because they express firmly established autistic defences, involving an 'illusory transference', in which the apparent rich vein of symbolization rests on a foundation of radical splitting between emotions and thought (Ferro et al., 1986). Bleger himself postulates that these clinical pictures,

which present as systematized – i.e. pure – neuroses may in reality be based on rigid dissociation of psychotic aspects of the self.

Confusion/emotion

Bleger holds that the task of psychoanalytic therapy is essentially antisymbiotic. The treatment must proceed by ‘contamination’ in contact with the reality of the differentiated person of the analyst. In choosing this term, which is felicitously ‘ambiguous’ because it also alludes to the associated risks of corruption and contagion, to denote the cornerstone of the treatment, Bleger (1967b) tellingly conveys its antinomies and vicissitudes. By contamination he means the gradual reintroduction, ‘in small doses and at an appropriate rate’, of ‘chopped-up’, fragmented parts of the agglutinated object, which is achieved by exposure to new relationships and by the diversification of links with other objects and other depositories. The analysis must, however, enable the patient to experience the symbiotic bond and to *learn from this experience in order to be able thereafter to separate*: ‘We must make ourselves the faithful depositories of the psychotic part and act as tolerant parents who allow time for growth and do not prematurely overwhelm the patient with problems which his ego is as yet not equipped to tackle’ (ibid., p. 88, translated). In other words, we must avoid any over-hasty attempt to force the reintroduction of deposited aspects. This means that we must *permit symbiosis to become established and to be secure and reliable*. What is guaranteed to the therapy by the setting, the ‘ally of the psychotic part’, is precisely the security of being able to resume the relationship after each separation; it is this that enables the relationship to evolve.

Whereas, in Bleger’s view, symbiosis is the relationship that keeps the psychotic part or agglutinated nucleus immobilized and under control (however, the opposite is also the case: the agglutinated nucleus guarantees the symbiotic links necessary to life), he does not yet seem able to regard it in his theory as the locus

of production of a sufficiently secure sense of self; in other words, he is not yet seeing, in the manner of a watermark in a sheet of paper, *the function of integration and support performed by this nucleus*, by analogy with the roots of a tree vis-à-vis the trunk and branches – i.e. in a structural and not merely a genetic sense. Although Bleger's text admittedly contains statements to the contrary, the psychotic part is seen rather as the residue of the ego's immaturity at birth and of the associated functional organization. Yet Bleger gives an excellent description of how the type of concrete, bodily, presymbolic functioning, for instance in the concept of the body as buffer, is in dynamic equilibrium with the more differentiated capacities of the ego, and acts in certain critical situations to make up for an ego that remains like a mere *excluded spectator*,⁷ and how this regressive movement may constitute the prerequisite for a return to more advanced levels of mentalization.

As to the core of the therapeutic process, Modell (1989) agrees that what matters is for the patient to be able to experience the symbiotic bond in a situation of security. Symbiosis – paradoxically – treats itself. Hence the contradiction with the idea that analytic therapy has an essentially antisymbiotic function is only apparent. The important point is full acceptance of the complex, mutual interdependence of the various ways in which experience is generated in the mind. Treatment will then seek not so much to *eliminate* the agglutinated nucleus as to re-establish the conditions for adequate mobility of the processes of introjection and projection, without the subject feeling the need to resort to massive projective identifications and untenable distortions of reality.

Just as mental pathology stems, as stated, from the collapse of one of the various 'positions' of the mind in a single direction, therapy itself may lapse into an impasse or become iatrogenic if the emphasis is placed solely on the autistic/symbiotic level (empathy/sharing/unison etc.), on the hyper-

⁷ Cf. Bleger, 1967b, p. 55, translated: 'It is the concrete level on which symbiosis functions and stabilizes. What words generate in the other are not thoughts prior to action, but acts dissociated from the mental area and from its symbolic content. Communication is direct, literal from action to action. The mind is dissociated; it is at any rate present as a *spectator excluded* from the drama that is being played out.'

discriminating, antisymbiotic level of the paranoid-schizoid position (highly 'separating' styles of interpretation which idealize knowledge), or on the level that leads to the sense of emptiness that is characteristic of depression. Whereas paranoid-schizoid functioning helps to reduce the agglutinated nucleus, the

danger of psychosis posed by the fragmenting and evacuative processes of the paranoid-schizoid mode are [sic] contained in two ways: (1) 'From above' by the binding capacity of symbolic linkages, historicity, and subjectivity of the depressive mode; and (2) 'from below' by the sensory continuity, rhythmicity, and boundedness of the autistic-contiguous mode. (Ogden, 1989, p. 45, my emphasis)

In this way, analysis also becomes a factor in the regulation of the sensory floor and in overcoming the crisis into which this fundamental sense of the space and surfaces of a boundary is plunged in various psychopathological situations. These extend from the terror of psychotic collapse (the fear of falling, dissolving or falling to pieces) to certain reparative activities (stereotypies, or self-harming activities with the aim of 'reconstituting' limits – Civitarese, 1998, 2003); however, they can also be discerned in less clear-cut phenomena that are nevertheless connected with attempts to construct a second boundary line, or 'to plug leaks'. A long list of such phenomena could be compiled, and their clinical forms are equally diverse, including skin disorders, the maintenance of visual contact, a kind of incessant talking or of sometimes barely discernible manipulation of objects, and even the use for contact purposes of odours or olfactory hallucinations, as well as of obsessive-compulsive defences, of the schizoid condition, and so on.

Bleger offers some interesting specific suggestions on technique. For example, he maintains that the interpretation of bodily postures or movements may prove persecutory because it impinges not on the patient's ego but on his meta-ego, the psychotic part, and must therefore be used cautiously. Interpretations inspired by the concept of an attack on the setting should also be avoided, as these too

would merely succeed in disorganizing the meta-ego, which is often practically all the patient has left. In addition, Bleger distinguishes between two types of interpretation, split and unsplit, according to whether they do or do not contain a split between the figure of the analyst and what the patient has deposited in him. Unsplit interpretations, in which the lack of distinction between the depository and the deposited is preserved, merely show the analysand how the analyst behaved in his eyes, or was experienced, but do not explicitly presuppose that this involves the projection on to him of the patient's split-off internal objects; they do not therefore force the patient to take back the projection. In other words, the therapist agrees to play the part assigned to him in the transference. The analysand's ego can proceed by way of a preliminary process of discrimination and increase its capacity to recognize emotions and affects. These interpretations – perhaps the forerunners of those which Bezoari and Ferro (1989) call weak, unsaturated or narrative interventions⁸ – are based on the 'minimum-dose principle' and offer the analysand only what he can accept at a given time; they respect the situation of symbiosis and refrain from prematurely overstressing it, in order not to give rise to *confusional anxiety*. However, as usual, it is a question of degree, because the *state of being moved*, Bleger tells us, is probably also based on the sudden but *bearable* reintroduction of split-off and deposited fragments of 'psychotic' selves in the more mature ego.⁹

Ideally, then, the task of therapy could be defined as that of facilitating a movement leading from the suffering due to splits that have occurred in the self, while avoiding the confusion resulting from the 'violence of interpretation', to the situation of tolerable reintegration afforded by the 'state of being moved that cannot be expressed in words'. Ultimately, therefore, an 'aesthetic' experience

⁸ See also Civitarese (2006b)

⁹ Some people use autistic defences to prevent themselves from being moved. This is readily understandable in the light of the following statement by Bleger (1967b, p. 120n, my emphasis): '*affect and emotion are intrinsically object relations which remain undiscriminated in their structure, and which [...] always carry the risk of a loss of the boundaries between the ego and reality (i.e. the dissolution of identity).*'

would appear to lie at the centre of therapeutic change, in the sense of contact with aspects of the self that are not irrational and illogical, but hyper-dense and ambiguous, and if anything carry with them an excess of meaning (Bodei, 1999, p. 184). The regulation of secure symbiosis and respect for the immobilization of the psychotic levels may then be the appropriate instruments for managing the quantum of destabilization necessary for moving on to more integrated levels of the ego.

Fusion

Bleger's theory can supply a conceptual framework for some of the more recent theoretical conceptions of therapeutic action, such as, for example, that of Stern et al. (1998). For these authors, essential therapeutic factors are so-called *now moments* – that is, particularly significant moments within an analysis. Described as 'hot', special or authentic, these encounters involve reorganizations of the patient's implicit relational knowledge. Their characteristic feature is that they bear the analyst's highly personal stamp – as it were, his signature – so that they lie outside the normal repertory of technical resources, present a high degree of spontaneity and specificity, and transgress the rules of the normal frame.¹⁰ These moments cannot be replaced by a transference interpretation and their meaning need not necessarily be made explicit. Translated into the language of Bleger, 'now moments' can, I believe, be said to *move* the patient's meta-ego, whereas traditional interpretations are directed principally to the ego, although clear distinctions are not possible in this sphere. They are consequently situated on a non-verbal, procedural, intersubjective level, where the watchwords of action/structure/relationship are contrasted, theoretically speaking, with the traditional concepts of language/repression/knowledge.

¹⁰ 'Now moments may occur when the traditional therapeutic frame risks being, or is, or should be, broken' (Stern et al., 1998, p. 912); see also Ryle, 2003.

An echo of Bleger's emphasis on the setting as the depository of symbiosis can be found in the contributions to a panel on fusion published in the *Rivista di Psicoanalisi* in 1985. The participating authors stressed that the persistence of a stable and solid unconscious fantasy of fusion throughout life is important for mental health (Pallier, 1985); that an affective relationship cannot exist unless it is based also on a fantasy of fusion (Soavi, 1985); and that the specificity of objects and emotions can be recognized only within a stabilized fusional system (Tagliacozzo, 1985). The discriminating factor which protects the subject from pathology in fact arises from the subject's capacity to alternate, with regard to symbiosis, between the two terms of the dichotomy of continuity and discontinuity. The vector of fusion should be represented not by a solid straight line but rather by a broken line, suggesting a sufficiently permeable frontier of the self and of the ego-object interface.

When reconsidered in the light of the contributions of these authors, the setting increasingly takes on the characteristics of the boundary between the bodily and the mental that is also proper to fusion. Neri (1985) was the author who drew attention to the *containing function* of fusion, which may in some cases take the form of a psychosomatic and sensory unity of the patient with the analyst and the environment. This unity – it might be preferable to call it somato-psychic – which appears as a constant of relationship, seems unthinkable in certain excessively disembodied or mentalized models of psychoanalytic therapy. The idealization of knowledge and separateness, on the other hand, leads to an arid technique of distancing, which may arouse guilt and hostility, and to the paradoxical risk for psychoanalysis of undervaluing emotional thought – the non-verbal system of communication which, according to Brazelton and Greenspan (2000), remains the most important, even if it ultimately operates in association with symbols and words.

For this reason, a more realistic conception of the treatment would not ignore the fact that the symbol constantly aims at recomposition, and that any separation can only be in a dialectical relationship with fusion, its necessary premise; while a realistic theory must in addition take account of the inescapable

fact of the anchoring of the ego¹¹ in corporeality. From this point of view, an essential requirement will be fine modulation of the sensory aspects of the encounter (for instance, interventions in which the analyst's tone of voice or an indication of his presence is more important than the content), as well as a degree of sensitivity to the concrete, pragmatic component of words. Attention to the body, as the place where symbiosis is instituted and operates, and to corporeality as the place where, following interaction, emotions that cannot yet be felt as such are recorded in both patient and analyst, is one of the most fascinating facets of Bleger's thought. By listening to physical sensations, the analyst is engaging in reverie in its sensory dimension, the aspect to which Ogden was referring by his use of Tustin's concept of autistic forms.

In conclusion, Bleger's theory of the glischro-caric position, supplemented by some of the more interesting developments in psychoanalytic research, stresses the theoretical and clinical importance of the non-specific or relational factors in the treatment and of the strictly non-process elements of the setting, such as tone, tact, timing, context, support, respect, waiting, the analyst's person and spontaneity (the latter certainly not being pre-technical), 'moments of encounter', the conversational register, 'negative capability' (Bion, 1970), narrative formulations of interpretation (Bezoari and Ferro, 1992a), discursive strategies of 'mitigation' (Caffi, 2001), or the avoidance of excessive attributions

¹¹ According to Bleger (1967b, p. 11), the 'mental phenomenon is a mode of behaviour, which in fact appears later than other modes, since the first undifferentiated, syncretic structures are fundamentally bodily relations', and continue to be so throughout life. This in effect means that the body remains the predominant theatre for the reproduction of the first object relations. In this connection, the following notes on the body appear relevant: the body is 'not only the limit but also the locus of the origin of mental life, its background, source and permanent "flesh" (mental life is not a "cognitive" life) [...]. Intersubjectivity, after all, takes the form of *intercorporeality* in the *tonic dialogue* with the other [...] this intercorporeal background is the place where attachment styles take shape and are organized [...]. It is the pre-representational matrix on the basis of which the subject can gradually become constituted, individuate and emerge with a greater or lesser degree of difficulty [...] this background is not "somewhere else"; it does not simply belong to our past. Nor does it come wholly to belong to the narration, open to constant remoulding by the mechanism of *Nachträglichkeit*, that is the subject's history. *It constitutes its silent matrix, which is operational and pre-categorical, and never fully mentalizable or thinkable*' (Barale and Ucelli, 2000, 203f., translated; my emphasis).

of meaning and of interpretative techniques likely to be experienced by the patient as intrusive or lifeless.

The distinction sometimes made between pre-analytic, in the sense of psychotherapeutic and/or supportive, phases of therapy on the one hand and actual analytic phases on the other thus seems to overshadow the 'basic' dimension of the person to which Bleger is referring by the concept of the meta-ego. Yet the talking cure increasingly appears also to be taking on the characteristics of a touching cure; after all, as we know, what actually cures are 'words that touch' (Charles, 2001; Quinodoz, 2002). There is a paradox here, as if the highest degree of symbolization – words that truly reach the other's heart, which truly *move* the other – thereby ultimately abolishes itself, in re-establishing a primitive, primal, albeit non-physical contact, but is then reborn in a continuous motion from and to the object, from and to the body.