



Transformations in Hallucinosi and the Receptivity of the Analyst  

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Bion describes transformation in hallucinosi (TH) as a psychic defence present in elusive psychotic scenarios in which there is a total adherence to concrete reality: as the hallucinatory activity which physiologically infiltrates perception and allows us to know reality, setting it off against a background of familiarity; and then, surprisingly, as the ideal state of mind towards which the analyst has to move in order to intuit the facts of the analysis. When hallucinosi is followed by ‘awakening’, the analyst gains understanding from the experience and goes through a transformation that will inevitably be transmitted to the analytic field and to the patient. In this paper I illustrate Bion's concept and underline its eminently intersubjective nature. Then I differentiate it from two other technical devices: reverie, which unlike hallucinosi does not imply the persistence of a feeling of the real, and Ferro's transformation in dreaming, i.e. purposeful listening to everything that is said in the analysis as if it were the telling of a dream. Finally, I try to demonstrate the practical utility of the concept of transformation in hallucinosi in order to read the complex dynamics of a clinical vignette. Though not well known (only two references in English in the PEP archive), TH proves to be remarkably versatile and productive for thinking about psychoanalytic theory, technique and clinical work.

Then I explained my magic sophisms with hallucinations of words! I ended up believing my spiritual disorder sacred.

(Arthur Rimbaud, *Une saison en enfer*)

How to be permeable to the patient's communications is a key problem in psychoanalysis. Freud (1912) resolves it with the concept of free-floating or evenly suspended attention. Nevertheless, the tools we use in clinical work need to be maintained at the necessary level of efficiency and to be constantly updated in relation to the most current epistemological settings. To this end I am here drawing on the concept of ‘transformation in hallucinosi’ (henceforth, TH) with which Bion addresses the subject of the analyst's receptivity; however, the concept is little known - with only two references

¹ Translated by Adam Elgar.

in English in the PEP archive: **Riolo, 2011; Emanuel, 2012** - outside the tight circle of Bion scholars: Meltzer (1978), Sandler (2005, 2009), López -Corvo (2002), Grotstein (2007).

Bion brings the term 'transformation' into psychoanalysis from geometry, using it to stand principally for psychic transformation (for example, an emotion which gives rise to visual images and thought), because it is abstract enough to describe phenomena which are identical but conceptualized in a different way in the various psychoanalytic models. He aims in this way to obtain a more scientific theory, one on a higher formal level, which will permit more accurate clinical observation and will above all lend itself to overcoming the theoretical divisions between analysts, such as those created in London by the Controversial Discussions.

So he describes three kinds of transformation which entail differing degrees of distortion in the emotional element of departure: in rigid motion (RMT), projective (PT) and in hallucinosis. The first two correspond respectively to the transference and to projective identifications. To describe the third type of transformation, however, which is an original construction of his own, Bion borrows from psychiatry the term 'hallucinosis'. Hallucinosis is defined as a hallucination experienced by a person in a lucid state of consciousness: the subject critiques what is happening and recognizes the unreality of the hallucinated object, as can be observed in certain partial epileptic seizures, in brain stem disturbances, ophthalmopathy, organic poisoning, etc.

But the use which Bion makes of it is predominantly analogical. If he speaks of hallucinosis it is because he wants to describe some scenarios touched by psychosis, in which there is no significant loss of contact with reality, and so no 'real' hallucination. Subsequently, as has happened with many psychoanalytic terms (from repression to transference to projective identification, etc.), that of TH, already in the work of Bion, has come to indicate not only situations which are clearly pathological, but also those which are physiological. Surprisingly, in the end, as I have suggested, Bion indicates that the best way for the analyst to intuit the facts of the analysis is for him also to approach a state of hallucinosis.

In order to try and bring a little clarity to what appears to be one of the most enigmatic, but also most promising concepts in the theoretical and technical development of psychoanalysis, I shall examine the concept of TH from these two points of view: firstly, that of pathology - from psychosis, above all in the area of paranoid disturbances, and manifestations which are veiled but dysfunctional in neurotic patients - and then from that of the physiology of the mind, so as to describe Bion's final proposal regarding psychoanalytic technique. In this way I shall follow the trail which he himself delineated at various points in his work.

Transformation in Hallucinosis and Psychosis

To begin with, Bion linked TH to specific psychopathological settings and described it as a dynamic process which entails an impoverishment of the capacity to be in contact with reality; that is, to have a full cognitive and emotional awareness of it. Regression can also produce situations of psychotic

imbalance resulting in evident hallucinosis. The less the subject is in contact with himself, the more he unconsciously paints the world in the colours of his own psychic reality. However, the most interesting clinical scenarios, and those in which the concept of TH is at its most illuminating, are the intermediate ones. Genuinely suffering, but in a manner which it can be difficult to grasp, the individual maintains a superficial adaptation to reality. Indeed he can even seem too adapted.

This is why Bion uses the term which in psychopathology indicates the presence in an individual of hallucinations experienced in a state of lucid consciousness. In pathological TH of a less than extreme degree there are no real hallucinations. His emphasis is not on hallucinations in general, but on hallucinations which take away meaning, those which are *invisible* or *negative* (Green, 1998).

In analysis the TH are typical of situations in which an excess of concreteness generates a climate of melancholy indifference: a mixture of boredom, the sense of being blocked, and of being powerless to re-cathexis the world. These patients give the impression of being lost in a sea of objectivity, of factual reality, of things.

The analyst can allow himself to be sucked back into this world dominated by the “forced rationality of wakefulness” (Bion, 1992, p. 173). In the session he expresses himself in a rational manner and pigeon-holes everything into the well-known models of psychoanalysis. He explains everything, or nearly everything, to perfection. He attributes to everything the solidity of the objects which furnish the room.

Simply as a reflex the patient assumes a pedagogical, moralizing or authoritarian attitude. That is, he tends to adopt the superior position of one who ‘knows’ (Sandler, 2005). He makes use of hallucinosis to deny his dependency and maintain a position of false self-sufficiency. Fantasies of superiority, as Sandler spells out, are the “rules of transformation in hallucinosis” (2009, p. 171). Connections to emotionally pregnant facts are dispersed across an enormous arc of time and their meaning is diluted almost to the point of dissolution.

It is as if one were looking from very close up at a letter of the alphabet which had been enlarged almost to infinity (see Figure 1). Some elements are clear-cut but the general atmosphere is troubling, though in a subtle manner. Things stand out brightly but as if suspended in a kind of vacuum, as if they were living in a story by Kafka. We do not see the part of the ‘E’ which ends off the page, and the part we do see no longer has any meaning even though we can perceive it correctly. We catch a few details but lose sight of the figure as a whole. If this is a story, we have lost both its plot and its meaning.

In these situations real emotions rarely appear to give coherence and vitality to the conversation. It is as if analyst and patient are imprisoned in an effect of reality (Barthes, 1984), not in ‘real’ reality but in a flat reality with no depth, like that of the phoney scenarios of certain films coming out of the studios. Those which “appear to the observer as thoughts, visual images and verbalizations” are nothing but “scraps of imitated speech and histrionic synthetic emotion” (Bion, 1970, p. 13).

Fig. 1. This is how an 'E' would look if enlarged more than a thousand times in the 'container' of an A4 page



Paradoxically, the patient thus reports having suffered from “too much” reality, internal or external; from having been struck repeatedly by surges of emotion so violent that he finds himself with a damaged capacity for symbolizing the real (that reality “without categories” which Bion calls “*O*” [Grotstein, 2000, p. 316]). In so far as they are defences, the TH reveal the excess with which existence has been traumatically marked by them, overturning its sign and converting it into a vacuum. This means, Bion writes, that upstream from all of that “an intense catastrophic emotional explosion *O*” (Bion, 1970, p. 14) has occurred. The crazed splinters of β elements, that is proto-emotions and proto-sensations, which are thus produced have found no one to receive them, to give them a form, and transform them into psychic elements which can be dreamed and thought. In other words, the patient has suffered a traumatic experience of failed psychic containment, one of those states of anguish which if not calmed, grow in intensity until they become ‘nameless dread’ (Bion, 1962).

After the catastrophe he inhabits a deserted world, devoid of life and prey to hatred. It is intolerable to think about his pain because it would be felt as an annihilation. This is why, in order to defend himself from his emotions, he projects them into the void (perhaps it would be better to say he is unable to hold them back) as undigested facts or β elements. But he does not find a container outside him to receive them. In reality he no longer seeks one, and acts as if he had no need of it. In exploding, the container has become infinite, like the gigantic face of the mother which the child tries in vain to touch in Ingmar Bergman's *Persona*. Emotions are scattered in an astronomically vast emptiness. They are certainly *felt*, but no longer *suffered* since they no longer have meaning (Bion, 1970).

But without emotions, without the truth of the subject about itself - for Bion, emotion always has something to do with a relationship, and so is always an expression in various combinations of the ties of love (*L*), hate (*H*) or knowledge (*K*) of the object - one is impoverished and can become ill. Losing one's emotions is like internal bleeding after a surgical shock (Bion, 1970). It means forgoing vital preconceptions and the realizations to which they could correspond; having to resort to ‘hallucination’ for its ability to offer an immediate solution, but above all to be a lifeboat indispensable for maintaining a minimum of representational activity, for giving a minimal meaning to things. We understand why the patient reacts badly when we want to deprive him of his delusions. However, even if the hallucinatory gratification works in the short term, frustration grows over time and he interprets it projectively as the effect of the analyst's rivalry and envy,

whom he experiences as someone who wants to rob him of his capacity to satisfy himself in an omnipotent manner.

He now perceives reality as still more persecutory, and as a result can barely keep his hatred in check. The more the space of the original three-dimensional container (of the object) becomes limitless, and in fact annihilates itself, the more the mental space of the subject becomes restricted and flattened out.

The patient, who is both object and subject of abandonment, has a great fear of finding himself in this situation once again and so resorts to pathological defences, entering into an endless loop. He makes the object magically disappear. In leaving it behind, he unconsciously avoids making it the container of his emotional states. Unlike ('Freudian') transformations in which the subject projects *onto* an object, or ('Kleinian') projective transformations in which he projects *into* the object, here he seems to project into a void. As we see, he repeats the initial crisis *ad infinitum*, but does so by re-dimensioning its violence and deluding himself that he is controlling the game.

But how does one make the object disappear? To explain this point, Bion imagines that the senses can function like muscles which evacuate perceptions in an astronomical space. The dispersal through space also implies a dispersal through time: an infinite amount of time is needed to set up a relationship between two points which are now separated by an insurmountable distance. In this way we can understand the Bionian notion of an 'attack on linking'. The expelled β elements are different from those β elements which have not been expelled in that the latter are still emotional proto-impressions and raw fragments of sensation. They are saturated, carrying within themselves traces of Ego and Superego, and they constitute the so-called 'bizarre objects' (just as fragments of food vomited up carry traces of gastric juices).

While transformations in rigid motion (RMT) and projective transformations (PT) produce less distorting transformations and conserve a link with the object, TH tend to lose this link because envy and frustration reciprocally reinforce each other in a vicious circle which Bion calls 'hyperbole'. Once the limit of tolerability has been crossed, instead of 'digesting' the real, the mind rejects it: that which is expelled is a mixture of β elements not transformed, of partially digested β elements, of fragments of α function and α elements as recollections withdrawn from their work of re-signifying memory and used as hallucinations to staunch the emotional haemorrhage (the fading away of contact with reality which only the emotions can ensure).

On the clinical level states of hallucinosis and genuine hallucinations create respectively forms of hyper- or neo-reality. Hallucination puts up a protective screen against the potentially traumatic nature of the real; a real which from the start of life is identified concretely and forever thereafter identified with the object in unconscious fantasy. This screen also functions as a canvas for the pictures which perception pours back onto it. From this point of view the hallucination is a minimal representation. In hallucination, according to César and Sara Botella (2001, p. 44), a process of "primordial abstraction" is achieved which precedes the secondary abstraction of reflective thought. Hallucination and memory are intimately connected. Hallucination

is a memory which physiologically acts as a background to perception and thereby safeguards identity. If, however, reality becomes too violent, the hallucinatory screen grows denser, and normal 'invisible' hallucination can turn into full-blown hallucination.

What is most dazzling about the inspired Bionian model of the 'attack on linking', of 'bizarre objects' and TH is that, despite the 'absence' of the object, these processes are understood to be occurring within a wholly intersubjective framework. Unlike RMT and PT, in which the object is, so to speak, interchangeable, in essence inert, since on the theoretical plane these two types of transformation are still attributable to a uni-personal psychology, in the TH model the role of the object is both contemplated and at the same time held to be decisive. If something happens, it happens 'between' A and B, not only in A or only in B. In the consulting room this implies a precise conception of what may be the key therapeutic factor: to make a mind, another mind is needed. If one mind is struggling to grow, the other is failing in the task of nourishing it.

So the void is a fullness because the object participates in the process; it plays its part in the formation or destruction of a joint mind, 'the something *between*' with which the analyst is concerned, as Bion says; it does not function only as a mere support for the projections, as it does in the other two types of transformation. In fact, the object seems to have vanished into nothingness because it is hidden by the hallucinatory veil, but in reality it is all the more burdensome by virtue of its absence. In the TH the subject hides the object from view because it meets reality not with preconceptions but with predeterminations: that is, with already saturated preconceptions. But this is the 'overthrow of thinking': failing to assimilate anything new means being inhibited in one's capacity to know reality.

We cannot really understand the meaning of hallucinosis and hallucination except within the frame of relations with the object. Hallucination invokes the object, and resorts to memory to rediscover it, not to do without it. It reveals its thirst for the object, precisely because it grows when the object is not there. It does not distance itself from reality, but is the first step towards rediscovering the object, the symptom which is the reason why it is urgent to return to reality. Thought is not born because, having discovered from experience that hallucinatory satisfaction is illusory, the infant would *automatically* address its attention towards reality. It is born instead from the prompt enough response of the mother and from her ability to bring down the fever of hallucination.

At the same time the Bionian concept of no-thing already shows in the body of words the structure of an essential rhythm. It is like a no-thing-no-thing-no..., i.e. presence/absence, *Fort/Da*, on/off, and so on. I repeat, thought is not born from the mere absence of the object but from the happy rhythm of absence/presence with which the object modulates and renders tolerable the frustration which it has repeatedly aroused by its disappearances. The 'no' is the canvas placed at the disposal of memory; the 'thing' is the perceptual contribution from outside.

Thinking, giving a personal meaning to reality - which, in terms of the Bionian conceptions of the unconscious and of dream, means dreaming reality,

doing psychological work, both conscious and unconscious, to create new emotional links and to construct a meaning - is not a trivial matter. It is the measure of how far we are able to bear the absence of the object (nothing). If there is sufficient tolerance of frustration, a word ceases simply to have a merely indicative meaning as a name that joins several elements in a constant conjunction, but takes on a *significant* meaning and thereby certifies the very inexistence of the thing being represented. The symbol testifies to the absence of the breast, and imposes the need to deal with the emotions stirred up by the intrinsically negative nature of any definition.

If all this is not tolerated, deep down it feels like being killed by a cruel object while, seized by a homicidal rage, perpetrating in one's own turn a vengeful 'real murder' of the object (Sandler, 2005, p. 785). Thinking involves this kind of vertigo. The price of meaning is a struggle against ghosts. Someone who is too afraid of ghosts gives up meaning. He feels the absence which the name recovers (Bion, 1970, p. 9) and sees what is not there, "and the thing that is not there, like the thing that is there, is indistinguishable from an hallucination", or rather, according to Bion's own definition of hallucination, from a β element.

For this reason, restricting the range of emotions which one is permitted to experience goes hand in hand with losing the meaning of things. We cannot have one without the other. That is what makes the TH. In hallucinosis the senses work in the opposite direction. Instead of digesting the psychic tension - that is, the β elements - they vomit it out. They use words as things and not as symbols. In this way one achieves a fictitious and omnipotent independence. A "background of hallucinosis" pervades reality, keeping it apparently intact (Bion, 1965, p. 63). With transformations in hallucinosis one creates perfect illusory worlds set apart from all "rivalry, envy, greed, threat, love and hate" (López-Corvo, 2002, p. 293). Since the pain is not tolerable, hallucinosis denies the absence of the breast (of satisfaction) and the consequent frustration. The absent breast (zero-breast or no-thing), the preconception of which is indispensable for symbolization, is reduced to a "noughtness" and is "hostile, envious and greedy and does not even exist as it is denuded of its existence" (Bion, 1965, p. 134). The void of representation becomes the analytic scene without characters and without emotions. "The emotion is replaced by a no-emotion" (Bion, 1970, pp. 19-20).

As we see, the concept of TH has a powerful descriptive (and, I would say, mythopoeic) value in relation to a great many scenarios which are as difficult as they are evanescent, but not only in relation to these: do not all patients to some degree bear signs of this disequilibrium between hallucinosis and dream?

Transformation in Hallucinosis as 'Psychosis of Everyday Life'

The Bionian theory of TH was born in the wonderful 1958 article on hallucination, reprinted in *Second Thoughts* (1967) and developed in subsequent books. Faithful to his method of transcending the caesuras, to his Cartesian principle of systematic doubt (Civitarese, 2008, 2011), Bion wipes out all distinction between perception and action. As we have said, the sense

organs can function as if they were muscles, getting rid of aspects of themselves which have been identified as dangerous. They expel the images

into the external world. These hallucinated images are then 'perceived', seen, heard, smelt, felt, as if real, and provide instant satisfaction to the omnipotent self. The emotional experience, the reality of the session, is transformed into sense impressions which are then evacuated as hallucinations, yielding pleasure or pain but not meaning.

(Symington and Symington, 2002, pp. 115-16)

The choice of sensory apparatus involved in the process could depend, from one occasion to another, on 'how far' it is necessary to hurl the fragmented objects (Bion, 1992). The hypothesis very interestingly addresses the enigmatic subject of why, as the result of a certain deficiency 'upstream', a given symptom develops rather than another. As we have seen, the aim of the operation is to reconstruct a world after the catastrophe and to avoid this happening again. Naturally, it will be an illusory world populated by automata and 'reasoning and working' men, and almost bereft of life (of emotions) but not entirely deprived of sense relations. It is important not to conceive of the psychotic part of the personality as a malign and perverse entity, as Bion's combative emphasis sometimes portrays it. We would lose sight of the sense of emergency surgery which characterizes the operations which it undertakes.

Nevertheless, as I have previously suggested, understood initially as a substitutive mechanism of denial (the classical psychoanalytic notion to which it comes closest), the TH becomes steadily more 'physiological'. If it is true that the TH are presided over by the psychotic part of the personality which is in everyone, this means that each one of us has suffered inevitable (physiological) micro-traumas from an 'explosion' of the container ('disappearance' of the object), and that the TH are not only the prerogative of individuals who present genuine and obvious psychological disturbances, since they would ensure the endurance of the psyche in this kind of predicament, and indeed would confer the necessary background of familiarity and predictability on our perceptions. As is evidently the case with any psychic defence, it is a question of degree: only a principle of consensuality can lead us to an idea of how far this or that individual has trespassed into the pathological. The final goal of this process, which removes the connotation of abnormality from TH, can be considered the 1977 paper in which Bion (1977) includes hallucination in row C of the Grid along with dream-thought, myth and dream.

The same 'sleep' which guarantees us a certain stability in analysis obviously accompanies us in everyday life. Indeed, following a hint from Bion, Sandler emphasizes the non-pathological aspect of TH. The concept lends itself to describing with extraordinary efficacy both the 'psychosis of everyday life' (Sandler, 2005) and, beyond a certain threshold, the false reality which can worm its way into analysis. It is worth asking oneself if the spasmodic need of the new, so evident in fashion and art, is not born of a deep drive to break free from the stagnation of habit; in other words, to

clear away the patina of psychosis which becomes deposited on all of us in everyday life and suffocates our vitality.

It can definitely be said that Bion identifies a type of ubiquitous psychic transformation which accounts for how we construct reality: from physiology to pathology what varies is the degree of distortion involved in the transformation, which in turn depends on the greater or lesser capacity of the subject to give meaning to an experience. But what is distinctive about this third type of transformation compared to the other two? In my opinion this is the most noteworthy aspect of his proposition: while the first two can be viewed from a theoretical framework in which the subject is isolated (they are seen as functions inherent in the psyche of a subject who ‘transfers’, ‘projects’, etc. onto another object), TH is an ‘authentically’ Bionian transformation because it is set within a model of psychic functioning in which what is relevant and indispensable is the interpsychic dimension.

Transformation in Hallucinosis as an Instrument of Analytic Technique

That the interpsychic may be the essential dimension for the analyst is demonstrated by this passage from Bion:

The relationship between the two people is an activity in two directions, and since one is concerned with showing that relationship, it is not a question of speaking about analyst and analysand; it is a matter of speaking about something *between* those two.

(Bion, 1978-80, p. 28)

On how he believes one can grasp the “something *between*”, let us read this other extract which introduces us to the third meaning which TH assumes in his work:

Thus an analyst may feel, to take a common example, that his married patient is unmarried; if so, it means that psychoanalytically his patient *is* unmarried: the emotional reality and the reality based on the supposition of the marriage contract are discrepant. If this seems to suggest that the analyst must preserve his capacity for memory, I maintain that he always does (as does the patient, however regressed), but error is more likely to arise through inability to *divest* oneself of memory than through forgetfulness [...] But in psychoanalysis such matters as the patient's marriage have to be considered deeply.

(Bion, 1970, pp. 49-50)

The two quotations give the *x* and *y* axes of analytic work: (a) the analysis takes place in the space *between* the analyst and the patient; (b) the reality that counts is emotional reality (what Bion elsewhere calls the “*O*” of the session, “one of the few things that analysts have the privilege of seeing as a ‘fact’” (1976, p. 317)). The area identified by the two coordinates of an ideal diagram is the field of the unconscious communication which is ceaselessly generated *between* analyst and patient and of the emotional turbulence

which strikes it. The sentence: “But in psychoanalysis such matters as the patient's marriage have to be considered deeply” (Bion, 1970, p. 50) means that the analyst must look at the “facts” from a psychoanalytic vertex: that is, one must “divest oneself of memory” (1970, p. 49).

But why does Bion state a principle which goes so precisely against logic? What sense does it make to invite the analyst, even if he is proved wrong by the facts, to refuse to believe his own eyes and ears? Why should he take seriously an impression or perception which has clearly shown itself to be erroneous? Lastly, why does he refer to a type of experience which “may appear to differ from what would be expected in the light of accepted analytic theory” (1970, p. 49)?

I shall try to answer: because he knows that common sense, what seems evident from the point of view of the senses or of a certain theoretical system, can easily obstruct the analyst's ability to perceive something new, and hence to be receptive to the facts of the analysis. But, for Bion, it is of the greatest importance to be receptive; literally, as we understand from his brief text *Evidence* (Bion, 1976), a matter of life and death (Civitaresse, 2013a).

To make possible a coordinated functioning of the senses that allow us to know external reality - which may seem to be a matter we can take for granted, but, as misperceptions show us, it is nothing of the kind - or to use psychoanalytic models to intuit the reality of a session, requires a notable effort of learning. When this effort has been successful, it is not easy afterwards, I do not say to forget - which would be both impossible and disadvantageous - but even simply to keep in the background all that we have learned and recorded in our memory. In order to be in contact with reality, we are compelled to re-clothe it unconsciously with the more or less translucent film of things we *already* know. A molecular activity of transference constantly filters perception and thereby maintains our naive realism and our need of identity. As the philosophers say, to perceive is to imagine and to imagine is to perceive (de Saint Aubert, 2012).

Now, to come into contact with the immaterial facts of the analysis - with the patient's hallucinations - Bion confronts us with another of his many paradoxes: he asks the analyst to make use of his “negative capability”; to listen “without memory, desire and comprehension”, intentionally to reduce to the minimum possible level the act of “perceiving”, the activity of grasping new elements of reality, in order to elevate “imagining” (hallucinosi, which is in itself unconscious), the activity of re-clothing the reality of elements already noted. At this point he will find himself in an emotional situation - a kind of experimental sensory deprivation - propitious for allowing a state of hallucinosi to arise.

So Bion asks that we wipe out external reality as far as possible in order to enhance the perception of that which is internal; in other words, to increase indirectly the hallucinosi of external reality: that is, unconsciously to see external reality with the greatest possible subjectivity, so as to give oneself a way of intuiting more easily the current emotional reality of the relationship, as the following quotation shows:

The ideal state for intuiting psychoanalytic realizations may be compared to situations which have arisen in the moment in which one is about to have a hallucination. The hallucinator is one who has sensory experiences with no context in sensory reality: in the same way the analyst must be capable of intuiting a psychic reality bereft of any prior sensory realization.

(1967, p. 248)

Given that when we encountered it in *Analisi degli schizofrenici e metodo psicoanalitico* [Analysis of Schizophrenics and Psychoanalytic Method] (Bion, 1967)² hallucinosis was a concept which explained an aspect of psychotic functioning, it comes as a surprise to find Bion, in *Attention and Interpretation* (1970), employing the concept of transformation in hallucinosis (TH) in order to describe an 'ideal state' of analytic receptivity.

Thus a state of hallucinosis may be always present, although unnoticed, even in a normal person, corresponding to the inevitable activity of projection of whatever belongs to the subject, an activity which permits us to live in a sufficiently familiar and stable world: but this turns out not to be the last time Bion will wrong-foot us! His final book, if we exclude the trilogy, *Memoir of the Future*, has as its subtitle *A Scientific Approach to Insight in Psycho-analysis and Groups* (in other words, how to appeal to scientific intuitions!), and focuses on clinical phenomenology and psychoanalytic technique. In the general context of this volume - which is entirely dedicated to determining what the most favourable mental state may be for grasping the facts of the analysis, 'facts' which can be intuited but not perceived with the senses - hallucinosis surprisingly takes on the meaning, beyond its original sense of pathological defence and then of a component present even in the 'normal' state of the psyche, of emotional vertex which the analyst *must* adopt in order to catch the psychic reality of the patient, in order to take hold of something that is true even if proved false by the reality of the senses.

It is as if he were saying that to make contact with a patient who finds himself in a pathological state of hallucinosis, one must give oneself the freedom to function in the same way. How? Bion writes that one must *intentionally* (note this) put external reality in parentheses with an intensity that matches that of the patient who is genuinely hallucinating - and are hallucination and delusion not the most extreme resources for disregarding material reality and for expressing psychic reality instead? And this would actively make oneself ready for a kind of pre-delusional mood or state of mind: a situation of such openness and doubt, we might say a paranoid-schizoid emotional position, as to turn out inevitably to be persecutory and so to favour the irruption of hallucinosis or of delusional constructions. The analyst, writes Bion, "knows phenomena by virtue of his senses but, since his concern is with 'O', events must be regarded as possessing either the defects of irrelevancies obstructing, or the merits of pointers initiating, the process of 'becoming' O" (1970, p. 27), and are therefore interpreted as

² Translator's note: This is the subtitle given to *Second Thoughts* in its Italian version.

if they were dream events and seen as indicators of the unconscious transpersonal communication. Bion struggles to find the expression which best conveys the meaning of this astonishing and paradoxical technical guideline: 'Faith', 'ability to forget', 'disciplined denial', 'denial of reality'.

Naturally it would be a contradiction in terms to maintain that one can discipline something which, like TH, happens unconsciously. So what can he mean by it? He means us to try, as we do when we are feeling ready to go to sleep, to reduce the psyche's introjective activity mediated by the senses so that we can enhance the work of the negative which nestles in perception. But isn't this a way of dreaming while awake? - just as we say psychotic people dream when awake; that is, when they hallucinate (which is not a waking dream in the sense of *reverie*, for that always involves a dimension of awareness). In what way is it different from true hallucination? In that the analyst is able to wake up! That is, to grasp the contradiction between his 'delusional' or 'hallucinated' idea and reality, at the very moment in which he becomes aware of it. However, at this point he sends down a probe to plumb the emotional depths of the analytic field and - how shall we put this? - to take a 'pure' sample, rediscovered in his own experience, of the patient's (the field's) psychic reality. In fact, the hallucinosis of the analyst are only of significance if we accept the second postulate, which is that they reflect an aspect of the 'something *between*' which is unconsciously produced between him and the patient.

So it is as if Bion were telling us that we need *literally* to dream in the session - as happens when we are travelling and become sleep-deprived over a long period, and enter into immensely rapid cycles of micro-dreams - and not only dream *metaphorically* while awake, as we do in *reverie* and, as we shall see, in transformation in dream (Ferro, 2009). In this way, hallucinosis becomes the deepest probe for exploring transpersonal or interpsychic unconscious emotional reality... as long as one can get out of it again! What the patient cannot do, and which the analyst must succeed in doing, is to wake from the hallucinosis. It is here that we can demonstrate its usefulness. On waking, the analyst transforms into dream the nightmare in which he has lived for a time with the patient, and thereby frees him from the state of excessive hallucinosis by the very fact of living through an experience of emotional unison and transmitting to him in various other ways the understanding he has acquired.

For this reason we can say that to liberate the patient from hallucinosis (the mental state with the lowest possible tolerance of ambiguity and difference) or, rather, to bring him back within physiological bounds, we need to enter into a state analogous to hallucinosis: I repeat, an active and conscious denial of material reality which allows us to live the unconscious denial which the patient brings to the same material reality, and to do so in the very moment in which he is seeing it entirely in his own most subjective terms.

The aim is enter into a profound resonance with his psychic reality (with that of the intermediate area of the analysis, in which analyst and patient are places). The patient unconsciously wipes out psychic reality, building himself a hyper-concrete world, while the analyst in his own turn consciously wipes out this world in order to come back up to the terrain of

psychic reality of which it represents the transformation. The next stage is decisive, and is achieved when the hallucinosis is replaced by a critique of the hallucinosis: what we call waking from the dream.

In other words, if Big Jim in *The Gold Rush* hallucinates the tramp (Chaplin) as a chicken in order to forget that he has nothing to eat - but also to remind himself that this is what he urgently needs! - the analyst must ignore the reality on which he focuses with his senses, so that he too can see the chicken that Big Jim is chasing around the room and in this way can understand his hunger. Like the hallucination of the chicken, the hyper-reality which is the outcome of excessive TH is a heartrending siren sounding the alarm about an imperative need to rediscover a true contact with reality: that is, one based on emotions and on the value system which they embody. Essentially, hallucinosis does what it can to redress the deficit in the capacity for representation, but if we are able to listen to it, it never fails to represent with great vividness the patient's very inability to represent.

So the active denial which, in an almost military tone, Bion prescribes for the analyst does not concern itself (nor could it) with normal hallucinosis, which infiltrates his own perception of things (as part of the mind's need to affirm its identity), but instead aims to enhance his hallucinosis at the expense of his mind's capacity to differentiate between external and psychic reality: that is, to dream reality.

Attention and Interpretation is a long and extraordinary reflection on how easily analyst and patient can collude in erroneously judging reality and explaining the facts rationally to themselves so as to “prevent emergence of an unknown, incoherent, formless void and an associated sense of persecution by the elements of an evolving O” (1970, p. 52), and on what to do in order to free oneself from this situation. To illustrate this type of unconscious collusion, Bion gives the paradoxical example of the analyst opening the door to a patient who is already in therapy and thinking he is the same person that he met before. What could be more obvious than a thought of this kind? Isn't it a good example of normal hallucinosis? But are we sure that this really is the same person?

If we were to scrape off the patina of hallucinosis in analysis we would see the patient as if for the first time, hear his words as if they were always the retelling of a dream, and keep reinventing psychoanalysis for each patient. If we think it is the same patient as yesterday, says Bion, we are treating the wrong patient. In analysis, even outside borderline cases and psychosis, the patient is by definition defending himself against a traumatic reality and thus against those feelings which could reconnect him to that experience. He has a vision of reality, or of some aspects of it, which is flattened, monocular. So as not to collude with this defence and in order to be at one with his *O* (his emotional reality), Bion suggests that the analyst should also enter consciously into a parallel state of hallucinosis, which enhances the expression of emotional reality at the expense of material reality, puts into parentheses the hyper-reality which the patient constructs for himself by evacuating the feelings with which he is not in contact and which for this reason is (pathologically) false. The analyst's hallucinosis

helps him in fact “to see what the patient sees” (Bion, 1970, p. 40), to intuit his “hallucinations”. Only in this way can he then “effect transformations $O \rightarrow K$ ” (1970, p. 36): that is, derive *knowledge* (represented by *K*) from experience, when he makes waking follow dreaming so that dreaming becomes an authentic dreaming.

In other words, the analyst deliberately obscures present (and past) external reality as not pertinent, irrelevant - in the example quoted the fact that the patient really *is* married. In the same way as the patient - who is anchored to reality, but a fake reality because it is interwoven with so many fantasies - he must come to see everything in the terms of his own psychic reality, of the unconscious, in order to recover a critical perspective later on. Temporarily suspending material reality helps him to be receptive to the patient's projective identifications (β elements), *A* and so to ‘see’ his invisible hallucinations. This is how I understand Bion's observation, equating hallucinosis with “an act of faith”, that:

to appreciate hallucination the analyst must participate in the state of hallucinosis [...] By eschewing memories, desires, and the operations of memory he can approach the domain of hallucinosis and of the ‘acts of faith’ by which alone he can become at one with his patient's hallucinations and so effect transformations $O \rightarrow K$.

(1970, p. 36)

I repeat that, viewed in this way, hallucinosis marries up in metapsychological terms with the Freudian concept of denial (or, according to Riolo [2010], of ‘rejection’ [*Verwerfung*]) and, as a principle of technique, with the concept of free-floating attention, of which it finally becomes the most extreme version. Re-christened ‘Faith’, it becomes fostered in the analyst as the mental attitude known as ‘negative capability’. As we can see, to make hallucinosis not only a type of unconscious psychic transformation which may be found in pathology and normality, but also a mental state of the analyst in the session is another way of de-pathologizing the concept of TH.

So the analyst will no longer consider his own possible ‘hallucinosis’ as something of which to rid himself, the product of a mistake, but as a derivative which ‘fishes’ in the ‘something *between*’ that constitutes analysis, in the intermediate area produced by the communication from unconscious to unconscious. In this way, hallucinosis comes to enrich the dream spectrum in the session, along with *reverie*, flash dreams and transformations in dream.

With this bold theoretical development, it is as if Bion wanted to push himself yet further in radicalizing his principle of listening without memory and desire, with ‘negative capability’ (a negativity which, it should be noted, is positive since it is the fruit of experience and knowledge: a capability, from the Latin, *cāpere*, to contain or understand). After such a *coup de théâtre* it is not enough to say that what counts is the capacity for *reverie* of the mother with her child or of the analyst with the patient. No, what we need is the capacity for ‘delusion’ and ‘hallucination’ (and besides, didn't

Winnicott [1956, p. 359] speak of primary maternal preoccupation as a “psychiatric condition”?).

Transformation in Hallucinosi s, Reverie, and Transformation in Dream

Having described the three ways in which TH is present in Bion's theory, we can clarify some differences between TH and other phenomena on the dream spectrum in the session, such as *reverie* and Ferro's transformation in dream (TD).

Reverie is a dream with the eyes open. We are more or less aware of it: waking is presupposed from the outset. By means of a *reverie* I could also take account of the idea that the patient is thinking or behaving as if he were unmarried (even though he is), or arrive at it by association. But hallucinosi s has another quality. It is equivalent to a micro-delusion or a hallucination which I can come out of after a second or after a year. Even if it were only for a fraction of a second, I am *absolutely* convinced that what I have thought or seen, and which later reveals itself to be erroneous, is true. Hallucinosi s speaks with the accent of truth which is typical of the unconscious.

With the concept of transformation in dream Ferro (2009) proposes the technical guideline of listening to the whole conversation with the patient as if it were the recounting of a dream: in practice it is enough to introduce the patient's words (but also the analyst's) with the formula: “I dreamed that...” (or, maybe better, “I am dreaming that...”). In this way, the activity of dream-thought in waking comes to the foreground, no longer obscured by the hallucinosi s of everyday life. If Sara tells me that the cat scratched her, I hear it as if she were telling me that she had dreamed it. Then I can more easily bring myself to ask what the cat, as a character in the session, may be telling me about what is happening in the analytic field.

TD is an extraordinarily valuable principle of technique in clinical work because it helps the analyst to take responsibility for the unconscious communication which is happening with the patient, and for his own ineradicable subjectivity. As we see, the emphasis here is on intentionality (the analyst does something with a deliberate purpose). TH, on the other hand, is experienced unconsciously, and it is factual reality which has the task of waking the analyst.

I said that TD is a valuable tool, but it is also delicate. We should not resort to it in too active a manner: TD could lead one to illuminate the analytic field too brightly, and to read it mechanically. In such a case it would amount to a real hallucinosi s, and could even be dangerous. That is, it would give the analyst the illusion of understanding everything in real time, but without a real hold on the unconscious, and not in the temporal dimension afforded by *Nachträglichkeit*. In my opinion, it is only by looking back that we can be sure of comprehending anything.

To ensure that it does not become hallucinosi s - to use a psychoanalytic theory like screening with regard to the patient - TD, once assimilated, should likewise be forgotten and float freely in the analyst's pre-conscious.

Ideally it too would re-emerge as if in a *reverie*. When the analyst wakes from the dream of reality and surprises himself by observing it from the perspective suggested by Ferro, the principle of TD returns as in a dream, as the mature fruit of the work of the unconscious. Ultimately, TD is at the opposite pole of the dream spectrum in the session, an unbroken sequence which starts with hallucinosis and continues through *reverie*, flash dreams, etc.

However, it clearly makes sense to use TD in a more systematic manner for heuristic or didactic purposes, and perhaps also in those situations in which we need to ‘force’ a waking from the nightmare of an analysis without real dreams. In that regard it has at its disposal a practicality which TH and *reverie*, for obvious reasons, do not.

I hope it is clear at this point that I am not proposing an alternative technique to TD but, drawing on Bion, systematizing the inclusion of the analyst's hallucinosis in the dream spectrum of the session and clarifying its unique character as a technical resource. TH, TD and *reverie* are therefore quite diverse conceptual instruments and not alternatives to one another. All three are of great value for becoming the *O* of the session, for deep immersion in the emotional reality of the analytic field and for activating an unconscious work of understanding (Civitaresse, 2013b, 2014). If this immersive quality decreases in passing from TH to TD, then all the experiences to which these concepts apply have in common the important ‘aesthetic’ factor of surprise which we feel every time we make the passage through the border control (in French *rêve* used to mean customs [Quignard, 1995]) which leads from dream to waking. I shall now try to show in three clinical vignettes - one more extensive and two very brief ones - how these different moments play out in the session.

V for Vendetta

As in Bion's passage about the married/unmarried patient, the most striking examples of the analyst's hallucinosis are those episodes in which a perception or a belief asserts itself, only to be proved wrong by the facts - a fragment of ‘psychotic’ hallucinosis. I myself have described elsewhere how, working with patient A., it often happened that I ended the session ahead of time, confusing it with that of another patient, B. In doing so, I was unconsciously forcing the reintegration of emotional aspects up until then separated off as being A.'s, and now instead evident in B. Instead of seeing the confusion as an error or an enactment, I interpreted it as the *accurate* ‘perception’ of something fundamental related to the psychic reality of the patient, or in terms of the field, of the couple.

A similar example can be found in a vignette recounted by Ferro in which he tells how he used to hear the heels of a young patient, Anna, as she came up the stairs, only to realize that it was in fact ... Antonio! But he had hallucinated ‘Anna’ - who immediately became a character in the analytic field - who did indeed tell him something essential about Antonio which he had never noticed until then.

The analyst finds himself in a state of hallucinosis both when he is obviously mistaken about factual reality but has not yet awoken, and when he

confines himself to considering only common sense reality: this would be a state of normal hallucinosis, but nevertheless unsuitable for the purposes of analysis because it obstructs the attunement with emotional reality. For this reason it is good if he wakes from this realistic viewpoint. At the same time he must leave himself free to live in both these dimensions because only in this way can he become the *O* of the session, of the patient and the field.

I shall now report a fragment of a session from the third year of L.'s analysis, a young woman in her late twenties:

Patient: I asked my mother to come with me to the doctor. She can't because she has to go to the hairdresser. Same as always. She isn't available. But when I came home my dog *really made a celebration of it!*³:

Analyst: He's always available!:

P: Even though I'd left him behind all weekend. If he could speak he'd have said: "You went away, and I should be sulking about it!" And instead of that he runs up to me and wags his tail.:

A: Of course, one understands why Snoopy can do all sorts of things and he's saner than all the rest of them in *Peanuts!* [and I mean that he is indulgent and affectionate towards her. Then I add:] It seems like Monday was a *real celebration!*:

P: Well, I was so glad that I could come home to my dog! ... Did you see that *V for Vendetta* was on TV on Monday evening?! ... I managed to make Mum watch it. [Now you must see how angry I am?!] She was great. She watched the whole film. Usually she does crosswords and stuff. But she saw all of *V for Vendetta*, from beginning to end. I was really pleased. It made me happy that she was interested in a film I like so much. She followed it all, which I never expected, because it's quite a dark film where most of the characters die at the end [as a session ends, I reflect]. And the dog was asleep on my tummy ... But this evening I'm going to the theatre on my own ... They've given me a box ... There'll be a fight over the seats.:

A: *Orson Welles' Roast?* [I ask].:

P: Yes! Have you seen it?!:

A: No.:

P: You're a magician today, you know in advance what I'm going to see. Let's hope it'll be really good. [...] My boyfriend gave me a French game for the Wii

³ Translator's note: The wordplay and associations which are so important in this account are impossible to reproduce in English. L. says that when her dog welcomed her home, "*mi ha fatto le feste!*" '*Fare le feste*' for someone, besides meaning 'hold a party for them', is also a euphemism for 'wipe them out', 'waste them', 'do away with them', etc. Hence, we are told later in the account that "the celebration of the dog had become 'celebrate someone' in the sense of 'gun them down'". "The box at the theatre holds four seats, two in front, two behind. The rear seats offer an inadequate view of the stage. *Orson Welles' Roast* is a one-man show written by Michele De Vita Conti and Giuseppe Battiston, and performed by the latter in Rome in 2011, in which Welles gives a 'eulogy to contrariness'. The English word 'roast' is used in the title to indicate a rant, part panegyric, part invective. *Non-intendo* = "I don't understand."

[*Nintendo (non-intendo?)*], about two little rabbits who have to go back to the Moon and they build a heap of things they've stolen from here and there, all kinds of things you'd never expect ... cactuses ... piles of tin cans...

[...]

A: Like *Cirque du Soleil*... And ... did they get to the Moon?

Listening to L., I think to myself that she is expressing her anger at my having imposed an unexpected separation. I had in fact decided to take a day off at Carnival time: not even on a national holiday. So I speculate that she is rebuking me for not being available for her, and at the same time is showing me how she reacts to these situations: by taking all the responsibility herself. If people leave her, it's her fault (she was the one who left her dog for the weekend... that is, she was left alone like a dog by a dog of an analyst...).

What is happening in these few snatches of dialogue? If I had listened in the usual way, using my main theoretical model, the theory of the analytic field and the concept of dream in the session (**Ferro and Civitarese, 2014**), I would perhaps have sharpened the focus on the prevalent emotion of that moment: the disappointment felt at seeing that the other is absorbed in his own affairs (seeing "Mum going to the hairdresser" as a character in the analytic field) and has no time for her. Maybe I would have said something to enrich this account, in the attempt to know more, or to identify more exactly the emotion in play, or to sign the receipt for the return of the "letter" which had been sent back to me.

Instead I find myself listening from the perspective of the transference neurosis, and so in the setting of a uni-personal model, bringing everything back to an actual event in our recent past - the session missed for the Carnival - without thinking that something was being missed *now, in not being in contact with L. in the present moment of the session*. Here, I think, is the 'perceptual' error: that of using a theory (*theorein* means 'to see') which - for my method of reading the facts of the session in an intersubjective tone - I consider an error, a micro-delusion or a hallucinosis. The error is not the banal one of placing everything in a context of pure reality, in which the mother would be the *real* mother, the dog the *real* dog, etc., but instead of placing it in the context of a theoretical actuality, i.e. a concretized theory: how often it is this which, *inter alia*, leads us to make routine interpretations of the effects of the weekend break. Obviously I am not speaking here of hallucinosis in general, but as it relates to me and my usual mode of understanding (the one that, in my opinion, makes me see things correctly and which I feel as most 'true'). I am referring to the meaning which it has for me, and which it may not have for someone else: the use of a certain psychoanalytic concept in a particular way and in a certain situation.

But if that is how things are, what would be the truth in the error? What use can we make of it by thinking of it as a TH?

One possible angle could be to consider that this happens in order to keep things more 'at a distance'; that listening sceptically helps me to protect myself from positive or negative feelings which are aroused in this encounter and in actuality; to shelter myself in the idea, contained in the

concept of transference, that it is always the patient who misunderstands. But we can only use TH when we come out of it and the hallucinosis transforms itself into a real dream: that is, when - *perhaps alerted by L.'s insistence on the way the dog celebrated her return home - I realize that in fact I was not listening from the point of view of the session as a dream, and that perhaps L. is speaking not only from disappointment but also from the joy of our seeing each other again.*

According to this hypothetical reconstruction of events, I would first have 'hallucinated' and then, on waking, 'dreamed' a negative transference in which even the celebration of the dog had become 'celebrate someone' in the sense of 'gun them down'. But then, if dreaming is the *via regia* to understanding unconscious communication, I have to think - just like Bion thinking that his definitely married patient is *unmarried* - that in the analytic relationship there may be a feeling of anger circulating, and that I (we) could not have made contact with it except in TH, and that the sense of frustration which comes with feeling unjustly accused (because 'of course', accordingly to classical theory, it is somehow always the patient who misunderstands, distorts, etc.) in fact makes us grasp it all the better.

In the example I give here, reawakening does not lead to the rectification of a simple perceptual error. The negativity in the transference which I interpret to her, and which I would have also seen according to a reading of the analytic field, is confirmed at another level and speaks of an anger which I had not suspected was present, at least not to that extent. Here TH guards me from taking refuge in a kind of delusion of clarity in interpreting the clinical facts from the perspective of the field. It makes me understand that what I would be ready to admit on an intellectual level, I was denying privately and unconsciously.

The benefit which I take from using the technical resource of TH is that it enables me almost *literally* to dream what happens: 'literally' means at a deep level (and with a corresponding quantity of unconscious work of understanding) certainly not attainable by *reverie* and TD.

The reawakening which transforms hallucinosis into dream can occur in various ways: it can be the patient who corrects the analyst's hallucinosis, or the analyst himself may notice the error; in a supervision, it can happen that you are called back from it by the colleague, or the 'internal' supervisor we go back to consulting from time to time. It is certainly the case that, from the moment of reawakening, I try to consider the hallucinosis as an unconscious symbolic creation by the couple which has the potential to render me receptive towards a dimension of the relationship (or rather, of the analytic field) which up until then had gone unrecognized; or, if it had been recognized, not in that form or intensity, or else located in the wrong place.

Somebody might wonder what is the difference in the vignette presented here between the negativity concealed by an interpretation of the transference and that reached by considering it a TH? The answer could be, exactly the difference which Bion makes between 'knowing *O*' and 'becoming *O*', between understanding something with the head or with the head and the body: that is, emotionally as well. Paradoxically, to hallucinate that I am attributing everything to L. is the symptom of a situation in the analytic

field which sees me flooded with strong feelings and on the defensive. From my point of view, the hallucinosis is not a matter of thinking that there is anger but of thinking that the anger is only hers (that it is all part and parcel of her neurosis) and so suspending my ability to see the facts of the analysis intersubjectively.

If I interpret the error as a symbolic form, a micro-dream which clarifies for me what is happening, what I glean from it is the regaining of a greater degree of receptivity. What I say to L. immediately afterwards about Snoopy does not occur by chance: it still seems to be happening along the lines of TH (recalling her attention to the celebratory event = missed session), but it is in substance a true *reverie*. Why can it be considered in that light?

When I mention Snoopy, apparently in a very open and unsaturated intervention ('in the analytic field'), I am to some extent still really inside an interpretive perspective of transference; underlining how Snoopy is indulgent and affectionate with her, I go on to tell her that "I am Snoopy" and for all that she may feel like, and indeed actually desire to "celebrate" me (in the negative sense of "do away with me"), I take it in a festive spirit and don't in my own turn become angry at her anger, and what is more I reassure myself about my psychic health.

However, there is more to the comment about Snoopy, because on another level it also testifies to a genuine joy at our meeting again. That under the appearance of staying on the same interpretative line, something like *reverie* had seeped in is demonstrated by the fact that Snoopy is not mentioned by L.: and yet it had been she who in the past had told me that the dog was the sanest member of the family. Here the dialogue takes on an almost dreamlike character. I find myself speaking to her in a way that has little to do with 'making interventions' or 'giving interpretations' (Ogden, 2009): in this way we develop a shared unconscious, preconscious and conscious psychological narrative weaving back and forth from the images of one to the other, in which we can think/dream and solve the emotional problem of the moment. What has happened is that I have allowed myself to wake up and speak as if I were dreaming (Ogden, 2009).

What 'woke' me was L., making herself perform as if she were an actress, giving a voice to her dog and making him speak directly ("I should be sulking at you!") *which transported everything to the present*. All at once it was clear that neither she nor I nursed the slightest doubt about the humanity of this animal (and of this analyst).

So, reconstructing how things went, first of all Snoopy came into my mind doing his dance of welcome. Then up came the memory of the poster on my bedroom door when I was a child, a picture of Snoopy with his goggles and aviator's scarf. A few days before the session I had taken down from the bookcase the precious Charlie Brown albums that I have kept for years. I wanted to give them to my children, who had recently started to read them and were becoming very fond of them. This moment had felt like a kind of ritual and very gratifying to me in my role as father. It was a precious gift. It suggested some special intimacy. These are not any old comic strips, however poetic; they contain a certain idea about life. For me they also hold the memory of when I was a child like them and spent hours

reading on endless summer afternoons in the country. My gesture contained a feeling of tenderness and slight melancholy about the passing of time and the succession of the generations, but above all a doubt about how long, and if, I will be available for them when they need help with their lives, as my father was for me at some critical moments even when I had become an adult. It is as if I had made the same gesture for L.

That is to say, we simply live through an extraordinary moment of shared emotion, starting with the reverie provoked in me by the dog-speaking-as-a-person. We tell each other in this way and in the voice of this character that faithfulness and emotional warmth nourish the mind and create well-being. This is not a mere figure of speech, but my putting into action what I say through the way in which I say it. Then I surprise myself by speaking apparently without thinking or, it could be said, with a spontaneity that is not outside technique, but which perhaps one can only attain when one forgets it (enough).

So for a moment, thanks to the way TH has rebalanced my functioning in favour of dreaming, an emotional experience has been achieved ($T \rightarrow O$, in Bion's idiosyncratic language) which has brought about the transformation of anger into intimacy and melancholy, bringing to life a situation of emotional unison and recognition, and also a lived understanding of the core unease which grips L.

L. replies positively to my comment about Snoopy, and I wonder if on that Monday evening I hadn't also watched *V for Vendetta*.

The film obviously symbolizes her thirst for revenge for external offences, past and present, both in the minute immediacy of the dialogue, but also in the sense of well-being and happiness which she experiences in feeling herself to be understood. The protagonist, V, always wears a mask because his face has been disfigured in a cruel experiment conducted by the regime(!). For this reason he is animated by an intense thirst for revenge. Detached from the plot, V is the portrayal of a person immersed in a paranoid environment which prevents him from being himself and condemns him to live prey to a constant feeling of anger, the consequence of a narcissistic wound that has never healed. However, V meets Evy, a girl who like him is fighting against the dictator. Evy succeeds in transforming him and containing his anger. Significantly, the name Evy contains the letter V and in English is very similar to *envy*. Needless to say, that same game is played in analysis.

The impression I have here is that L. (in reality, the little group-mind to which the pair of us have given life) is dreaming what happens between us: in other words, that in some ways I am allowing myself, even if perhaps unwillingly, to be cathected by her hatred because of what has happened and to try and bear it. I am there with her seeing the film of her life (of her waking dream-thought). Moreover, I am aware how the violence of her emotions is heightened in the virtual scene of the unconscious and, being identified with the cruel character who persecutes V, I cannot stop myself experiencing a feeling of anxiety. But this is the bundle of β emotions which is to be transformed 'exorcistically' (Grotstein, 2007) once the demon of meaninglessness has been absorbed, and inside me first of all. It all seems to work out since

the dog sleeps on her tummy, as L. tells me; and I think that maybe she dreams; dreams things inside her tummy, her most visceral emotions.

However, when we approach the end of the session, L. once again sadly mentions the evening and her feeling of loneliness. She will go to the theatre. Who knows if there will even be a seat for her!? I had also intended to go that very same performance (which is why I knew it was on the playbill), but I also knew that I wouldn't be going because I had taken on another commitment. Added to the Carnival, this is another missed 'meeting' (but here we are about to say goodbye at the end of the session). I surprise myself by asking her rhetorically, as it were in an aside, if the play is about the famous American director, and so on. In some way I am making myself the bearer of her feeling of sadness about 'the missed meeting' which is the end of the session. In reality, the self-disclosure feels more like bringing a new character onto the stage to speak about what is happening. Asking her if the play was *Orson Welles' Roast*, I was asking her if she also felt she was on the grill.

After this came L.'s question, the reference to the magical mood (particularly communicative and intimate, perhaps because I was in tune with the rekindling of the inevitable persecutory mood at the moment of saying goodbye) which was created in the session, hence the image of the little rabbits in the *Nintendo* game, building a heap of stolen objects to get to the Moon.

To sum up then, in this vignette we pass from the painful theme of 'It's always been like this' to the dreamlike and magical spirit of the circus. In that moment we are engaged in a kind of dance. And I grant myself the freedom of talking-as-dreaming (Ogden, 2007), the freedom to be spontaneous and to trust the psychological work of the unconscious and the exchange of *reveries* in which I am engaged with L., to the point where I could not tell if what I say is more me or her. It is here that I make myself really available to her emotionally.

Daughter or Wife?

I am never able to remember if G. is J.'s wife and R. his daughter, or the other way round, and so every time I have to name them, I hold back. For fear of getting it wrong, as has happened to me more than once, and very embarrassingly, I say, "your wife" or "your daughter". This situation of 'chronic hallucinosis' has come up many times, and when I become aware of it I speculate that in fact for J. the two figures are not sufficiently differentiated. In analysis, analogously, my mistake could show that between the two of us there may also be a certain confusion of roles.

W(h)ell

In reading the record of a supervision, I happen to confuse "well" with "hell". This menacing mistake, which I only discover on a second reading, is enough to prompt me to listen from an off-centre perspective to the apparently satisfied account which B. is giving of his married life: I glimpse hell behind the smiles over the morning cornflakes.

As we have seen, I regard such a lapse in reading less as a symptom of the return of the repressed than as the product of unconscious work of understanding. In other words, I privilege the expressive aspect of the dream, the creation of meaning, over its translational aspect, its destruction of the significance of latent thoughts.

Waking from Reality, or Dreaming

Viewed from within the oscillation hallucinosis↔dream, all the narrative developments of the session could be placed on a gradient running from hallucinosis - which, I repeat, stands for a dream *really* dreamed while awake (that is, the first part of the act of dreaming: the second part being the act of 'reawakening') - to dream, from the fiction of reality to the reality of fiction. In my opinion, the relevant thing is that one is the premise of the other and that only their integrated functioning allows us to have a correct view of reality, to digest it and be nourished by it. When someone suffers psychologically, this dialectical functioning is blocked in several ways. The task of treatment is to restore it both with TH and *reverie* (to which, according to Bion, we can predispose ourselves by 'Faith' or by negative capability), and with *direct* and *intentional* applications of transformation in dream (Ferro's TD), always with the provisos to which I have referred. In passing from hallucinosis to dream we gain new perspectives, we wake from the fiction of reality. The analyst becomes able to contain the emotion because, thanks to the waking from hallucinosis, he gives things a personal (integrated/somato-psychic) meaning.

The aim of treatment is to permit the patient to acquire knowledge that is useful for entering into contact with emotional experience, to learn from experience and so to give meaning to existence. By definition, if he comes to us it is because unconsciously he fears his feelings to a degree which cannot be considered physiological, and so he rids himself of them inadequately and thus hallucinates reality. Every time this happens, the expelled β elements carry behind them micro-fragments of α function (the capacity to transform crude emotions into visual images or pictograms or dream-thoughts). So he needs to develop the psychic processes of dreaming/introjection and α function, which could never function at all - and this is the point - without the work of the negative which is undertaken by TH. Each time the cycle is repeated, the mind increases its capacity to dream *O*, the real unknowable in itself, the reality not yet symbolized. The success of the operation really depends on the fact that before reawakening not only the patient but also the analyst may be in TH in the sense of unconscious defence; that is, they may have passed through the experience of unconscious collusion which expresses itself in the hallucinosis of reality in analysis.

This is why the concept of TH is so valuable: because it gives us a way to conceptualize the dynamics and unconscious mechanisms which bring us to hallucinate reality and to live what can be defined as the sleep of waking. The amount of work it costs us to de-concretize reality is the exact measure of that species of gravitational force that is common sense, with which we normally cathect reality. But to a greater or lesser degree, the patients who come to us ask to be woken from this sleep which is, we could say, too deep

and deprived of dreams, and also to be helped to dream their existence, to redress the imbalance between hallucinosis and dream which is caused by mental pain.

The concept of TH can legitimately be added to the other productions of the dream spectrum. To employ the concept from more points of view and according to different accepted senses, as I have tried to show in this study, means endowing oneself with a valuable security device against the risk of concretizing psychoanalytic theories in general, and TH in particular by seeing it exclusively as an intrapsychic defence mechanism of the subject. Its versatility seems evident when we maintain its uniqueness as an exquisitely transpersonal/interpsychic concept.

It is only then that TH demonstrates its extraordinary theoretical, technical and clinical value - and its uniqueness compared to the other transformations (RMT and PT) - for bringing into clear focus some particularly evanescent clinical scenarios in which adherence to the concrete predominates; for illuminating in contrast the concept of α function and of dreaming/thinking; for further refining some technical tools such as Ferro's TD and Bion's *reverie*; and, finally, for feeling more sensitively the emotional waves which ripple across the surface of the analytic field and observing the facts of clinical work at a higher resolution.

Translations of Summary

Trasformazioni in allucinosi e ricettività dell'analista. Bion describe la trasformazione in allucinosi (TA) come una difesa psichica presente in quadri sfuggenti di psicosi in cui vi è un'assoluta adesione alla realtà concreta; come l'attività allucinatoria che infila fisiologicamente la percezione e permette di conoscere la realtà contrastandola su uno sfondo di familiarità; e da ultimo, sorprendentemente, come lo stato mentale ideale cui l'analista deve approssimarsi per intuire i fatti dell'analisi. Quando all'allucinosi segue il risveglio, l'analista deriva conoscenza dall'esperienza e va incontro a una trasformazione che si trasmetterà inevitabilmente al campo analitico e al paziente. In questo lavoro illustro il concetto di Bion e ne sottolineo la natura squisitamente intersoggettiva. Lo differenzio quindi da altri due dispositivi di tecnica: la *reverie*, che diversamente dall'allucinosi non implica la persistenza di un sentimento di realtà, e la trasformazione in sogno di Ferro - l'ascoltare intenzionalmente tutto quello che si dice in analisi come se fosse il racconto di un sogno. Provo infine a dimostrarne l'utilità pratica per leggere le complesse dinamiche di una vignetta clinica. Poco nota (solo due voci bibliografiche in inglese nel PEP), la TA si dimostra un concetto straordinariamente versatile e produttivo per pensare la teoria, la tecnica e la clinica psicoanalitica.

Transformationen in Halluzinose und die Rezeptivität des Analytikers. Bion beschreibt die Transformation in Halluzinose (TH) als eine psychische Verteidigung in flüchtigen Rahmen der Psychosen, wo eine absolute Adhäsion an der konkreten Realität präsent ist; als eine halluzinatorische Aktivität, die physiologisch die Wahrnehmung einschleichen lässt und ermöglicht, die Realität zu erkennen und sie auf dem Hintergrund der Familiarität zu kontrastieren; und letztlich, erstaunlicherweise, als ein ideeller psychischer Zustand, dem sich der Analytiker annähern muss, um die Tatsachen der Analyse intuitiv zu erfassen. Wenn der Halluzinose das Erwachen folgt, leitet der Analytiker die Erkenntnis von der Erfahrung ab und trifft auf eine Transformation, die sich unvermeidlich auf das analytische Feld und auf den Patienten überträgt. In diesem Beitrag beschreibe ich diese Vorstellung von Bion und unterstreiche die besonders intersubjektive Natur. Ich differenziere sie von anderen zwei Vorrichtungen der Technik: die *réverie*, die, anders als die Halluzinose, keine Beständigkeit eines starken Gefühls der Realität einschliesst und die Transformation in Traum von Ferro - absichtlich alles Anhören, was in der Analyse ausgegrückt wird, so als ob es sich um die Erzählung eines Traumes handele. Abschließend versuche ich die praktische Nützlichkeit zu zeigen, um die komplexe Dynamik eines Fallbeispiels lesen zu können. Kaum bekannt (es gibt nur zwei bibliographische Äußerungen auf Englisch im PEP) erweist sich die TH als eine außerordentliche, vielseitige und produktive Vorstellung, um über die Theorie, die Technik und die psychoanalytische Arbeit nachdenken zu können.

Transformaciones en alucinosis y la receptividad del analista. Bion describe la transformación en alucinosis (TA) o como una defensa psíquica presente en cuadros fugaces de psicosis, en los cuales persiste una absoluta adhesión a la realidad concreta; o bien como la actividad alucinatoria que se infiltra de manera fisiológica en la percepción y permite conocer a la realidad creando contraste con un fondo de familiaridad; por último - y de sorpresa - como el estado mental ideal al que pueda acercarse el analista para intuir de la mejor manera los hechos del análisis. Cuando a la alucinosis sigue el despertar, el analista adquiere conocimientos desde esa experiencia y lo que sucede es una transformación que, inevitablemente, se va a trasladar al campo analítico y al paciente mismo. En el presente trabajo estoy ilustrando el concepto de Bion, destacando su naturaleza típicamente intersubjetiva. Entonces, lo estoy diferenciando de otros dos dispositivos de la técnica: es decir de la *rêverie*, que no mantiene un fuerte sentido de realidad como lo hace la alucinosis; y de la transformación en sueños, según Ferro - cosa que equivale a escuchar todo lo que se diga durante el análisis, de propósito como si fuera el relato de un sueño. En fin, intento demostrar la utilidad práctica de la transformación en alucinosis para leer las complejas dinámicas de una viñeta clínica. Poco conocida (hay solamente dos voces bibliográficas en inglés en el PEP), la TA se ha revelado un concepto extraordinariamente versátil y productivo para pensar la teoría, la técnica y la clínica psicoanalítica.

Transformations en hallucinose et réceptivité de l'analyste. Bion décrit la transformation en hallucinose (TA) comme un moyen de défense psychique qui est présent dans des situations insaisissables de psychose dans lesquels il y a une adhésion absolue à la réalité concrète; comme l'activité hallucinatoire qui s'infiltré physiologiquement dans la perception et vous permet de connaître la réalité en la contrastand sur un fond de familiarité; et enfin, de manière surprenante, comme l'état mental idéal au quel l'analyste doit se rapprocher pour détecter les faits de l'analyse. Lorsque à l'hallucinose suit l'éveil, l'analyste tire de la connaissance de l'expérience et subit une transformation qui sera transmise inévitablement au champ analytique et au patient. Dans cet article, j'illustre le concept de Bion et j'insiste sur son caractère intersubjectif. Je le diffère donc des deux autres dispositifs de la technique: la *rêverie*, qui autrement de l'hallucinose n'implique pas la persistance d'un fort sentiment de la réalité, et la transformation en rêve de Ferro - écouter volontairement tout ce qui est dit dans l'analyse come si c'était le récit d'un rêve. Enfin, j'essaie d'en démontrer l'utilité pratique pour lire les complexes dynamiques d'une vignette clinique. Peu connue (seulement deux entrées bibliographiques en anglais dans PEP), la TA s'avère un concept remarquablement polyvalent et productif pour penser la théorie, la technique et la clinique psychanalytique.

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