

# Unthinkability and Psychosomatic Symptoms

CLAUDIO NERI, M.D.

W. R. Bion (1952) has pointed out a connection between alterations in the development of the "apparatus for thinking thoughts" and psychosomatic symptoms. Many authors have used this insight, from their own points of view, as a basis for describing this deficiency in thought and in the capacity to formulate images related to the development of psychosomatic symptoms (Krystal & McDougall 1979; Segal, 1950, 1958). This paper applies this hypothesis to a clinical case in which special emphasis is given to the symbolic deficiency, its effect on transference-countertransference, and its relation to falsification, "hyposymbolization," and to a specific phenomenon that could be called "hyper-symbolization," in which many meanings are embodied in the same symbol.

## A PRELIMINARY REPRESENTATION OF THE MATERIAL

A previous report on the ongoing case of Marta (Neri, 1977) utilized a particular drafting technique: each page was divided into three columns. In the first, I entered the reports of a month's session; in the second, my remarks; and in the third, any events registered during a particular session that could be connected with similar phenomena registered during the whole period of the analysis, which had, at that point, been going on for two-and-a-half years. The purpose of this unusual drafting technique was to bring out any cyclical trend in the analytic process, as described by Meltzer (1967, p. 46)

This method gave an organization to the temporal relations between events, but on the level of the events being recorded, the ambiguity of the clinical material had not been corrected. This difficulty in expressing in writing in a uniform manner at least a part of the analytic relation with Marta may have had its counterpart in a specific difficulty experienced by Marta.

## CONTAMINATION BY THE DEFENSIVE THINKING PROCESS

One aspect of Marta's difficulty was her tendency to assign to the environment a strong causal relation with its consequent capacity for transformation and change in her. For example, from the very beginning of her analysis, Marta indulged the fantasy that the well-furnished and pleasant consulting room would itself cure her psoriasis. In fact, Marta, in her causal thinking, was very dependent on the particular environmental situation to which she was subject: if it rained, for example, or if the traffic was heavy, she experienced this as if the urban context were incapable of working out her difficulties in coming for analysis, thus causing her to miss sessions. This enormous projective dependence on the environment constituted not only a counter-dependence on the psychoanalyst, but also a substitute for dependence on an individual and separate figure that she was incapable of recognizing. That is, she was more aware of her environmental dependence than of her interpersonal affect relations.

This attitude and behavior undoubtedly had an effect on me: it took the form of a projective counteridentification response (Grinberg 1962). Incapable as I was of acknowledging certain facts relating to Marta's analysis, I could not attack them directly and tended to reproduce the deficiency as if by identification and imitation. For example, I noted the temporal relation of events on paper while needing to examine them for their symbolic deficiencies (i.e., I became contaminated by her defensive and analytically deficient thinking process).

## THE SYMBOLIC BUT NOT SYMBOLIZED RELATION BETWEEN BODY AND MIND

The problem that Marta poses to herself and the analyst has become clearer; it is one that may generally be defined as "putting experience, body, and mind together." Marta now felt this need very urgently; since she had realized that when she did not do so they could "gang up" against her. As she herself said to me, when describing vividly and in great detail the onset and symptoms of a sudden attack of lipothymia and intestinal colic, "I have the impression that my mind and body have ganged up together, without my knowing, behind my back."

In the past Marta utilized her body in the expression of emotions whose origins she had not been allowed to identify and talk about. These emotions were expressed through the body without the necessary mental symbolization that would make possible understanding, elaboration, and eventual transformation. The experience had meaning or was symbolic but the meaning was expressed bodily. What was lacking was an adequate symbolic representation, a useful model of the experience. There was a displacement away from

painful psychic experience toward the painful bodily experience. Experience did not lack symbolic meaning; it lacked adequate symbolic representation.

During analysis the analyst pointed out the inadequacy of her symbolic system. This attacked very fundamentally the organization of her relation to experience and resulted in a violent rejection of the insight with an increase in the somatic and psychic symptoms, especially of the gastrointestinal and perceptual type. The analyst was accused of failing to interpret and of keeping her in the dark when he tried to throw the light of understanding on her experience. The persecutory tone of her comments ("behind my back") indicated both the urgency of her anxiety of disintegration and the incipient feeling of separation from reality (Grinberg 1962). My attempt to give her congruence was experienced by her as the introduction of an overwhelming incongruence. It threatened her with the chaos of a basic loss of understanding.

#### THE DISPLACEMENT: FROM AFFECT RELATIONS TO CORPORAL MANIFESTATIONS

The core of Marta's analysis is exemplified by a recent session. This excerpt shows the intensity of the projective process by which Marta emptied her thoughts and fragmented internal objects, and the correspondingly intense countertransference reaction (Langs 1981).

*Wednesday (2nd Week of October)*

Marta talked about her symptoms. She did not know "if they are nervous" in origin, if a "pick-me-up" might be of any help, or if she is only "tired". The waves of a nearby radar station might perhaps, she said, have some influence on her state of health: the last time she had had a checkup her red blood cells were a bit low and her white cells high, and so on.

I responded, "I would like you to feel my presence. It seems to me that it's as if you didn't know how to discriminate what happens to you or to what sphere to attribute it. It could be very serious or of no importance at all; something catastrophic; something which is happening in your body or in your mind. . . . Just like a child who cannot count on mother to be able to evaluate and father to confirm the scale or the nature of what is happening to him. His knee hurts and he is unable to discriminate whether it is some kind of infection or a blow, or . . ."

Marta remained silent for a few minutes, and then replied, "It's as if I didn't exist! You are saying that I am unable to discriminate what is happening to me."

I realized painfully that she had failed to grasp the significance of what I wanted to convey to her—namely the relation between the presence and absence of a congruent clarying father-analyst and her capacity to understand what was happening to her; a cognitive affect-link to someone other than herself. I awaited an opportunity to try to convey understanding.

Marta moved restlessly on the couch and said, "My tummy is moving; I see the walls and the plant coming nearer; the curtain and the wall are going all wavy. I think the radar waves are bad for my eyes and that I have brain cancer."

Marta's difficulties in distinguishing what came from her affect relations with others and what came from her relation to her physical environment (I don't know if my ailments are nervous in origin or . . .) derived at least in part from her difficulty in using structuring identifications (Langs 1975). The presence of the analyst was indeed perceived as the approach of a hostile mother-figure whose word persecutorily humbled, belittled, and impeded her (she told me that I didn't know how to discriminate . . .) This perception aroused, as a defensive reaction, a series of projective identifications with an increasingly splitting effect on the object, on her own mental system, on her own image, and on anything that represented a link between herself and the object. This necessitated, in turn, the evacuation of the analyst's thought as somatic symptoms (perceptive alterations with a persecutory and partially phobic character).

To gain a fuller understanding of this process, it should, however, also be considered that Marta really did succeed—at least in part—in checkmating the analyst's role. Let us reconsider the following sequence: Marta mentioned a strong psychosomatic disturbance caused by "radar wave projections"; the analyst (reminding her of his own presence) told her, however, that the disturbance originated from a strong emotional charge due to her excessive involvement. In consequence of this, he did not elaborate on the carcinogenic destructiveness of radar waves. Marta may have perceived this as if the analyst thought it too dangerous; that is, as indirect confirmation of her thesis. She felt accused. Counterattacking, she evacuated in the analyst her injured narcissistic feelings. The analyst perceived intense frustration and, involved in the relation of

projective counteridentification, remained silent. Marta, confusing herself now with the analyst and with his partially overwhelming intervention, defended herself by a further displacement; that is, she did not deal with the information about affect displacement but rather symbolized the threat as if it were an attack on her own body ("My tummy is moving," etc.). The attempt to lead her from her narcissism to the larger reality introduced information so profoundly different from her own understanding that she could not accept it massively. To do so would have been so overwhelming and called for such a complete reorganization that she would have lost her "self" and her narcissistic reality. The threat was felt and expressed as a sense of depersonalization and derealization.

#### THE DISPLACING MOTHER AND THE REPLACING ANALYST

Marta's case is characterized not only by her perception of the context as the causal factor worthy of the focus of attention but also by the introjection of a mother-figure that did not permit the discrimination of certain perceptions and the development of certain fantasies, whereas it permitted and even insisted upon the displacement of these perceptions and fantasies onto other external and corporal spheres. Abandonments and aggressions of an interpersonal sort were displaced; they were seen as manifestations of environmental or corporal aggressions. A separation was seen as resultant from some environmental cause of a magical and uncontrollable sort (traffic, car accident, radar waves) and its effect and danger was seen in terms of the body (cancer, hospitalization, etc.) Interpersonal affect threats (abandonment, aggression) were therefore registered and experienced in the body and perceived as coming from an uncontrollable environment. The necessary mental symbolization to make them analyzable and modifiable or predictable was not present, much less in any way related to her actions. Therefore the correcting point of reference (father, analyst) was taken as deliberately confusing rather than clarifying (lying), and the somatic disease or the environment was taken as the problem.

#### UNCONSCIOUS FALSIFICATION AND CONSCIOUS MISREPRESENTATION

In analysis it was therefore necessary to tackle the problem of falsification from the emotional viewpoint (Bion 1970). To explain this I must refer to two "events" during my analysis of Marta; the first occurred some time ago and the second fairly recently: From a series of random remarks, scattered over the last three years of analysis, Marta conveyed to me a vague recollection of her mother being absent from home during her early childhood. This episode, never made quite explicit, might have perhaps coincided with a period during which her mother underwent a "surgical operation" or "hospitalization" for clinical tests, or perhaps only with a period during which she stayed with relatives. Apart from this idea, Marta also conveyed to me a perception that her mother might have gone through a period of puerperal depression. The two hypotheses (physical illness or depression experienced after the narcissistic fusion of pregnancy) coexisted and did not lead to a solution either to the one or the other.

In May, some four months prior to the period of analysis we are considering, I had a traffic accident, which was followed by a period of hospitalization and the consequent interruption of the sessions. The analysis was resumed briefly before the summer holidays and then regularly in the autumn. Through a series of remarks, Marta led me to understand that throughout my whole period in the hospital she never once went home to sleep, but led a wandering existence, staying with one friend and then another.

With these events in mind, it is possible to formulate more coherently the problem of falsification: Marta, in her early childhood, had experienced a deep sense of anxiety in her fear of going to pieces and, at the same time, felt herself deprived of a container for the anxiety (McDougall 1979). Her mother falsified Marta's experience and was occupied with her own anxiety of narcissistic defusion in a way that was confusing to Marta. Experiences were never clarified and Marta's own aggression, and fear of abandonment for her own potential attacks, became displaced onto her concern for her body and a feeling of the attacks coming from the environment. When her analyst interrupted treatment as a result of a traffic accident, this was a "confirmation" of her understanding of environmental threat and corporal danger resulting in abandonment or separation. The resultant anxiety was neither contained (absent analyst) nor elaborated at the time. Closeness itself produced the anxiety of unpredictable abandonment and attack. Interpersonal and environmental events were confused, and their effect was felt as aggressions on the body, not "thinkable" about because their symbolic representation was deficient (Gear, Liendo, and Scott 1983).

#### THE ANALYST AS CLARIFYING POINT OF REFERENCE

This complex aspect of Marta's case paradoxically became clearer during the analysis when it could, in some measure, be overcome.

*Friday (2nd Week of October)*

Marta began by complaining that she felt ill, and then said with a matter-of-fact tone, "But you too are ill." I replied by asking her, "Do you feel there is any connection between the onset of this period (in which physical ailments and the fear of cancer have once more made their appearance) and uncertainty about my condition?"

After remaining silent for some time, Marta said, "But you are really ill. How do you feel at the moment?" I asked her what fantasies were in her mind. There was no answer. Then, I told her that it would probably take a further two months before my broken leg would allow me to walk without the aid of a stick.

Marta said, "Now I can tell you what was in my mind: since I didn't see any plaster-cast and since after so long a time you still kept your leg on a cushion, I thought you had it amputated."

I felt a sense of horror, almost of physical fear. Trying to reestablish contact with her, I replied with some effort, "You must have felt very lonely all this time, not being able to communicate with me and share this fear you had about your analyst."

She said that this was not so, that she did not feel this way.

I asked her if she thought I was lying. She then explained that she thought I was "touching wood" behind her back and that "had it been true about my missing leg, I could not have told you." She told me about the feeling of uncertainty caused by her mother and her psoriasis: "If my mother left home due to illness, or in the case of my own illness, one was not supposed to speak clearly about what exactly the illness was; it could never be clear. Doubt about its nature was, however, just what made it so difficult for me to tolerate the situation, especially since I could not tell anybody that psoriasis was not infectious."

In her first remarks in this sequence, Marta was trying to identify the relational source of her illness: if she, Marta (the child-patient), was sick, so too was the analyst-mother. When I suggested that her illness depended on fantasies, Marta really felt herself accused. I therefore responded on the same level—"thought-action": column VI of Bion's Grid (Bion 1970, p. 121). This intervention was coherent with the level of communication proposed by the patient. Marta could then express how she had transformed the reality of my broken leg into a threatening permanent loss. I contained Marta's terrifying attack; I felt terrified and physically threatened (Grinberg 1962). I pointed out to her the need to distinguish two figures: (1) her analyst (phantasmatic object), and (2) me (a real person, inaccessible during my period of hospitalization), but neither permanently separated nor chronically physically mutilated (Limentani 1966).

Marta doubted whether I, like her mother, wished to share in the anguish she herself had felt: she introduced the theme of the falsification of experience. I proposed the lie or conscious misrepresentation. The last exchange of remarks was aimed at clarifying how the lie and falsification operated by obscuring the true nature of the relational illness. Marta began to talk again about psoriasis, infection, and the secret that cemented the mother-child amalgam.

#### DEFENSE AND REALITY PERCEPTION

In emotionally charged situations, therefore, Marta seemed to be incapable of clearly distinguishing her fantasies from reality (the lack of the plaster cast implied the lack of the leg.) Her incapability is, as we have seen, experienced not as deriving from her own confusion, but as provoked by a part of her (confused with the projective other-radar) that is forced to perform ritual ceremonies against the "evil eye." She was under the "causal forces" of magical thought. This probably corresponds to the phobias about breast and brain cancer that brought her into analysis. The part of Marta expressed through "short circuit" discharges affecting her body and relationships, and giving rise to reactions of pathophobic alarm, acted in ways which, as I hope to be able to show more clearly, can be differentiated at least in part from those concerning the formation and utilization of skin symptoms (psoriasis). Those aspects of the self that reacted violently to the analyst's presence, to the possibility of his emotional closeness, and to the eventuality of introjecting his thoughts, expressed themselves by an immediate mode of interaction, which might be termed one of vomit or diarrhea in response to a threat of indigestion or intoxication. Penetration was responded to by expulsion, but there was a more stable and subtle "psoriatic" defense; this constructed and reenforced in advance a confused and complex barrier that seemed to prevent in advance any potentialities of contact and separation open to her. Marta, however, was incapable of distinguishing these two parts of herself, just as she was unable to distinguish various types of mother presence. Furthermore, she was unable to use her thoughts to clarify her confusion, since she was obliged to defend herself from a dangerous type of magical thought that was, in

some sense, the equivalent to a "deadly" psoriasis that could strike at a distance. Both her body and her environment "magically" and unexplainably attacked her.

She was able to make a partial projection on my broken leg both of her illness and of her "amputating" thought. This projection was carried out in a peculiar way: the fusion between herself and the analyst was used by Marta not only to maintain her confusion about the cruel nature of the projection, but also to mitigate, in some degree, its sadistic character. What was missing in her reasoning and was the basis for Marta's projection could be described as follows: "Since you and I are so close, almost an extension of each other, it is impossible to distinguish if what I do is provoked by affection or cruelty, or even to know if I am doing it to you, to your leg to which I am clinging, or to myself. And in the last analysis, attacking oneself is not a real attack: it cannot be inspired by malice."

#### RELATIONSHIPS AND INTROJECTIVE-PROJECTIVE IDENTIFICATION

It is now possible to define more clearly the observation that was my starting point. I stressed that Marta attributed the capacity of elaborating, transforming, and thinking to an entity that she felt to be different from herself and from the analyst. I have already noted how this activity could be experienced as helpful, but how it was also capable of being used in a malicious way. It may now be added that Marta not only had difficulty in assuming her own responsibility for these thoughts, but was also faced by the need to hide herself from the "author" of deadly thoughts. In other words, the elimination of the subject was also a "defence aimed at the fantasy of defending the true self whatever it may be" (Winnicott, quoted in Tagliacozzo 1980, p. 8). The defense of the "true self" had had an important influence on the course of the previous analysis. This had proceeded especially by acting on Marta's part (operating externally to preserve the analysis) and by collateral products on the analyst's part (a paper on Kafka's psychosomatic illness). These surrogate activities had been useful as long as the analyst and the patient were not in a position to substitute themselves for these "external" and collateral operations. The latter had played a role similar to that of a scaffolding around an unfinished building. The construction of this building (i.e., the analytic relationship) had in the meantime been completed, mainly through nonverbal modes of communication. In Winnicott's words, "Patients with a limited capacity for introjective and projective identification have serious difficulties in entering into relationships. In such cases, the analyst's main hope is to increase the patient's range of cross-identifications by means of... the analyst's capacity to identify with them" (Winnicott 1968, pp. 201-202).

#### INTERPRETATION AND THE CLARIFYING WITNESS

This greater capacity to use projective identification in a constructive way had, however, also been developed through a greater capacity for separation. In this, the interpretational role (itself always a source of intense reactions) was an essential one. The material that follows gives an example of this and is, at the same time, full of images that suggest how Marta, for her part, began to use her capacities. It also presents the development of an analytic conversation capable of elucidating the pathological fantasies of the "fusional couple." Much of the way in which Marta produced her associations is in fact modelled on valid unconscious perceptions and translated into efforts at curing the aspects of the analyst identified with pathological internal objects in Marta herself (Racker 1956, p. 232). In this session, for example, Marta encouraged the analyst to use more reverie (imagination) while simultaneously declaring her own incapacity to overcome an impenetrable lack of contact (Bion, 1952). Only in this way was she able to feel, not narcissistically injured, but indeed cured by interpretation-penetration.

#### *Tuesday (3rd Week of October)*

There was a new object in the room during this session: a flowerpot holder; or, considering the matter from a different viewpoint, the plant placed in the corner in front of the analyst's couch now had a dual container, containing in turn the earth in which the plant was growing. Marta seemed to grasp the involuntary language of the presence of the flowerpot holder and, on this occasion, considered meaningful, not the outer shell or its absence, as in the case of the plaster cast and the broken leg, but the inner content: she said, "Francesco (my husband) told me he wanted to plant a few bulbs in vases."

I replied, "Don't prune the plant I brought back from Scandinavia . . ."

"I remember I once had a petunia plant and Francesco pruned it too much and, after ruining it, threw it on the floor." She then added, almost as if drawing a conclusion, "Francesco told me we can have nothing in common and that our worlds are separate."

I answered, "Francesco pruning the petunia represents a part of your relation with me. You-Francesco tend to cut the communication between you and me, a communication which could grow as a bulb in a vase. The going from the personal to the impersonal leaves you in a separate world, talking of different things, again out of touch."

She confirmed this by saying, "We were just on the point of making love on Friday, but it was not really possible to do so. I told him to use a little more imagination, but that wasn't really the point, nor even the fact that I had just removed the IUD. . . ."

I replied, "You are seeing the need for imagination in our relationship—that to talk about your problem of closeness rather than to talk about a mechanical external thing like the IUD."

Marta seemed to be suggesting that the impossibility of intimacy was to be imputed to herself and her need for self-protection. She, however, at last seemed dissatisfied with her own explanation of an external physical "cause" and told her husband-analyst that there was a need for a little more imagination to cure their couple-relationship problem. It seems that she may have been inviting the therapist to provide this imagination, or missing symbolization, that made it impossible for her to imagine what was happening and therefore to overcome the separation between the two worlds.

### REPRESENTATION IN A FANTASY

It was only on the following day, however, that I obtained from Marta a second answer to what I was saying.

*Wednesday (3rd Week of October)*

Five minutes before the end of this session, Marta told me of a fantasy of hers, the first since she had been in analysis: "There were two separate fields in the countryside, and a flat (unleavened) loaf of bread with a fork stuck into it. The two fields were separated by barbed wire and two people (a man and a woman), as small as puppets, approached the barbed wire to make love and then go away again . . . with a periodic motion."

A fantasy is not the same as a dream. A dream can always be dreamt without the dreamer feeling that it is he who is expressing a need or a message. A fantasy is different: it marks a stage in the use of thoughts and in the capacity to assume responsibility for them. It is therefore important to understand its content in detail and to consider the expressive form it assumes.

The quest for contact that Marta's images implied is subject to the superior need to separate and go away. The impulses of contact and separation were only partially humanized (a man and a woman like little puppets); indeed, it seems that the two puppets were mechanically moved by some kind of offstage motor. In other sessions, they appeared as if enveloped by a delicate and pervasive mist of contacts with the environment and couch. Yet Marta's images cannot really be described as a fantasy in the true and proper sense of the word: they are better described as a vision perhaps formed rather like a painting.

At the center, the bread and the fork stuck into it are certainly magnified in size. The scene of penetration is cruel: the fork as "partial object" is duplicated (in the complete scene) by the barbed wire that divides with its lacerating teeth the man from the woman during the periodic movements that bring them together and then separate them (sessions, sexual intercourse). One could summarize the fantasy as that of forceful sadistic penetration where the "context" or environment is given more emphasis than the people (impersonal emphasized over personal.) Marta, in the course of her five years of analysis, had only on rare occasions overtly expressed this mode of thought, this particular way of transformation. Even dreams had rarely been reported, and then only after a long delay. She reported this particular fantasy at the end of the session, and then missed the next. She was probably frightened by the penetration of my interpretation and the closeness that this implied. Her rhythm, like the fantasy, was to move close and then apart. But perhaps she was also scared that I would destroy her clever way of "thinking": her defensive and "artistically" perfect transformation of what I had told her (the pruning or impersonalizing process).

### TWO HYPOTHESES ABOUT SOMATIZATION

I would now like to add two hypotheses to the description of Marta's analysis. The first hypothesis is that the psychosomatic side to Marta cannot be transformed into thoughts, since the counterpart of the psychosomatic symptoms is not "somatopsychic," but rather "somato-psychotic" (Bion 1976). The somatic illness, in other words, once again played a defensive role. Perceptions, instead of being transformed into tactile hallucinations (e.g., of small animals or of the amputation of the nipples, about which Marta had sometimes spoken during previous sessions), are embodied in a globalized and confused way in the somatic disease.

The second hypothesis is that the psychosomatic solution seemed to Marta not only consistent with the defensive assumption of anonymity (i.e., an effective cryptic solution), but also an ingenious, hypersymbolized and (in some sense) artistic "solution." Right from the first examination it was evident that this solution (just like the transformation of the analyst's interventions into a "vision") was valid from a defensive viewpoint: it kept the comprehending thought at a distance and thus avoided both the pain of bringing certain facts to consciousness and the renunciation of omnipotent parts of the self. At the same time, it made the subject unidentifiable and hid the self from the attacks of the other. The price that Marta paid for this did not seem excessive, at least initially. Scope for any potential relationship of mutual exchange was largely wiped out (all the primitive area of contact was affected: the skin became psoriatic), but basically this was considered almost desirable by Marta, in view of her violent relationship with her mother (whether at the level of fantasy or reality).

#### HYPERSYMBOLIZATION AND SOMATIZATION

A little further explanation is necessary to clarify "hypersymbolized" and (in some sense) "artistic solution." The work of art (even in the case of Kafka's extraordinary production) fixes the nucleus of the protomental material in a work that is living and endures behind solid glass. Anyone can intervene in it—be it a literary text or a painting—to extract from it whatever meanings he most has a need of. The observer can also pass through the glass to immerse himself wholly in the work and thus make his own direct experience of what is contained in it. The text or the painting is thus necessarily polysemous: it contains as many possible interpretations as there are readers or observers of it. The artist himself, vis-a-vis his own work, is just one interpreter of it, and not necessarily the most privileged.

The work of art opens up a space for a mediated dialogue between the artist and the beneficiary-interpreter and between the artist and himself as interpreter. This space is thus the result of a caesura separating the artist from a part of his own self: it provides opportunities for dialogue and a series of possibilities for the conjunction and redefinition of the relation. This process is accompanied by a parallel transformation and restructuring of materials; these are perceived, separated, transformed into symbolic form, etc.

By contrast, the "psychosomatic hypersymbolization" acts on what is still confused and undefined. Just as in the transformation into hallucinosis, so in the psychosomatic manifestation as a whole, the "possible dialogue with the other" is completely absorbed by a comprehensive system of organizing materials. The space for the relation both

with the beneficiary and with oneself is obliterated. Hence, even if hypersymbolized (the basic "materials" are in effect deeply transformed into embodied signs and symptoms before being grouped into hyper-determinate systems and further codified), the psychosomatic symptoms remain impenetrable and yield no meaning; at the most, they may only be subject to further investments at a third and fourth level. Psychosomatic symptoms are described in the body: they can be described (as Marta so accurately does); they can cause pain, but they do not contain any relational qualities within themselves. Considered "in toto," they form an object with which the other person and the subject himself must come to terms and to which they must respond, as it were, from the outside: experiencing and suffering them as "things in themselves." This system of transformation is based on the patient's need for defense and self-assertion (the confusion is mistaken for "magnificent polysemy"), and reveals itself externally as so dense an agglomerate as to seem an impenetrable monolith.

It is not yet possible to specify what type of "hypersymbolization" was being used by Marta. On the basis of the observations made on her choice of perception (examples of which I have cited in the episodes of the leg and the plaster cast, and of the vase and the plant), it is possible, it seems to me, to indicate a preference for "figure-figure" constructs, while "figure-background" models tend to be discarded. This would seem to be corroborated too by the fact that all my attempts to clarify or interpret her case in Gestalt terms consistently aroused radical attacks. Marta interrupted the relationship to restore the situation of self-referral to her own predetermined system, which was expressed in the formulation of complex and intricate linear sequences. In other words, Marta reaffirmed her compulsion to operate by symbolic equations by aggregating objects concretely perceived in their isolation, and interrupted any attempt to establish correlations between things and their representation.

It is also difficult to specify with any precision what are the basic contents embodied by Marta in her "psoriasis" and then resubjected to her fantasies. In hypothetical terms, one might suppose that such subjection involves the contact area of a couple engaged in a primary scene and an irritated structure of the self that produces a multilayered mother-of-pearl stratum. That is, the introjected mother did not permit the representation of the irritating relationship in interpersonal causal terms. The daughter was also not permitted

penetration of the clarifying father and was trapped in the narcissism of the mother. Though such an hypothesis still remains to be proved, it may be given a more distinct formulation in the joint work of analysis and interpretation that remains.

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