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## **Transferential Relationships as Field Phenomena The Relationship Dynamics in the Light of the Manifest Dream**

### **Transferential Relationships as Field Phenomena**

We owe to Gestalt psychology, which has always been attentive to the issue of relationships, the concept of a global phenomenic field with a bipolar structure. According to this theory, the experiences and the relational dynamics of the individual are to be considered field events.

Research on the global phenomenic field has shown that several correlated global fields can form at the same time within the experiences of a person. Stemberger (2009) states that there is a primary field in which the person is exactly located in the therapeutic situation and is defined in his/her place by his/her bodily feelings. He then underlines that there is a secondary field, which is activated during psychotherapy in correspondence to the narration of the patient, in which the therapist “immerses himself” with dedication (a “social virtue” as intended by Galli, 2005). This secondary field is more flexible and more easily modifiable. Psychoanalysis, following Gestalt psychology, has incorporated the concept of field (Galli, 1997). This happened with the epistemological shift impressed by Madelaine and Willy Baranger (Baranger, Baranger, 1969). In numerous and deep writings published over the last 30 years (mostly in Spanish), these French authors operating in Argentina have developed a highly original perspective that considers the analytic situation as a dynamic field structured by a bi-personal relationship.

The analytic contract and the fundamental technical rules determine an initial organisation of the field (the setting), which represents its potentially stable background. Against this background, the predominantly verbal manifest content of the communication between analyst and patient gives rise to a second level of organisation. However, what is specific to the analytic experience is its possibility of arriving, starting out from these two levels, at the unconscious fantasy that constitutes the latent structure of the field (Bezoari, Ferro, 1991).

The function of the bi-personal field is described in terms of complementarity and of cooperative poiesis of the analyst-patient couple. It is a working dyad, with the purpose of transforming, through a specific interaction in the therapeutic field,

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the pain caused by the emotional traumas associated with previous pathological relationships which have inhibited a healthy mental development.

In Italy, an interest in the idea of field has grown within psychoanalysis, leading to an original elaboration of this concept, which has not received sufficient international recognition (Neri, 2007).

Psychoanalytic psychotherapy seeks to transform the various crises of the individual (the relational suffering) into an evolutive crisis (De Toffoli, 2005). When treatment has a beneficial development, an expansion of vital potentialities, which enrich and heal, occurs. In fact, the person is a dynamic structure rich in potential, capable of restructuring itself in relation to the situation and the kind of relationships established with other people (Galli, 2010). Thus, a relational complexity, belonging to a positive level, is organized, avoiding a possible disaggregation of the relationship.

The transference is generated within the relational dynamics of the psychotherapeutic field, produced by the meeting of two distinct subjectivities. The transference is a phenomenon that refers to the shifting, onto the therapist or onto the therapeutic relationship, of expectations or of characteristics that do not respond exclusively to qualities that are objectively present in them, belonging however to the mental life of the patient who inadvertently assigns them to the current situation. Therefore, in the shifting, the repetition of a model originally experienced in relation to significant figures of childhood can now be observed in the current, interpersonal relationship. The patient wants to eliminate his/her suffering, showing his/her past problems, which are still present, waiting for their resolution, bringing about the transference to which the therapist contributes by giving him/her the opportunity to express it. Therefore, the transference is a phenomenon determined by the bi-personal field.

The concept of transference, from Freud onwards, has been configured around two fundamental dimensions, each characterized by an internal oscillation between two poles of reduction: either the repetition of a constant or a transformative reopening (Ferruta, 2008). The transference can therefore take either a *repetitive* and stereotyped connotation (of past relational experiences) or a *transformative* one (towards new relational experiences), in which the therapist acts as a new object.

The desire to complete something that was left unfinished, to close a still open relational wound, to find a solution for what one was not able to bring to conclusion is always latent in the transference repetition. The open problems refer to those that were left unfinished in the stages of development and that, to be completed, need a relationship with a person: the therapist.

The transference repetition is based, here and now, on the re-occurrence of what

re-happens again (Filippini & Ponsi, 2008). In this relationship, structured in the current context, the patient makes a “ruthless” use of the therapist, connoting him/her in a stereotyped way, in an attempt to get him/her to take on the identity of the primary relational object, source of pain, conflict and of a wound in the feeling of Self.

The tendency to relate with the other as a stand-in for objects internalised in suffering is constitutive of psychopathology. This occurs through a process in which the patient, in the course of treatment, does not perceive aspects and attitudes of the therapist, which are different from the image in which he/she is trying to force him/her. It therefore follows that during the development of the repetitive transference, the significant figures and the relationship with them can be increasingly simplified, in the sense that the negative aspects are privileged and other divergent aspects are not considered. The image of the other is purified from the aspects that are not consistent with what the repetitive transference attitude does not want to highlight.

The field, enclosed in the repetitive transference, accordingly appears “closed”, not “open” to developmental transformative elaborations, which instead characterize the maturative dynamics of the living being.

The fundamental aim of therapy is that of improving the patient’s ability to relate to an Other, who is real and has his/her own characteristics, different from those of the Other who came before, in a relationship that generated the suffering.

The transformative transference tends to resume the developmental-maturative process, abandoning the block of the repetitive transference attitude. The transference, from a field point of view, is therefore also modelled after the therapist’s personality. The patient’s relationships are then brought back to the quality and the dynamics of a specific therapeutic situation (Civitarese, 2010).

The therapist does not remain enmeshed in the repetitive transference attitude, when a restructuring of what the patient offers occurs in his mind, and a different emotional experience emerges. He/she links together many parts presented in the session. What he had welcomed as mysterious, keeping the clinical patience alive for the time necessary to create a sharable meaning, develops into a new configuration. A scenic understanding (as intended by Lorenzer, 1971) clearly emerges, in which a different situation, for the relationship and for possible narrations, finds its place in the transformative transference.

Starting from the connection to the phenomenonic content, the therapist can then intervene offering meaning where there was none. What was previously devoid of meaning becomes sensible. Thus, for example, the therapist could start by saying: “I have had a fantasy”. And what is reasonable for the therapist, but only thought by him/her as possible, becomes a reality due to the patient’s intimate sharing.

It is a new vision for both, resulting in a *positive* transformation in the relational dynamics, with the changes in the reference system and in the different centring that follow.

In this way, the fluctuations that occur during the treatment, between repetitive and transformative transference, become comprehensible. The latter kind of transference, in fact, aims at restoring the patient's primitive mental capacity for meeting, damaged in various ways. The therapist makes a relational exchange available to the patient, with affective and cognitive answers, which are different from the ones he/she has received up to that moment. The need for support is also valued, as well as the therapeutic offering of mirroring, mobilizing for the relationship and the transformation of the wounded Self.

The therapist shows specific attitudes such as sincerity, dedication ("virtue of the profession" according to Stemberger, 2009), empathic sharing, clinical patience, inspiring of confidence, restoring of hope and openness to wonder. Such attitudes are based on specific requirements such as honesty, objectivity, goodness, compassion for human failings (Etchegoyen, 1986) and are supported by reverie (Bion, 1962) and holding (Winnicott, 1958).

The requirements and the attitudes propose new aspects of the therapist, which become dissonant with the stereotyped image already present in the repetitive transference. These aspects, if not removed, but appreciated by the patient, cannot be unifiable in a whole that encompasses also the stereotyped ones. Either a feeling of non-prägnanz or of cognitive dissonance (according to Heider, 1958) follows, inducing a prägnant restructuring (Rausch, 1982; Stemberger, 2009). It is a maturative prägnanz, which, in the transformative transference, brings about richer relationships. All this is necessary to bring the therapeutic process, a kind of developmental experience, forward. It is strikingly similar to the one experienced during childhood, in which, in fact, the child uses the affective and interactive fantasy of those who take care of him (Loewald, 1979).

The aspect of greater complexity is organized within the dynamics of the therapeutic couple. The therapist brings positive personal attitudes (the abovementioned ones) to light, different from those of the simplified negative figure of the repetitive transference. Therefore, the attitudes of the therapist constitute new reference systems that might offer the patient an acknowledgement of his/her own subjectivity, through other systems of meaning, highlighted in the relationship. The individual finally finds an "active zone" in the cure within which to appear in his/her autonomous identity. The mental maturation of the patient, due to the work of the couple, which restarts the inner growth and the relational mobility with living objects capable of transformation, can lead to an expansion in the relational multiplicity of the field. The dyadic relationship (declined according to the mother-child configuration) can evolve in the triadic relationship (mother-

father-child). In this case the trend towards greater complexity is expressed within the composition of who takes part in the relationship.

The field characterized by a transformative transference is therefore an “open” field, ever-expanding, with a trend towards a growing complexity. This could be seen in the sense described by Rausch (1966), when he indicated as *prägnant* the aspect of greatest possible complexity, i.e. the one richer in parts or elements. Rausch, starting from the consideration that, in literature, the general concept of *prägnanz*, which includes several meanings, is used in relation to either one without further elucidations, sought another differentiation of the concept. He thus introduced *aspects* of *prägnanz*, distinguishable with the corresponding non- *prägnant*. In this way, concrete relationships are obtained between what is *prägnant* and what is not. Examples of *prägnant* aspects in relation to non-*prägnant* ones are: “independent/derivative”, “whole/incomplete”, “simple/complicated,” “more complex/less complex.”

An empirical confirmation in the perceptual field was given to this theoretical framework (Stadler, Stegagno & Trombini, 1979) through the technique of the stroboscopic movement of transformation (Trombini, 1968).

Metzger (1970) stressed the important theoretical contribution of Rausch, pointing out that the various aspects of *prägnanz* can be extended from perception to other areas of psychology, like the one pertaining to interpersonal relationships, to offer a better understanding of the facts.

The tendency towards “complexity” is therefore a good indicator of the trend towards the spontaneous construction of harmony, expression of “positive” relational dynamics, as realization of the principle of *prägnanz*, within the transference situation.

The goal of relational harmony and its preservation already regulate the functional behavioural circle that is established between mother and child, the prototype (acting as roots) of social development (Metzger, 1962). The behaviour of the one is continually adjusted by the effect produced by the other, but as in any dynamic totality made up of relatively autonomous parts, there is the danger that, instead of virtuous circles, supported by a sense of confident belonging (being part of an Us, as well as a Me), diabolical circles might form, resulting in aggressive abandonment.

The psychoanalytic treatment, no longer seen as a means for revealing, has the task of recovering and building what could not develop over the course of previous relationships.

### **Phenomenological Analysis of the Dream and of the Associations**

The attention to the phenomenic aspect of the content offered by the patient must always be present in psychoanalytic clinical activity, within the continuous circular motion that goes from the manifest to the latent content. Bollas has proposed a psychoanalytic theory that finds its origins in phenomenology (Albarella, 2004). He says that in the clinical field it is necessary to start from the phenomenic description, such as the state of the relationships, and to conclude then with the analysis of the relational dynamics. The author states that “this approach is what makes psychoanalysis relevant.”

Usually, in psychoanalytic therapy, the state of relationships is appropriately considered from a point of view of empathic sharing, based on listening to the patient and on the therapist’s emotional containment. However, the state of these relationships could also be examined by assuming the role of an outside observer, as is for example done in the phenomenological approach to the manifest content. The dream is certainly a privileged psychic text that has a strong specificity of its own, in which the solitary subjective experience of the individual expresses itself. This content is characterised by a very fine expressive ability in offering images to pre-verbal feelings as well: it is not therefore equivalent to any other material brought into the session, and of the session may indeed represent the core. It is a conversation among different aspects of personality (Ogden, 2009). It is an intrapsychic communication that, once told in the psychotherapy session, becomes intersubjective communication. It can therefore be used as communication about the relational game, taking place in the therapy.

Sharpe (1937), in his excellent work on dreams, emphasized the phenomenic aspect of the oneiric tale in documenting, through comparison of the manifest content of various dreams appearing in a given period, the progress made in the analytic treatment. Lichtenberg, Lachmann & Fosshage (1996) suggested that the assessment of the manifest dream scenarios allows one access to “important relational patterns”.

I believe that the focus on the phenomenic aspect, more precisely on the modalities of the manifest relational structures in the telling of the dream, is very important in doing psychoanalytic psychotherapy. As pointed out by Ogden (2003), the manifest content of dreams, like reverie, is an aspect of conscious experience intimately connected to the unconscious one. The manifest content is no longer simply considered the shell of the latent hidden content (Blum, 2011). Usually the understanding of the meaning of the dream occurs with a look that moves from surface towards depth. Therefore, all the aspects of the dream, including the relational structures that appear in the shell, are significant in understanding the dreamer.

While the classical psychoanalytic vision of dream was essentially focused on

the revealing of deep contents, today the point of view has expanded to include also the communicative aspects of the dream within the relationship (Bolognini, 2000). The phenomenonic representation, in which the structures of the inner world identify themselves, can be seen in the narration of the dream.

The current expansion of the relational paradigm in psychoanalysis has been accompanied by a progressive shift towards phenomenological stances. There are psychoanalysts (Lichtenberg, Lachmann & Fosshage, 1996) who, within psychoanalysis of the Self, do not maintain the distinction between manifest and latent dream content, indicating that the narration of the dream directly reveals the current concern of the dreamer, the effort to solve it and the relational modalities adopted. The central aspect of most of the operative techniques in current psychoanalytic models is mainly made up of the relational experience. The patient has the opportunity to experience a new relationship that allows him/her more adequate exchanges during the treatment. Modifying certain basic relational structures, through the expansion of the psychotherapeutic relationship and, by extension, of the other relationships of the individual as well, in richer interactions, is part of the therapeutic process.

Considering the point of view from which the patient experiences the current events of the therapeutic relationship, the narration of the dream may be a sensitive detector of this subjective point of view. It should also be noted that narrated facts, memories, emotions and anything else said during the session, i.e. the “free associations”, further contribute to the narration of the dream as they offer a sampling of the emotional-oneiric climate of the moment as “they follow the dream and the whole relational atmosphere” (Bezoari & Ferro, 1997). The process of free associations reflects the quality of the development of the relationship between therapist and patient. Free associations express both the associations to the oneiric content and the evidence of the relational dynamics of the therapeutic dyad as it takes place during the course of the entire session. The manifest content of associations reflects, to varying degrees, the underlying flux of latent unconscious contents. The internal reality of unconscious fantasy is inhabited by introjected relationships of experiences in the phenomenonic world, along with its contradictory and conflicting feelings (Waldvogel, 1992). These relationships tend to reproduce themselves in interpersonal encounters, realizing the phenomenon of transference. Therefore, the dream and the associations of the session can be reformulated as representations of the kind of relationship experienced in that moment by the therapist-patient couple. The dream told in the session is a fundamental aid in emotional understanding and sharing and can therefore also shed light on the countertransference as well, i.e. the emotional reactions of the therapist experienced in the relationship with the patient. These emotional reactions of the therapist play a key role in psychoanalytic practice as they can reveal what is happening in the therapeutic relationship.



The dream implicitly asks that the session continue, therapist and patient together, so as to develop what the patient on his/her own is not capable of doing (Bolognini, 2011). Therefore, the patient's and the analyst's associations appear as expressions of the joint work of the therapeutic couple. The comparison between manifest dream and associations, based on the phenomenological criterion, which will be further described in detail, offers the possibility of empirically commenting on the relational dynamics, which already appears during the time of the session itself.

It is clear, however, that, if the observation of the relational structures present in the manifest content, both of the dream and of the associations, enhances the phenomenological aspect, it must not bring about, within a psychoanalytic psychotherapy, a lacking consideration of the latent content, the work on which is fundamental. The understanding of the latent content is allowed by the depths of the existential encounter. This depth allows the therapeutic couple to face and solve together the severity of the existent problems. The application of the "comparison between the manifest dream and the associations" phenomenological criteria must be integrated by the use of the instruments of psychoanalytical enquiry such as flowing attention and empathy. In an analogy to the medical field, what is gained from the above-mentioned criteria could be comparable to the result of a blood test, which provides relevant informative data to be used and integrated into the overall clinical picture.

### **A Psychotherapeutic Experience: Results**

To show the application of the "manifest dream/associations comparison" phenomenological criterion in the evaluation of the relational dynamics in psychotherapy, reasons of brevity, required by the work exposition, have led me to present only three people (living with intense symptoms of somatization). They got in touch with the Interdepartmental Centre for the Study of Psychosomatic Disorders (University of Bologna), directed by me, where patients are treated with psychoanalytic psychotherapy. In patients with psychosomatic disorders, the first phase of psychotherapy should be conducted with weekly sessions, leaving a more intense rhythm to possible future needs (Trombini, 1994).

For two of the three people (Maria and Rosa), I am going to show the results obtained with the use of the phenomenological criterion, applied in terms of the care related to both the initial negative phase and the satisfactory final stage of the therapeutic process. The actual progress achieved through the treatment is supported, as well as by the resolution of symptoms, by the acquisition and the development of specific mental functions. The ability to discuss incisively, to grasp associative links, to put unexpected meanings, even though painful or unpleasant, into focus, and to allow oneself moments of pleasure can, in fact, all be explicitly seen. The emergence of this acquisition is typical of an achieved



maturative stage (Bolognini, 2011). It is the evolution of the autonomy process. For the other person (Anna), in addition to the negative initial phase, the one of positive psychological change, that follows having passed through very troubled moments in treatment, is described, instead of the final phase. This allows one to follow the evaluation of the relational dynamics in the transition from a critical moment to the initial maturative moment. This will be the onset of a maturation that will later be fulfilled.

In patients with somatization, to promote the maturative process that is followed by a capacity for autonomy, I find it worthwhile to keep in mind some basic analytic attitudes (as intended by Schafer, 1983). These two pairs of attitudes can be indicated as: “relieving” and “inciting curiosity”; “clinical patience” and “wonder” (Trombini, 1994). A detailed description can be found in previous papers (Trombini, 1994, 2010).

### **a) The First Case**

I will now present Maria, starting from some early sessions, and ending with a final therapeutic session.

The patient sought psychological help at 40 years of age, referred to me by a dermatologist, as she was tormented by the worsening of a first grade perioral erythema localized on her face, which caused her sometimes unbearable burning sensations. A physical manifestation for which the physician believed a strong incidence of psychological factors was present.

She also felt desperate: a state that had progressively worsened a year after the death of her mother. She could no longer stand her husband, whom she started thinking of as selfish and insensitive, in contrast to earlier periods in their relationship, but whom she did not leave for love of her daughter.

Since she had been three and a half years of age, she had had an idealized relationship with her mother, her only solace. Her father, in fact, had been hospitalized in a psychiatric ward, where he remained for the rest of his life as, following a burst of madness, he had threatened to stab his wife, daughter and one year old son. From six to fourteen years of age, Maria’s mother sent her, during school terms, to a boarding school run by nuns, and, during most of her holidays, to a family of relatives.

The boarding school was located near the house of her maternal grandfather where she went with her mother the night before the departure. While her case was being prepared, she was reassured that she and her mother would not be separated. They departed instead the following, foggy, morning: the little girl on the mother’s bike, and the grandfather behind them with the suitcase.

Maria’s deep depression was clearly evident at the beginning of the therapy. She opens the session of her desperate isolation with a dream. “I’m still, locked in

a trunk, buried underground". The patient then recalls how alone she felt in her boarding school, as well as at the home of her relatives. It is such a painful memory of an affective distance that it animates in me the desire to get closer and stroke her hair. It is a non-explicit reverie of mine. It is a fantasy I only have when I perceive a seemingly hopeless desperate loneliness.

Maria, in the dream, shows a negative monadic position that remains the same in the associations.

In a later session she shows her need for help with another dream. "A blue thread comes out of my open body, devoid of internal organs." It is a clear reference to the "Telefono Azzurro" (Italian for "blue telephone"), the name of the association created to provide psychological aid to children.

In the associations she recalls the endless hours she spent waiting for her mother to come and see her. She concludes by saying: "This is a sad session!"

I think I have not yet managed to establish a link capable of reanimating her. The patient still shows a negative monadic position in the dream and in the associations, based on a repetitive transference, like in the previous session.

We will now see a session from the final phase of the therapy, which could be called: "From dyad to triad through associations: relational dynamics pointing towards progress".

The dream: "I am in a nunnery. The windows have bars. In this nunnery, there are the novices who will then become missionaries. A nun gets close to me and gives me a white booklet".

The patient says that the booklet given to her by the nun is like the one from the first communion and confirmation. It is a nice memory of an initiation ceremony in which the bishop anointed her with chrism: the same occasion during which she received the book as a gift.

Maria then says that the nunnery with the barred windows reminds her of a prison and an asylum. For her father, the asylum became a prison for life.

In this way, I get the chance to tell her that the relationship with the therapist, in its maternal function, represented here by the nun, is integrated with that of the therapist in his paternal role, represented here by the bishop, so that she can go into the world and not remain trapped in the analysis, transformed into a nunnery-prison-asylum.

The session ends with Maria saying: "It's a shame that the booklet they gave me was white: there's nothing written on it." The patient is attempting a depressive reaction.

The therapist: "It's all yet to be written."

The patient: "I hadn't thought of that. That's nice."

It is clear that here, the parental figures appear integrated in harmony and that the patient, with a maturative transference attitude, rightly feels that the time has come to start ending her therapy, not to make it become a prison, preventing her from living and facing the new life that lies ahead of her.

I would like to underline that at first, in the dream story, a *dyadic relational structure* (Maria and the nun) is presented, the quality of which, however, is undefined. This relationship takes on a positive quality only in the course of the associations, in which the positive relationship with the bishop also appears. In the therapeutic field, a *triadic relationship* is therefore organized: Maria with the nun and the bishop, who “both gave” her the booklet.

A *progressive trend* can thus be found in the content of the session on a *manifest* level, which fits well with the patient’s imminent decision to rightly put an end to the treatment, with which she had resolved the burning sensations in her face and her state of despair.

## **b) The Second Case**

I will now present Rosa, who asked for help at the age of 19, because she was suffering from bulimia and she had always felt obese since childhood.

During the course of the therapy, she had been able to normalize her food behaviour and to achieve and maintain a weight appropriate to her body type. She complained nonetheless about a feeling of emptiness, a disheartening difficulty in coping with giving things up and an inability to make the decision of living on her own. She continued, however, to fill the sessions with accounts of her daily life, devoid of psychological depth.

Her pronounced fusionality with her family and her adversity and despair towards separation were clear to me.

One day she narrates this dream:

“I’m in my garden, and I tell the maid: how nice to still have my mother! I say this as someone who knows she is about to lose her. I go near my mother, who is at the end of the garden, but there I see something horrible: a female cat with her belly open and a second one on top of the first, and I do not know whether she wants to eat what the other has inside or lick the wound she has on her belly”.

She comments: “I am not still dependent on my mother, at my age, am I?” The dream content and the reflection on her ambivalent desire for separation amaze not only her, but me as well. I think about the work done up to that moment, marked by my effort not to fall into resignation. This, finally, brought about a sudden realization in Rosa. In the dream and in the associations, her negatively experienced dyadic relationship with her mother continues to imprison her and cannot become an autonomous separation.

She returns for the next session saying: “Yesterday, it felt like I was in therapy for the first real time”.

She then begins, with a depressive kind of attitude, adequate to her process of maturation, to wonder about her filial attitude and her endless demands.

In time, she is gradually able to separate from her family. At first, she designates a personal space in which to live in her father’s house. She then goes to live in a flat of her own, but the mother continues to supply her and fill her with food.

Rosa still cannot take personal initiatives and for every little thing, she has to ask her maid. She complains about somatisation pains in various parts of her body, especially her legs, for which she relies on a physiotherapist. For this reason, she spends a lot of time at home, in bed.

A long phase follows, punctuated by attempts, soon aborted, of true autonomy. Finally, however, slowly, she heads towards the independence she desires and she establishes a relationship with a stable partner. At the same time, the psychosomatic pains gradually decrease, until they finally disappear.

The deep phase of apathy, which seemed insurmountable, ends. She opens up to life, rekindling generous relationships with her relatives. She gets closer to her brother, with whom she had had a conflicting relationship, and she grows very fond (reciprocated) of her little nephew.

The penultimate session is about the conclusion of therapy, in which she *gives up her old identity and she shows the ability to be in a couple*.

She returns satisfied from the thermal baths, where she had been with her partner. The dream: “I had to leave from a faraway place with my partner in two cars. Mine was the old Lancia Y. But I leave it there and I get in his. I think we should face the difficulties in the journey”. A couple is established, but the quality of the dyad is not known: i.e., whether Rosa will benefit from this matching.

She then informs me that she has performed various duties during the week: on her own initiative, she accompanied her father to a medical examination; she helped the maid with the household cleaning; she offered to take care of her nephew (something she had previously always refused to do).

In the *manifest content of the dream*, she leaves her own car (her old identity) to travel with her partner, thoughtful about the difficulties lying ahead. She therefore moves from the monadic position to the dyadic one, which however has not yet found a precise quality. It is only in the associations that the dynamics become progressive through the new clearly positive dyadic relationships.

I think that, on an inner level, Rosa has separated herself from her mother’s womb (the warm thermal waters). Now she seems ready to face life as a couple, accepting what it entails. A maturative transference attitude has appeared.

This is the last, conclusive, session, based on a clear maturative transference. “*A satisfactory creative monadic position, the result of previous positive relationships*” appears.

Rosa:

“What a change after so many years! For the first time, I have organized my partner’s birthday party, inviting friends to my house. I did the cooking, without resorting to my mother’s lasagnes. Until now, I had always heated her food up. I watched my mother, who is always in the kitchen, do lots of things, and now I know many small tricks: I have become quite good. As a girl I used to privilege aesthetics, now I’m interested in the substance: the inner aspects. How important I used to think a pound of extra weight was!”

Dream:

“I am near the church of St. Luca. What a lovely place! I have to go home facing various obstacles. I take several buses. I go along beautiful streets I do not know. I start walking again, as if in reality. What a joy to be able to walk: it means I can stand on my own. St. Luca: I have been blessed by the Virgin Mary!”

The therapist: “It is a good dream of a starting point.”

Rosa: “There is also the fear of not managing on my own, but I think I can keep inside of me the link to you who have changed me with affection.”

She then concludes by saying that, having reached the end of her treatment, she would really like to get me a present. I reply that she has already given me a gift, through her change.

In line with the conclusion of the therapy, it should be noted that, in the *manifest content* both of the dream and of the associations, the patient has reached an autonomous capacity for organization, maintaining a potential closeness. A positive creative monadic state has been reached, following satisfying relationships with the other.

The patient, staying with her mother (the therapist), has learned to manage on her own, and to manage living together with a partner. She is now confident in being able to preserve, inwardly, a loving couple’s relationship with her therapist, i.e. of maintaining a position of potential closeness.

### c) The Third Case

Anna sought psychological help at the age of 35, because she suffered from various symptoms of somatisation (headaches, irritable bowel syndrome, fibromyalgia, palpitations) and she was tormented by intense anxieties of death, which started shortly after her getting married, at the age of 26. This symptomatology had severely increased after the death of her mother (a year before), a person of very poor health, because of whom the family had always lived in an atmosphere of anxious waiting for death.

Anna had always felt like an unwanted child because the mother got pregnant when she believed herself to be sterile. The mother, without passion, had agreed to marry the cousin of the man who she had instead loved in vain. She showed privileged attention to the children of the paediatric ward where she worked as a nurse and, at home, she reserved her attentions for her small dog. Anna did not have memories of loving moments with her mother. She felt criticized by her because as an infant she had an “ugly long head”, which she could not straighten up in the cot. After school, she stayed with her father, who worked at home. As they needed to economise, because of the uncertain state of health of the mother, she often could only play with the tools of her father’s work, which were given to her in place of the toys she longed for. She despised her father and thought he was a miser. She thought that her mother, giving into his insistent marriage proposals, had sadly decided to settle. As an adult, she fantasized, without much conviction, that her father might have been a homosexual. After the death of her mother, she took him into her home. When the father cooked, Anna tried to throw away his meals, on the grounds that she did not trust his keeping the kitchen clean.

Physical disorders in the genital area had tormented her immediately after her marriage to a handsome man, whom she had wanted very much, and whom she had managed to take away from many competitors. A husband, faithful in her opinion, to whom she rarely gave herself and usually without pleasure, unlike what used to happen before the marriage. She complained that her husband, whom she had married at the same time he had found a job that took much of his time, spent his free time mostly without her. According to Anna he was “truly present” only when she was sick (which was often), and, “thoughtfully”, he accompanied her to the various doctors.

I shall now present two sessions that belong to the first part of the psychoanalytic psychotherapy, in which the first dreams appear.

The patient arrives at the session (which precedes the following one, characterized by the appearance of a dream) complaining about the anxiety of having bowel cancer. She is certain of it, because of the sign she had from the sudden appearance of blood in the stools she expelled in a bout of diarrhoea. I manage to point out to her that, at the end of the previous session, she had talked about meeting, because of her own business reasons, a “nice and not stupid” young man. Anna talked about this meeting in a tone devoid of importance that did not let the probable excitement transpire, as well as a possible comparison with her husband, with whom she still could not manage to make love. Then, in the silence with which she concluded the session, strong rumblings were heard from her stomach. Her intestines, calm and quiet up until then, had come to life. The emotions, not translated into words, had transformed into the anxiety of having a tumour, into the anguish that a catastrophic change might happen in her.

Inside my mind, Anna's primitive painful experience of traumatic abandonment resurfaces. The mother's rejecting criticism, expressed by the "ugly long head" returns. I ponder on the sensory traces that cannot be transformed into psychic form. "I just feel pain", she had in fact said during our first meeting. I think that only with her painful physical symptoms does Anna catch her husband's attention. To the link between rumblings and tumour, she replies: "I had not thought of that". It is the astonished denial that expresses the ego's recognition of the unconscious.

In the following session, Anna talks about the amazement she felt for the connection between tumour and rumblings. It is a link she "appreciated" and which stimulated her "curiosity". She then talks about a dream.

"I go back to the house of my adolescence. It is a journey that I have dreamed on previous occasions, but it has always been hindered by insurmountable obstacles. Now, instead, the barrier of the level crossing of the train is lifted. I can go on: the road is clear. I get in touch again with the place and time in which I could feel alive".

With the dream, she is communicating that her feelings can get out of the anaesthesia she has been signalling for a long time. Maybe the somatic excitement, on its own, is finding a difficult road towards the psychic register.

But the session goes on with her complaint that unfortunately, when her husband comes close to her in intimacy, a persistent headache keeps coming back. She concludes: "I don't know what to do. We haven't made love in months".

In the manifest content of this last session, the oneiric tale shows a positive monadic state. What the therapist had said before seems to have opened the way for the patient to find herself and her feelings. The desire for a new beginning appears. But unfortunately the painful isolation in the relationship with her husband, who, according to her, gives her little, reappears in her associations. According to Anna, even the appreciated therapist, capable of stimulating her curiosity, does not do enough for her.

In this session, the relational dynamics, based on a repetitive transference, show a negative conclusion. This is in line with the lack of improvement in her clinical symptoms. We are still at the initial stage!

I will now present some of Anna's sessions to show the turning stage that can be seen in later phases of the treatment.

In the *first session*, there is a *stationary trend*.

In the *second session*, a *progressive trend* appears which, however, is *ditched*.

Finally, in the *third session*, the *progressive trend* affirms itself. It will be right after this session, with the beginning of the new year of psychotherapy, that that maturational process will begin leading her to the resolution of her psychosomatic symptoms and her anxiety of death.



The first session is characterized by *impossible matchings*.

The dream:

“I would like to make a dessert for Angela with cherries, but the ones that the greengrocer has are stunted and he instead offers me a fig split into four with a strawberry in the centre. I refuse, saying that Angela will have to take the cake as it is, with something else”.

Unfortunately, the patient-greengrocer couple does not “bear fruit”. But even in the course of the associations, the narration is developed in scenes in which many couples break up.

The patient:

“Angela is 35 years old. She is too good as a worker. Her boss is afraid she might discover his mistakes and has fired her (a couple breaks up). She still does not know which professional road to take ... The cherry reminds me of the plum which is the glans in a novel by King ... The fig-strawberry (in the Italian language, the word “fig” can be used as a vernacular term indicating the vagina), my husband always wants it, but to me it’s dead (a couple that does not form). The stunted cherry is my father’s one, who only used it once with mother (a concluded couple). I was jealous of her because she loved her little dog so much. If the greengrocer had worked, the problem would have been solved”.

As on other occasions, Anna complains that I never give her special things. I am a “greengrocer” who has already been used by other patients (an unsatisfying couple). She concludes saying that she would like to invite Angela home with the intention of offering her help, but she has not yet done so (an unrealized couple).

We can see that in the oneiric tale the triangular situation is initially present: the greengrocer, the patient and Angela. But the triadic relationship turns out to be unrealizable and only the propensity to form a couple (the patient and Angela) appears: the same matching also proposed in the associations. In the dream, the relational dynamics take place in a repetitive transference. The greengrocer is like the paternal figure from whom the patient waits in vain for the fulfilment of the desire. Angela’s boss and Anna’s husband appear in her associations, as paternal figures. Even the maternal figure is present, who deprived her of affection, in favour of the dog.

The associations, compared to the oneiric tale, show that no dyadic relational structure is realized: Anna is alone. Angela seems like a stand in for Anna when she does not tolerate the help of a therapist and she attacks him. Anna’s intention to pair up with Angela seems to express the desire to create a narcissistic self-matching, opposed to the therapeutic dependency, devalued and rejected.

Probably, this is connected to the dismay for the now close abandonment for the summer holidays. It is a self-harming and angry rejection of the therapeutic

dependency that is intensified in this circumstance, experienced with repetitive transference attitude.

And now, the last two sessions before the Christmas holidays of the same year. The penultimate session shows *an attempt towards progress that is not achieved*. The dream: "I suck my clitoris which has become big; how horrid!"

She says that, while she was playing cards in a tournament, a friend urged her from behind to at least win that last game.

This is a friend who had lost all of his games. Anna thinks that he encouraged her for his own benefit: being able to have the consolation prize completely for himself, as the absolute loser.

The patient, in the dream, initially has an autarchic position. Then, through the associations, she seems to leave this monadic position. *A progress can, in fact, be seen*, as she agrees to play cards with somebody else, and she is then supported from behind by her friend. But the movement that takes place from the monad to the couple, seen in the comparison between the oneiric tale and associations, is not accepted and an aspect of mistrust is highlighted in the patient.

The manifest content tries to enter a transformative transference, but flows back into an unsatisfactory repetitive transference. In this session, the friend only tries to steal from her, without offering "at least" something, as the greengrocer did with the fig and the strawberry (the working tools offered by the father instead of the desired toys). The figure of the Other (the friend) is now purified of the elements (offering "at least" something) that "complicated" the previous frustrating image of the other (the greengrocer). Unfortunately, Anna is unable to feel gratitude for the therapist who supported her, she instead envies this function of his and she maliciously thinks that he is helping her for his own satisfaction: "showing how good he is."

Here is the latest session in which she is *alone, but open to the hope of realizing a positive couple with the therapist*.

Anna opens the following session, the last in December, saying that today her husband and her daughter went skiing.

The patient: "I arrived late, I was afraid I would miss the session because of an accident, happened to others, that was blocking the traffic".

The dream:

"I am alone in the house I lived in between 9 and 17 years old, I look through the openings in the shutters. There is a wall, that was not actually there in reality, which blocks the view of the house in front. But then, seeing it from another perspective, I see the fourth floor".

The patient: "My husband was on the fourth floor. I could keep him under

check. I went out when he did, to meet him, as Troisi did in a movie: he ran and he pretended it was all by chance”.

The therapist: “There is another perspective from which to see.”

The patient: “I hope to feel your presence, during the holidays with my relatives, without directly seeing you physically”.

If we now consider the manifest content of the dream, we can see that Anna is alone. She had remained so even after the departure of her relatives. In following associations, she remembers when she had the object of love under check, from a distance without being seen, and then she meets him. Thus, the representation of a *negative monadic state in the oneiric tale* is followed by the one of the *couple with her husband in the associations*. Furthermore, Anna hopes, within herself, to be able to repeat this coupling with the therapist as well.

In the *manifest content* there is therefore a *progressive tendency*. This is associated to the newly acquired mental ability to be more incisive in exposition and in being able to ignite hope for moments of pleasure. This ability is a sign of psychological maturation.

What was found on a manifest level is in consonance with a possible reading on a *deep level*. The reading of the session on this level, in fact, starts with a parental couple who leave her alone, like her husband and her daughter. The primary scene appears and there is an emotional gridlock (the accident that causes the traffic jam). This gridlock creates a few problems for Anna in getting in touch again with the therapist, as he too will re-enact the primary scene during the holidays. The patient peeks with jealousy and desire for control. But then the associative reference to Troisi’s humorous scene appears, a *benevolent and not sarcastic humour* (as it actually is in the film), which offers a better perspective. This indicates that the patient is beginning to usefully integrate the experiences of exclusion and jealousy. She gets in touch with her own cause for pain and she formulates a mature hope. Thus, *elaborative dynamics* can be seen, opening a better perspective, in tune with the progressive tendency, which can already be found on a manifest level in the transition from the initial repetitive transference to the adoption of a maturative transference attitude. The benevolent humour relative to the desire for control and the trustful availability in which she projects the relationship with the therapist, are indicators of this attitude.

### **Methodological Reflections**

As I have already pointed out, the transference oscillates, during the course of the therapy, but also possibly during the session itself, between the repetitive and the transformative connotations. Consequently, as shown by the results of the therapeutic experience, the relational dynamics change in different ways according to the kind of transference.

The phenomenological criterion mentioned is used to monitor the relational dynamics of the session going on in that moment, i.e. in the here and now. The dream, in fact, as a communication to the therapist, reflects what happens in the patient-therapist relationship at the transference level, together with the associations, which indicate the possible relational changes that develop in the session.

The criterion compares the relational structures (configurations) of the characters present in the manifest (phenomenic) content of the dream narration (expression of the “privileged” intrapsychic experience which then becomes interpersonal) to those of the characters that appear in the associations. This content is related to the couple’s mental functioning, to the elaboration of both individuals’ reverie, the result of their relational attitudes, and to the need of the therapist and the patient to communicate with each other at that time. This dialectical interchange may allow one to examine the progress of the relationship with its potential transformative movements within the session as a whole.

The patient is inclined, in the context of the session, to give voice to his/her characters and hopes, for his/her story he/she is putting on stage, to find better ways of development, new and alternative ways of being and acting. The manifest representation of the negative relational dynamics that afflict him/her, calls for a beneficial transformation. In this case, the suffering relationship of his/her representational text, expressed at an oneiric and associative level, comes to its end, acquiring a positive quality. For example, the dream may have a negative dyadic relationship (the child is with a person with whom he/she feels unhappy), while the associations later describe a dyadic relationship that has become positive (the child has met a person with whom he/she may feel happy). The narration developed by the dream and the associations, in the comparison of the respective relational structures, should be considered in its development and in its conclusion. The affections that are present in the relationship may be available to the link, i.e. they may have a cohesive function tied to values of life and sociality: they may therefore be constructive (positive). The positive ones may be expressed, for example, through kinds of behaviour which Galli (2005) defined as “social virtues”, such as confidence, hope, dedication and gratitude. The negative ones may be expressed in kinds of behaviour such as indifference, contempt, arrogance, intrusiveness, despair and envy: the psychological opposites of the social virtues. Or they may be clearly destructive (negative) affections.

The tone of the therapeutic process is given by the evolution of the relational dynamics. The category becomes therefore one of the *positivity/negativity* of the conclusion. It is the *base category*.

In this way, one can observe whether there is a modification in the relational structures in the passage from those of the dream, with negative (e.g., aggressive)

quality, to those of the associations, with positive (for example affectionate-libidinal) quality. In this case, the relational dynamics, in their positivity, prove to be constructive. A progressive movement is therefore obtained, which may be considered an indicator of a current satisfactory evolution, taking place in that session of therapy. This evidence of progression, easy to read objective phenomenonic contribution, alongside the psychoanalytical tools of the fundamental work with the preconscious area, may be consolidated in its positive quality, as it will be the result of an overall evaluation.

It may instead happen that the conclusion is negative: in this case, the treatment stagnates in that session. This leads to the consideration that the patient is going through a moment of crisis, such as the emergence of a painful psychic conflict reactivated in a repetitive transference.

The question may however arise about whether what seems critical on a manifest level (the painful moment) should be evaluated as progressive in the unconscious dynamics, as, for example, a useful starting point for the onset of a maturative psychic development (overcoming the conflict). If this is the psychotherapeutic reality, the fact remains that what is present in the considered session is the pain that the patient feels, as indicated by the phenomenonic criterion. Any possible psychological well-being, unfortunately, can only be achieved later. It is nonetheless important to keep this phenomenonic evidence of suffering in mind, since one of the ideal purposes of the session is always to promote, in the final stage of the session itself, a psychic relief.

In addition to the *basic category* of positive evolution, another category may come into evidence, giving a contribution to the richness of the progressive meaning of the relational dynamics. This second category takes into account the *degree of complexity* of the kind of relational structure.

The *category of complexity* is inseparable from the one of positivity. It is only when the session has a positive outcome, in fact, that a relational dynamic, headed towards a sense of complexity, can be considered maturative, such as the transition from the dyadic to the triadic relationship. It is in fact clear that a change within the session that leads to a negative triadic relationship would not be progressive.

We know that at the beginning of life, the child has the perception of a separate mother and develops early modalities of relationship with her. Between the child and the object of love, however, there is no well-defined distinction. The child can feel fused or separated, i.e. he/she moves on two tracks and each predominates at different times (Grotstein, 1983).

The fusional state, fundamental for the structuring of the Self, brings along the fantasy that there is only one body, an indivisible unit in which the mother is to merge with the infant.

When the child achieves a state of “quiet fusionality”, moments of “initiative” may arise (Vallino & Macciò, 2004). This initiative can then express itself, for example, in the second year of life, in the “motivation to do by oneself” (Trombini, 1970; Trombini & Trombini, 2006) and later on, during the individual’s development, in more mature modalities of autonomy, such as the need to be separated to be creative (*positive monadic state*, Trombini, 1994). Thanks to the process of separation, the ability to stay with the other may develop, according to relational modalities of different degrees of complexity, i.e. of a dyadic, triadic, or wider group kind.

The relational dynamics tending towards complexity are indicated by both the psychoanalytic model of therapy, according to an evolutive perspective (Falci, 2005) and from Gestalt psychology, when it considers the principle of *prägnanz* (Rausch, 1966).

In the manifest dream/associations comparison, one can then see if there is a progressive movement also tending towards complexity, supported by the positive evolution of the relational dynamics, which takes place in the transformative transference. For example, one could go from either a negative monadic state (of isolation, loneliness, malaise) to a positive dyadic relationship, or from a negative dyadic relationship to a positive triadic one, or even from a dyadic positive relationship to a still positive triadic one.

Therapy is thus characterized by the presence of structures with different qualities and different degrees of relational complexity.

When a satisfactory process of separation and individuation is achieved, a physiological oscillation from a position of positive relationship with the other to a position of pleasing autonomy may appear. The position of separateness, coloured by a pleasant self-esteem, is respected by the therapist, towards whom the patient maintains a position of potential closeness. It is a state of healthy narcissism that the therapist, in the secondary field indicated by Stemberger, might share with sympathetic respect, while, in a concrete logistic sense, staying in his/her usual position, in the primary field. Therefore, the positive monadic state present during the session can be interpreted as the current achievement of the desired autonomous realization of the Self. This is obviously the opposite of what takes place in the negative monadic state of isolation and loneliness, expression of closure in oneself in a position of withdrawal.

In the comparison between the relational modalities available in the narrated dream and those in associations, one must therefore examine: 1) the positive or negative aspect of any relationship (characterized by positive or negative feelings), 2) the type of relational state (monadic, dyadic, triadic, group).

It is thus possible to capture the progressive tendency present in a particular moment of the therapeutic relationship.

The validity of the “manifest dream/associations comparison” criterion, proposed to monitor the relational dynamics, has already been verified in the course of psychoanalytical psychotherapies with psychosomatic patients, in which the relationship with the psychic change and the resolution of symptoms has been highlighted (Trombini, 2010).

The objective monitoring of the relational dynamics provides positive psychic signals, which can be used for building critical confidence in the psychotherapeutic field. These signals are called “*signs of progression*”, indicative of a satisfactory evolution in place in that moment of the treatment.

A methodical observation of several sessions may offer signs of progression even in a given stage of the treatment. They would evidence the potential towards growth and development inherent in the patient, i.e. the capability for progression, which is favoured by psychotherapeutic work.

However, the opposite may also happen, when negative psychic signals appear: the emergence of such “*signs of a critical state*” can be very useful for the therapist, in monitoring the tendency in place during the session.

The detection of the different “signs” represents therefore a timely contribution to the evaluation of the relational dynamics of various moments of the therapy, such as its beginning or conclusion, as described in the results of the psychotherapeutic experience.

## Conclusions

The present work<sup>1</sup>, which finds its roots in Gestalt psychology and in psychoanalysis, can be considered a contribution to the research on the evaluation of psychotherapeutic relational dynamics, based on objective phenomenological criteria. The therapist adopting the psychoanalytic method privileges his/her floating attention to access the unconscious processes that give meaning to suffering. Directing one’s attention to the phenomenic relational structures of dream and of associations, observing whether changes in these structures appear, means gaining further understanding of what, usually, the therapist keeps in mind during the course of the therapeutic process.

In the paper, a phenomenological criterion for monitoring the relational dynamics that take place in the course of psychotherapy is described. These relational dynamics change according to whether the transfer is “repetitive” or “transformative”.

The criterion is based on the comparison between the relational structures of the

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<sup>1</sup> I would like to thank warmly Giuseppe Galli and Elena Trombini for their prompt and valuable reflections, which were offered with generosity.



narration of the dream and those of the associations presented by the patient in the session. One can then see that the relational dynamic is maturative when it goes towards *positivity* (a positive conclusion to the session), associated with *complexity* (which develops in the relational structures of the session).

The results obtained in my psychotherapeutic experience with the “manifest dream/associations comparison” criteria shine a light on how the phenomenonic content of the session can be used to evaluate the *present course of relationship*. This allows one to achieve a vector that offers the therapist an immediate idea of how the patient is moving within the single session. It is like having a sort of *thermometer for the relational dynamics*, which in psychoanalytic psychotherapy sits alongside fluctuating attention, empathy, countertransference and the wider activity of elaborative linking. One can then work on the dream at various topical levels and with alternation of activity and passivity in the observation and in the contact with the contents evoked associatively.

In the therapies that were presented, the phenomenological criterion was applied during different stages of the treatment. In the initial phase, the criterion evidenced negative relational dynamics, in keeping with the clinical status, while in the conclusive maturative one, the relational dynamics are both positive and complex (according to Rausch’s concept of *prägnanz* and according to the developmental therapeutic method of psychoanalysis). The evolution that occurred during the treatment is therefore evidenced.

The observation of the *progressive movements of the relational dynamics on the manifest level* finds a *correspondence in the therapeutic effects*. These effects are present in the described cases, not only regarding the changes in clinical symptoms, but also for the acquisition and the development of specific mental functions, such as the ability to be more incisive in the exposition, in being able to grasp associative links, to put unexpected meanings, even though painful or unpleasant, into focus, and in allowing oneself moments of pleasure. These mental functions are indicative of the development of the autonomy process and of the personal meaning given to one’s own experience.

The “manifest dream/associations comparison” criterion also finds application in methods of psychotherapy other than psychoanalysis. For example, the criterion can be used during a supportive psychotherapy, when, in the session, the narration of a dream is accompanied by a free communication.

The attention to the phenomenonic relational structures and to their transformative movements is a criterion that can be used during the session or after, to rethink about what happened in the interaction with the patient, that is, about how the *therapeutic relationship* and the evolution of the autonomy process are going.

Sometimes, the understanding of the therapist, because of the deep emotions aroused, is temporarily hindered by what is going on in the session. In these

cases, taking the “manifest dream/associations comparison” criterion into consideration might prove useful to shed light on the session.

Knowing another person requires a continuous oscillation from an immersion in an empathic understanding to an emergence towards a perspective as an outside observer. The criterion that was presented can be considered a “third person” (external observer) psychological perspective, different from a “first person” one, required for the “narrative explanation” of the pathogenic conditions (Battacchi, 2006).

The emergence of *positive transformative movements*, evidenced by the presence of “*signs of progression*” relative to the relational dynamics, contributes to giving the therapist objective grounds for his/her own feeling of *critical confidence* in the positive development of the treatment. Consequently, the therapist becomes better able to assume an attitude that can inspire the patient’s confidence in their relationship and in his/her own abilities and personal resources, together with a hopeful attitude towards life.

### Summary

The present paper finds its roots in Gestalt Psychology, with its constant attention to relationships, and in Psychoanalysis which, in its present operative technique, considers relational experiences as especially central. The transference is generated in the relational dynamics of the bipersonal psychotherapeutic field. The transference oscillates, during the course of the therapy, between a repetitive connotation, tied to past relational experiences, and a transformative one, directed towards new relational experiences. The relational dynamics present in the therapeutic field are expressed through different modalities, according to the kind of transference. A phenomenological criterion is suggested to monitor the relational dynamics in the session, comparing the relational structures of the characters available in the manifest (phenomenic) content of the dream and those of the characters that appear in the associations. The dream, as a communication directed to the therapist, mirrors what happens in the patient-therapist relationship from a transference point of view, together with the associations that indicate the possible relational transformations that occur during the session. The narration developed by dreams and associations, in the comparison of their respective relational structures, is evaluated during its course and in its conclusions. The phenomenological criterion suggested allows one to observe the present course of the relational dynamics and the presence of desirable transformative movements, according to the categories of Positivity and Complexity.

The present paper is therefore a phenomenic contribution based on an objective criterion available for researches focusing on the therapeutic process.

**Keywords:** Association, psychotherapeutic field, relational dynamics, dream, transference.

### Zusammenfassung

Der vorliegende Beitrag fußt auf der Gestaltpsychologie mit ihrer beständigen Beachtung von Beziehungen und auf der Psychoanalyse, die in ihrer gegenwärtigen operativen

Methode speziell Beziehungserfahrungen als zentral auffasst. Die Übertragung entwickelt sich in der Beziehungsdynamik des bipersonalen psychotherapeutischen Feldes. Während des Therapieverlaufs pendelt sie zwischen sich immer wiederholenden Konnotationen, die an vergangene Beziehungserfahrungen gebunden sind, und einer transformativen Konnotation, die auf neue Beziehungserfahrungen gerichtet ist. Die im therapeutischen Feld wirkenden Beziehungsdynamiken werden je nach Art der Übertragung in unterschiedlicher Art und Weise ausgedrückt. Um die Beziehungsdynamik während einer Sitzung zu beobachten wird ein phänomenologischer Beurteilungsmaßstab vorgeschlagen, indem die Beziehungsstrukturen der Eigenschaften, die im manifesten (phänomenalen) Trauminhalt zugänglich sind, mit denen der Eigenschaften, die in den Assoziationen erscheinen, verglichen werden. Der Traum, der als Mitteilung an den Therapeuten gerichtet ist, spiegelt aus dem Blickwinkel der Übertragung die Geschehnisse in der Patienten-Therapeuten-Beziehung wider, zugleich mit den Assoziationen, die auf mögliche relationale Transformationen hindeuten, die während der Sitzung auftreten. Die Erzählung, die sich aus Träumen und Assoziationen entfaltet, wird während ihres Verlaufs und in ihrer Aussage bezüglich der entsprechenden Beziehungsstrukturen überprüft. Das vorgeschlagene phänomenologische Kriterium erlaubt es, den momentanen Verlauf der Beziehungsdynamiken und das Vorhandensein erwünschter umgestaltender Entwicklungen gemäß den Kategorien positive Einstellung und Komplexität zu beobachten. Der vorliegende Artikel ist daher ein phänomenologischer Beitrag, der auf einem objektiven Kriterium aufbaut und Forschern, die auf den therapeutischen Prozess fokussieren, zur Verfügung steht.

**Schlüsselwörter:** Assoziation, psychotherapeutisches Feld, Beziehungsdynamiken, Traum, Übertragung.

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