The pregnancy of the analyst: resonances in the clinical relationship

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The analytic set-up normally entails the analyst serving, as far as possible, as an object on whom the patient is free to operate her own projective deformations and to formulate her own fantasies without being impeded by excessively burdensome real elements which might drive the transferential impulses in predefined directions or let them be too heavily influenced by knowledge of personal and concrete details about the therapist.

Circumstances do exist in which the analyst's real life necessarily comes into play in the treatment's setting: pregnancy is undoubtedly one of these.

Paola Mariotti, author of one of the few articles specifically devoted to this topic (1993), emphasizes how this event entails an inevitable alteration of the setting: it requires a long break in the analytic work, introduces the presence of a third, and provides significant information about the therapist's real life.

The psychoanalysis of origins (Freud, 1912, 1914, 1918) prescribed extreme attention to guaranteeing the opacity of the analyst-object, suggesting that the patient should not be provided with any details about the analyst's private life through clues provided by him or herself or by the consulting room. From this viewpoint, the figure of the analyst constituted a sort of camera obscura capable of accepting the patient's bundle of transferential projections/ internal gestures, guaranteeing that the environment is as neutral as possible and purged of disturbing effects which might pollute the analytic apparatus.

However, the evolution of psychoanalytic practice has led to this position being at least partly reconsidered, as Berti Ceroni well describes in his theoretical examination carried out in 1993, which testifies to the progressive acknowledgement of the active contribution made by the relationship in the transformative process which analysis sets up. Poland (1984) understands the analytic process as a bi-personal experience and therefore considers neutrality as respect for the otherness and uniqueness of the patient's Self. According to Poland, an excessively abstinent stance would become the basis for dangerous collusions which could lead to behaviours and experiences being overlooked with the risk of tacitly gratifying the patient. Indeed, although neutrality consists in avoiding intrusions by the analyst in the process of treatment, the author

puts us on guard against the danger of a pseudo-neutrality, identifiable for example where the analyst avoids pursuing more or less unconscious motivations for criminal or perverse behaviours: a «collaborative ignorance» which «refers to the third-person support, generally obscured and unnoticed, which provides the background structure permitting and supporting the two-person collusion…. There is the danger of pseudo neutrality serving as a disguise for collaborative ignorance on the analyst's part» (1984, 294).

Greenberg (1986) redefines the concept of neutrality within the relational model as a position of «optimal tension» between the patient's tendency to experience the analyst on the one hand as a transferential object and on the other as a new object. The analyst oscillates between silent listening which facilitates the development of the transference and a more dynamic and personal stance in which she asserts herself as an object of new and unprecedented experiences.

From this viewpoint, she is «herself a source of emotions, an active inducer of climatic conditions within the session, co-responsible and in the end a co-participant in relational play» (Zucconi, 2004, 431), not confining herself to accepting and interpreting content but also endowing the container with significance.

Patients complain that they know little about the real life of the analyst, and yet they know it better and much more deeply than they think. Some of them, the most possessive and sometimes the most deprived, are endowed with such receptive antennae that the flow of associations, the nature of the contents and the non-verbal component of their communication seem to indicate a subterranean but rich awareness of what is happening in their analyst's mind and life without anything having been made explicit to them.

This type of receptiveness can sometimes manifest itself in conjunction with moments of special affective density in the therapist's life – bereavements, separations, illnesses, and changes – all situations in which an adequately trained analyst must continue to resonate in his interest as a person aware of the tensions this can create in the patient. In this respect, pregnancy seems to represent a particularly delicate phase. So, we wonder whether this event, which compels the introduction of an «objective real», represents an obstacle or, on the contrary, may be of service to the analytic treatment.

We are aware that it may not constitute an object of specific study, since it is only one of the many variables which can enter the consulting room. A pregnant analyst exhibits a sort of obligatory self-disclosure, speaking about herself through her body, and this inevitably introduces a new variable into the normal working arrangement, as well as into the personal and emotional life of the mother-to-be.

The analyst's internal disposition, aimed at fostering knowledge and treatment, should not be polluted by expectations of her patients (Bion's being «without memory or desire») nor by excessive encumbrances linked to her personal experiences. Never-

theless, even the most self-aware and alert analyst cannot avoid developing fantasies, fears, and desires linked to this experience.

WAITING THOUGHTS

Pregnancy constitutes a distinctive phase in a woman's life, entailing profound transformations on the bodily, mental, and relational levels.

For the analyst/mother-to-be – preoccupied by fantasies about the coming child, by the changes in her body and the renegotiations of her identity that are implicit in her new parental role – it may be a delicate business maintaining a balance between attention to her patients and their requirements and the attention needed first for a pregnancy and then for a new baby. The analyst needs a great capacity for mediation between professional and maternal commitments, just as she does between her own internal gestures and needs and those of her patients.

In a pregnant woman, even when, or perhaps especially when she is an analyst, the earliest relationships with her own primary objects are reignited: old areas of the mind are activated in a play of reverberations between her past as a daughter, her present as a pregnant woman, and her future as a mother. The pregnant woman's mental container is busy with the presence of a third, with unknown bodily sensations and fears, and with the need to construct a suitable physical, psychic and familial space to receive the child who is on the way.

Pregnancy inevitably activates universal areas linked to early experiences, to sexuality and fecundity, areas which, in the psychic development of the individual, represent pregnant elements capable of generating desires, fantasies, and anxieties. The unconscious phantasies and representations of the primal scene, the pre-oedipal and oedipal resonances around this event, and the setting up of a temporality relating to a before and an after, form a set of nodal points in infant psychic development, powerful catalysers of representations and affects which continue to resonate along particular trajectories and with particular intensity in the adult life of each individual, imprinting specific factors on the object-vicissitudes which every analysis customarily intercepts and elaborates as they are deployed.

This process requires the building of a protective barrier to defend the unborn child, a barrier of which the mother's womb constitutes only the first and most obvious layer. This is the forerunner of the development of that distinctive mental disposition which Winnicott called *primary maternal preoccupation*, which makes possible a profound fusional experience thanks to a withdrawal of investment from the outside world. While on the one hand, the modification undergone by the mind of the mother-to-be entails this closing down, on the other it predisposes her to becoming particularly receptive and sensitive to the preverbal components of the relationship, fostering an increased readiness to detect and accept primary phenomena.

In this phase, the analyst can put the development of her nascent primary maternal preoccupation at the disposal of her patients through a sensitivity more oriented to pre-symbolic communications and a spontaneous attunement to her patients' less developed features.

Experience has led the two of us to think that it may possible to use this stance in clinical practice, provided that the analyst is able to «take responsibility» for her own pregnancy (Meotti, Pezzani, 2015), at a deep level tolerating its being put at the disposal of the analytic process and the specific factors which determine the way each patient will experience it.

This event can resonate within the analytic set-up as long as it is neither overstated nor split off from the clinical relationship (a sense of guilt, anxieties of abandonment, feelings of betrayal or triumph towards her patients could, for example, impel the analyst to minimise or, conversely, maximise its impact).

In one respect, the therapist's entire inner world is private: in an article which explores the impact which an analyst's serious and obvious illness can have on the clinical relationship, Rita Corsa (2008) shows how the literature has interrogated the ways in which these events can be communicated to and shared with the patient.

Though fully aware of the differences between illness and pregnancy, we believe that both situations may visibly introduce private aspects of the therapist's personal life into the consulting room.

It seems to us that the three strands of thought related to the sharing of these situations which Rita Corsa outlines in relation to the event of illness, can be extended to any personal circumstance in the analyst's life that becomes obvious to the patient. First of all, there are two substantially antithetical lines of thought, one of total neutrality and the other of complete openness. In the first case, which Corsa calls the *secret position*, abstinence and distance are suggested even when the analytic field is saturated with concrete events, the aim being to safeguard the exclusive interpretation of the internal world. In the second approach, called *confessional*, the analyst alerts the patient and keeps him informed about the state of her health. A third position can be added to these two, one called *delicate revelation*. This requires a discreet self-disclosure and tries to mitigate both the analyst's own vulnerability and the patient's specific sensitivities, and, while maintaining the asymmetry that is necessary for the analytic process, allows an unconscious communication to take shape as an environment in which both parties' internal objects may live together.

Rita Corsa explicitly suggests that we modulate information according to the type of patient and the particular point in the analysis: it is appropriate for transferential fantasies and countertransferential responses to be investigated but, where we feel that the patient can receive them, they should provide some elements of reality with the aim of «preserving that therapeutic ethos, as free as possible of hypocrisy, aimed at responsible understanding of the other» (2008, 331). Cautiously but clearly, the analyst can

acknowledge as true and real what the patient starts to perceive, sometimes tacitly, so that the relational field does not become saturated by projective identifications and counter-identifications.

We believe that only in this way can we open channels of communication between deep psychic processes in both patient and analyst: in the case of a pregnancy especially, this can provide the opportunity for both to get into contact with unprecedented aspects of themselves and their own internal world.

It is fundamental that we maintain the right distance between the event in progress and the demands of patients, and this means getting our timing right: it is a delicate matter, being able to remain in suspense without acting or prematurely interpreting experiences that are sometimes still *in nuce*, or vice versa judging it opportune to make them explicit.

Affective attunement with the patient and with the specific moment in the treatment can serve as a compass for crossing such distinctive waters: as Jacobs (2001) reminds us, it is appropriate to explore our patients' fantasies without burdening them with our problems and our realities. Hope and expectation about meeting the still unknown child can coexist in the analyst with anxieties about death, profound fears about her own safety and that of the baby she is carrying in her womb, anger and disorientation about the changes in her relationship with her partner, experiences of inadequacy at the demands that her new parental role will shortly impose on her. In parallel to this, the patient's gestures may expand at the re-emergence of archaic fusional experiences stirred up by the presence of a pregnant analyst, at the return to life of old traumatic valences in the primary relationship, or by the manifestation of envious attacks, feelings of jealousy and exclusion from the mother-foetus dyad, and fantasies about the death of the unborn child more or less consciously expressed in the relationship with the therapist.

In the article quoted earlier, Paola Mariotti (1993) concentrates on the one hand on those aspects of the transference which may be involved in the difficulty which some patients manifest in acknowledging and thinking about the analyst's pregnancy: the repetition of early experiences and the emergence of primitive mental processes seem to condition the ability to receive such an emotionally pregnant event and in a manner, moreover, not unlike what happens in other situations (for example, in an illness). On the other hand, Mariotti emphasizes how in this phase the analyst's countertransferential response – as it is translated into varying levels of attention and concentration, the conscious and unconscious selection of material to respond to, the choice of interpretation given – can be influenced by her experience of pregnancy and by her relationship with each specific patient (for example, in a very early stage of pregnancy, by the desire not to reveal her pregnancy to the patient).

Tagliacozzo (1995) and Racalbuto (1997) highlight the fundamental importance in clinical practice of a «democratic» thinking which allows freedom of expression to

all the voices present in the field. Indeed, the specific arc of analysis presupposes that the patient is free to manifest even those thoughts, affective impulses and representations that are infused with Thanatos, expressing all the instinctual components present in their own internal scenario. In this phase, the analyst's Self might tend to ally itself with Eros in maintaining the life which she is carrying towards a future birth, and setting herself against the destructive forces which patients may direct against the therapist and/or the pregnancy in progress. The retrieval of the negative fantasies which are also present in the analyst's mind constitutes a valuable opportunity. Pregnancy can activate archaic anxieties in the mother, envy of that small creature which she once was herself, ambivalences and sometimes hatred towards the absolute needs of the baby who is first trans-/de-forming her body and then, after the birth, will impose new forms and necessities on her everyday adult life and identity. Giving voice to these affects without being overwhelmed by them means granting the patient the possibility of expressing them in his own turn.

Although, as Winnicott emphasized in the famous passage from 1947, even the good enough mother houses within herself feelings of normal hatred for her child, there is a certain inhibition on a societal level about acknowledging and legitimising it (Mariotti G., 2014). The analyst's capacity for integration and «democracy» may be fruitfully sustained by comparing notes with colleagues and by sharing experiences in working groups which, by avoiding isolation, represent a sort of containing function which can help to unravel this tangle of experiences and allow them to be worked through.

Indeed, the simultaneous presence-absence of a third inside the consulting room makes this a distinctive moment, a borderline experience along the edge of an as yet un-reified presence, a sort of space-time in which patient and analyst see still partly undefined areas coming into play and seeking representability. In our opinion, the illusory and paradoxical character of this phase where the baby exists but does not yet exist, where the objective reality of the pregnancy can be treated subjectively according to the internal reality filters of therapist and patient, has valuable potential in terms of creative development of the personality and the relationship. In the end, pregnancy is the only event during an analysis where a third is present in the room, fostering the evolution of symbiotic areas in creative directions which help to form a boundary.

FRANCESCA AND OVERLOAD[1]

Francesca is a young woman who consults me because she is experiencing symptoms of an obsessive nature: she complains about great difficulties in managing her digestive functions and especially evacuation, which is a source of great anxiety. The

[1] This case was treated by Caterina Meotti.

prospect of feeling her belly painfully swelling and of having to use a public swimming pool so terrifies her that she imposes numerous alimentary restrictions on herself along with a rigidly repetitive routine of life with the aim of controlling and anticipating her intestinal functioning.

The other cause of unhappiness concerns the total absence of romantic attachment or any kind of exchange with the other sex: she is an attractive and well-groomed woman, but even though she is nearly thirty she has never had a relationship or anything approaching physical contact with a partner. In a mixture of embarrassment and humiliation, she tells me that at her secondary school the class was divided between «cows» and «nuns»: she chose to belong to the second group because she always felt awkward and fearful in exchanges with her peers.

Even today, many years later, any type of proximity makes her freeze and act in a way that puts people off.

Francesca describes her mother as a difficult woman who had always burdened her with her own needs: in connection with this she talks about *overload*, the feeling of being saturated by the presence of an anxiously attentive figure who managed her new-born daughter's evacuative functions with a tube and has always had difficulty tolerating her daughter's striving for autonomy. She portrays her father, on the other hand, as a depressed man much absorbed in his own physical ailments. He seems to have avoided the affective and instinctual investments of his daughters (Francesca has an elder sister), inhibiting his and other people's lively impulses with a behaviour rigidly inclined to the phlegmatic, and for the most part lacking any capacity for play or tenderness.

In the first phase of analytic work the patient shows an acute intolerance of any interpretation, which provokes an almost physical discomfort: «See?.. it's happened again, while you were talking I felt my head suddenly getting empty…» She is extremely controlling, mistrustful, and quick to react, making me quite circumspect and ill at ease, as if I had very little room for manoeuvre.

A few months into the analysis – held regularly with three sessions a week – I find I am pregnant. It is my second pregnancy and I am quite calm about it, even feeling that it will be possible to reconcile work and motherhood (a subject which had worried me a lot when my first child was born), and yet the repercussions which this event may have on Francesca weigh heavily on my mind. I am afraid it will stir up early anxieties of abandonment in a patient who is laboriously starting to trust me and have faith in the possibility of making use of the analysis.

My concern seems to be mitigated by Francesca's behaviour during this period: although she is extremely watchful and receptive, even when my physical changes start to become obvious, she continues to ignore what is happening; in sessions she neither comments nor asks questions. I wonder if this is an outright denial or a difficulty in verbalising something that is making her uneasy: my pregnancy is probably pro-

voking her with subjects – above all, sexuality and the dichotomy between «cows» and «nuns» – which the patient seems to have kept rigidly split-off in her internal world.

I spend much time wondering about this, and consulting other colleagues, and find myself in difficulty, suspended between the fear of injuring her most infantile parts and the need to let them grow. Time is passing: is it better to help her speak or to wait until she is able to do it by herself? If I talk about my pregnancy, will I invade her with an inappropriate *overload* linked to *my* needs?

On the one hand, I think it is appropriate to wait and let the patient bring up the subject, although she remains immobile in a silence that I feel charged with tension; on the other, I am reflecting on how this protracted waiting is making me feel on my skin how hard it can be to bear that sensation of having minimal room to manoeuvre which Francesca has experienced so often in her life. Sometimes I have the impression that the contents of her associations and dreams are referring to the presence of a third in the consulting room and that this presence is arousing fantasies and anxieties, but for the time being I wait, fearing that a communication from me might provoke Francesca's hyper-reactivity at the *overload* from another person.

Time passes, and I am now in the sixth month of pregnancy. Week by week I feel more and more uneasy at Francesca's apparent indifference. Shortly afterwards, following a remark by the patient («coming up the stairs today I saw a tricycle, and the doll last week… it's full of children here») I seize the chance to talk about what is happening.

This is a moment of relief for me because Francesca does in fact admit that she had guessed months before (right from the start of the pregnancy) that I was pregnant, but she couldn't pluck up the courage to talk about it.

The embarrassment she nevertheless continues to show about the subject makes the patient seem like a little child paralyzed by something she cannot begin to access. On the one hand, my pregnancy inserts a third between us, a child who will presumably soon take me away from her, disappointing the expectations of closeness which the patient was beginning to be able to show, and on the other hand it necessarily entails my having a relationship in a couple and a sex life.

The long prevarication before being able to approach the subject seems to form part of the picture of an inhibited and infantile stance towards sexuality, but also an attempt to repress the aggressive and envious aspects aroused by my pregnancy. The protracted silence has also served to protect herself and me from the idea that in her eyes, having become pregnant, I was now irremediably *cow* not *nun*.

The profound connections existing in the patient's fantasy between sexuality and sadistic and anal aspects constitute a topic which, in such an early phase of the analysis, could only be addressed indirectly and with extreme delicacy.

The path towards an adult femininity is probably still long and punctuated with resistances, but the presence of a pregnant, and therefore sexed, analyst seems to reveal an unprecedented scenario.

It is in this period that the patient begins to display a lively curiosity about my private life, a subject she has never directly addressed before.

Francesca tells me that, before seeing me pregnant, she had been convinced I was single like her: but in this new phase of the analysis she seems heartened by the fact that I am not, and more freely expresses fantasies built on the one hand around identification with my child, feeling like my daughter, and on the other around the hope that I may be able to guide her step by step to the point where she becomes able to have children in her turn.

Alongside this aspect of trust and hope, my pregnancy also arouses feelings of anger, envy, and mistrust in the patient.

My imminent maternity leave and the break in the analytic work activate growing anxieties of abandonment which cause Francesca pain. Intense experiences of depression appear: «the most terrible thing is to be loved and then not to be. I'm reading a book by a writer who talks about when he was a child, about being left by his mother (She starts crying)… It was better before, when I didn't need anyone».

Francesca feels abandoned in a much earlier stage of the analysis and is afraid that she hasn't developed adequate tools for facing the period when the sessions will be suspended.

I also face this phase with complex emotions: on the one hand, the tiredness of late pregnancy, which coexists with the desire to meet my daughter; on the other, my concern and feeling of guilt for patients who, like Francesca, show their suffering most intensely. Working with her often brings to mind the unhappiness and jealousy I felt when my sister was born, and how my parents' attempts to ease my suffering and rage always came up against my awareness of an objective change in our family scenario.

About a month before my maternity leave, Francesca ends a relationship with Beppe, a man her own age with whom she has attempted intimacy, mistrusting and shutting out an interlocutor incapable, as she puts it, of supporting her and being the companion she would have liked. She tells me a dream:

> I dreamed I was going to live in a college run by a priest. I can't take anything with me except a toothbrush. He tells me, «You will be a woman with no beauty case». I accept this, but being in a place for poor people gets to me. Then the scene changes and I see my sister standing up to her calves in the sea looking for something washed up at low tide. I say to her, «What are you doing? That's disgusting». There's a good-looking boy with her, getting Kinder Eggs out of the water… Doesn't Kinder mean child in German?»

Francesca seems to have gone back to the convent, cold and plain, with no beauty case, back to the place for the poor, and watches her sister/analyst and the good-look-

ing boy with distaste as they put their hands in the muck and are able to pull children out of it.

She is afraid that I may lose touch with her and not come back to work, abandoning her without first having helped her to become autonomous.

Perhaps because of her particular characteristics, the separation which coincides with the birth of my daughter is the first that the patient clearly suffers acutely: indeed, up until that moment, Francesca had given no sign of unhappiness or protest at moments of separation, although the associative material suggested intense internal movement.

Pregnancy imposes timescales which interrupt the predictable rhythmicality of analysis: its length, the weeks when treatment is suspended, the idea of a birth that begins a new life, a linear time quite different from analytic time. It is as if this separation – which lies outside the normal arrangements of the setting and is imposed by a personal requirement of the therapist – introduced the sense of time into the analysis, creating a crisis in that defensive management which, through nullification and isolation, used to shelter the patient from making contact with the pain linked to her detachment.

On my return after pregnancy, she is relieved to resume her analysis but seems to reprove me for my absence through a certain coldness in her communications. The other fear which makes itself felt in this phase concerns my readiness to listen to her. In fact, she believes that, being busy looking after my child, I may be distracted from listening to what she brings to the session.

On the one hand, Francesca adopts a stubborn self-sufficiency towards me, shot through with unspoken blame, while on the other often coming into the room saying how cold she feels, making evident her need for analysis to warm her up. She expresses her resentment in a way that I feel is very measured and restrained, and yet I can tell that the specific separation she has had to face has dealt a hard blow to the faith she had struggled to build in her relationship with me.

Despite the difficulty in approaching such regressed aspects – at a time when, in my other role as a mother, I am much occupied in this area – I try to work sensitively on this feature, because I also detect how the patient's aggressiveness, though expressed indirectly in her relationship with me, represents a crucial element:

> My sister is pregnant, and so is the cat in the country, they're all pregnant… I dreamed I was Dexter, the main character in a TV series, a killer whose job is killing serial killers. In the dream I kill a murderer who had killed a child. Then I dreamed I was with Ida and Lisa (two friends). We each knew the date when the others would die. I kept theirs on a piece of paper in my handbag. Ida was looking inside it and I was afraid she'd read it. The bag was a Neverfull by Louis Vuitton.

Faced with the fullness of other people's pregnancies and the feeling of not being wanted/ filled (the Neverfull bag seems to allude to the patient's own never full belly) an angry and vengeful impulse is unleashed, testified in the first dream by the appearance of the killer who does away with the child. The presence of Dexter, the killer of killers, seems to allude to a partial attempt to block the destructive and envious aspects in her in response to my pregnancy.

I try on the one hand to restore to the patient both her lethal and destructive aspects and her nostalgic and depressive feelings about her loneliness and her fear that her own handbag/ belly may be left empty or only contains the idea of death and of time running out. On the other end I underline how the presence of Dexter, the killer of killers, may perhaps represent an attempt to contain her own angry impulses.

Francesca felt left, unfed for a period which had been decided by the personal demands of her analyst: the experience of passivity and abandonment is overcome, in the second dream, through the grandiose infantile fantasy of knowing/controlling the other person's time. The problem seems to revolve around the possibility of filling this bag, a container which for now encloses only aspects which the patient in the end feels are rejected elements, deadly and potentially destructive for the other.

The motion started by my pregnancy constituted a sort of long wave whose effects are still sometimes making themselves felt. Today, four years later, Francesca still talks about it – often in connection with breaks in analysis – and the memory of this phase of the analysis sometimes emerges in me to, along with the complex emotions it aroused in us both.

GREGORIO AND THE HOT AIR BALLOON[2]

Gregorio, a forty year old homosexual, is a good-looking and well groomed man, as befits the major investment bank for which he is proud to work and which is an idealized representation of his impeccable mother who died shortly before the start of his analysis. Right from the first meeting, the analyst finds herself having to deal with a sort of «reverential fear» which this man seems to provoke: despite the distress and inconsolable sorrow which assail him at the mere mention of his mother, the patient seems never to lose the fascination which marks him out, a feature which, instead of bringing the other closer to him, seems to keep him at a distance.

Gregorio begins an analysis three times a week, prompted by an authentic curiosity about the reasons for the behaviour which has led him to ask for help, which have become more acute following his bereavement. When he has been in anxious state, Gregorio has always rearranged the furniture and smoked too many cigarettes, but above all has frequently been unfaithful to his partner, with whom he has had a stable relationship for years. It is the betrayals above all which make him feel sincerely guilty and annoy him by their coercive nature.

During the first year of analysis, the patient's narcissistic defences are diminished, making his relationship with the therapist more intimate on the one hand, while on the other leading to an appreciable improvement in his relationship with his partner. Gregorio stops being compulsively unfaithful to him, and things seem to be going well for them.

The characters who gradually appear in the patient's stories represent transferential re-evocations of important figures: an idealized mother, very demanding towards him, with whom he has constructed a symbiotic link (a feature which, especially at the start, the analyst detects in feeling herself all too idealized in the countertransference); an absent father of whom the patient has a low opinion, keeping him in the shadows because he is a source of intense shame; a brother who is looked down on, a heterosexual rival but one with little influence in the patient's life and relationship with his mother.

After about a year, the analyst becomes pregnant: Gregorio, like most patients, notices this almost immediately.

While Gregorio is slowly divesting himself of his narcissistic glitter, thanks also to a greater awareness of his identification with the idealized mother, the therapist is simultaneously facing a rapid bodily transformation which, in a few weeks, will make her pregnancy obvious and «weighty», for herself too.

In the run-up to a brief suspension of work for the holidays, Gregorio dreams of feeling a certain nostalgia in seeing a large hot air balloon rising quickly from the earth. The first, most obvious interpretative hypothesis about the presence of anxieties about abandonment, is joined by a second, based on the relief and fear of abandoning his grandiose self and his idealized mother, an interpretation based on the patient's associations and the analyst's countertransferential reaction. In association with the dream, the patient recalls the only conversation he had previously had with another psychologist whom he had immediately rejected because of a comment she had made about the patient's great elegance: this remark had greatly irritated him because he had felt the words as unctuous and flattering rather than authentic and helpful.

In response to these associations about a chilling refinement which left Gregorio irritated, the analyst's mind is strangely affected by an almost opposite experience the same morning, and especially on days when she has sessions with him: that of choosing what to wear, because she feels like a hot air balloon, that everything is wrong about her, inelegant and uneasy. Besides the anxiety of abandonment, it seems obvious that these are features of the projective identification that is being played out in the analytic relationship on a deeper level: on the one hand, the patient's pleasure, reconfigured in its narcissistic aspect, in experiencing a relationship where his interlocutor is not dazzled by his refined characteristics, but on the other hand, the difficulty and fear involved in abandoning these aspects and getting into contact with a warmer and more intimate relationship.

The interweaving of the dream, the patient's associative material, and the analyst's attention to her own experiences of unease seems to provide interesting clues about the struggle to accept the changes in progress. In fact, the analyst's interpretation will address not so much the separation anxiety caused by the imminent break as the struggle and nostalgia in letting go of the rather «swollen» parts of himself and his mother which do seem gradually to be receding, leaving space for relationships which seem less sophisticated but more authentic.

Indeed, with the work on this dream as a starting point, the possibility opened up for the patient of recounting aspects of the relationship with his mother that he had never acknowledged before. Gregorio begins to recall childhood memories of an eroticized and excitatory nature, which reconfigure his idealization of himself and of the relationship with his mother: as when he peed on her bedroom carpet to infuriate her and make her give him a good hiding, or when, after he had been constipated for days, his mother chased him around the table trying to give him an enema.

In these episodes from the past, it is obvious that eroticized components and protests against his mother are simultaneously present in the patient. The level of excitation and perhaps also his homosexual orientation, obvious to the patient himself from an early age but never explicitly shared with his mother, seem connected to the need to break away from her, provoked by deadly anxieties of fusion with the mother herself, feeling her to be symbiotic and ensnaring. Paradoxically, in this period the analyst seems to feel more at ease with Gregorio, as if the patient were achieving some distance from the idealized mother/analyst and were really experiencing a more liveable and less fusional relationship.

The next dream, following the recounting of these episodes, seems to show the simultaneous reactivation of desires and anxieties of this type: the patient dreams he sees the analyst adjusting a necklace behind the table in the consulting room, in a space where another area opens out, not easily accessible but very dear to her. She smilingly puts the necklace on the patient's neck. He would not say the object is at all beautiful, though it is certainly valuable, and there is something disturbing about it.

Gregorio associates the jewellery in the dream with his mother's necklaces and the area behind the table, which aroused his curiosity more than the necklace, with the rooms created by a light show which had been held at the weekend at Villa Panza, in an area well known to the analyst from having spent family holidays there.

The patient dwells at length on the sensory description of what he had felt during the visit: a pleasure mixed with a sense of dismay in walking through those rooms made not with walls, but with white and pink lights, blended to create an undifferentiated atmosphere in which it seemed possible to get lost: an impression he calls strange, pleasant, and distressing at the same time, containing a sort of *dejà vu* at losing oneself in a place with no definite boundary, an optical illusion created by the installations.

Listening to these words, the analyst has the real impression that Gregorio is describing a sort of uterus in which still barely symbolized anxieties seem to be in a state of gestation. She finds the sensations he describes deeply and genuinely interesting, prompting her to comment that it must be strange to imagine oneself inside a «*panza*»[3] with an umbilical cord around one's neck, and that this seems to evoke something pleasant but terrifying and deadly at the same time. The therapist adds that the fear/desire could refer to a relationship with a totalising object that seems attractive but also frightening, precisely because it stirs up fusional fantasies mixed with profound anxieties of annihilation and loss.

In retrospect it seems likely that the necklace which the analyst gives the patient in the dream effectively represents the encounter between Gregorio and a narcissistic mother who, instead of mirroring his gaze with her own, seeing in him the male that he is, goes on seeing only herself in him. During the session the analyst has the impression that she is really being faced with a regression in which very old bodily memories are surfacing, a regression which it has only been possible over time to translate into words.

The concrete presence of the analyst's belly is certainly not the only factor enabling the reliving/recovering of mnestic traces of sensory data which are presumably concerned with foetal experience, but it can certainly have this kind of function.

The overall analytic relationship and the analyst's readiness to embody the mother transferentially while differentiating herself from her – accepting a far from flattering representation of herself (the hot air balloon) without being narcissistically wounded – seems to have reactivated in Gregory the trust to be able to encounter a new, fertile listening, corroborated by the experience of a different, genuinely respectful and generative mother.

The patient's descriptions seem to be located in the area of the «sensation-affects» (Racalbuto, 1994) and still seem to contain areas of irrepresentability.

By recovering areas of thinkability in relation to fusional anxieties about the feminine first experienced with his mother, Gregorio was able to gain access to a deeper and more self-aware view both of his own homosexuality and of the defensive valence of his infidelities.

Over time and in parallel to this, the patient was able to restore the paternal imago, moving in the direction of some identifications with a more acceptable masculine, and re-evaluating many activities which had been profoundly disparaged until then merely because they were associated with his father and brother. The patient was also gradually able to work through his mourning for the impossibility of achieving parenthood, overcoming the envious components which emerged in relation to the analyst:

[3] [Translator's note: a play on the fact that the name of the Villa Panza is also a dialectal form of «*pancia*», meaning «belly».]

in the period following the pregnancy the patient was able to think about the struggle he and his partner were having in deciding definitively not to go ahead with adoption or with procreation using a surrogate mother, a possibility they had been weighing up for a while, choosing instead to buy a dog as an acceptable compromise between a definitive renunciation of having an other to look after and the possibility of experiencing the pleasure of caring for a «puppy».

CONCLUSIONS

The clinical experience we both had during pregnancy prompted us to reflect on the specific nature of this moment for the analytic couple at work. Especially in the case of patients who present deficiencies in affective functioning and symbolization (understood as the link between experience and thought), the interpretative work can take on particular nuances thanks to contact with a real aspect of existence, an aspect which, not only in its concreteness, but above all because of the reverberations it produces in the internal world, can «speak instead of words».

The specific nature of the simultaneous presence/absence of a baby and a womb which contains it may allow the use of an experiential, corporeal, and affective language which, thanks to the analysis in progress, will gradually be transformed into a symbolic register.

The infinite elements of the primary relationship are really present in the session, in the analyst's body and mind, available to the couple for the creation of a dynamic transference/ countertransference based in the register of non-verbal representation. Racalbuto claims that in some such situations, «faced with certain pockets of irrepresentability on the part of the patient, the analyst must take responsibility for them, both for affectively living their characteristics of unthinkability and for finding that degree of thinkability, however metaphorical, which they may have, at least in part» (1994, 12).

Archaic material and experiences not yet symbolized are present in every analysis, but the analyst's pregnancy can act as a powerful catalyst for bringing them to the surface in the service of the interpretative work.

In clinical practice, the psychoanalyst draws on her own internal world, experience and life events, and although this patrimony may lie between the opaque screen of neutrality, it constitutes a genuine and effective motor for advancing the treatment.

Normally, the real presences in the consulting room, the ones that matter and make a difference – our deep ties, our teachers, and our theories – cannot be seen by the patients, even though they cohabit with them without knowing it, because they are in the mind and heart of the analyst (Bolognini, 2008).

Our experience as mothers/analysts at work is in line with this viewpoint in the conviction that the possibility of making available experience, receptivity, and an all-

round subjectivity allows us over time to give voice to what does not yet have a form, fostering the emergence of new emotions and new-born thoughts.

SUMMARY AND KEY WORDS

Reflections about the analyst'S mindset during pregnancy. As is the case with several events in her real life, the analyst's pregnancy entails a series of transformations: physical, emotional and relational. On the one hand, these changes can modify the mindset of the analyst while working with her patients, on the other, they can bring to the surface specific issues. Through clinic exemplifications, the authors offer some observations on the possibility of taking into consideration the feelings the experience of pregnancy can arouse in the analytic working couple and, at the same time, of using this very specific moment to serve the analytic treatment.
KEYWORDS: Neutrality, pregnancy, pre-symbolism, primary maternal preoccupation, self-disclosure.

LA GROSSESSE DE L'ANALYSTE: RÉSONANCES DANS LA RELATION CLINIQUE. La grossesse de l'analyste, ainsi que d'autres événements de sa vie réelle, implique des transformations corporelles, affectives et relationnelles susceptibles de modifier la structure mentale du clinicien dans le travail avec le patient, et de faire émerger chez ceci de thèmes spécifiques. À travers des exemples cliniques, les auteurs proposent quelques réflexions sur la possibilité de saisir les réverbérations affectives complexes que cette expérience peut générer dans le couple analytique à l'œuvre et d'utiliser ce moment spécifique au service des soins analytiques.
MOTS-CLÉS: Grossesse, neutralité, préoccupation maternelle primaire, pré-symbolique, self disclosure.

EL EMBARAZO DE LA ANALISTA: RESONANCIAS EN LA RELACIÓN CLÍNICA. El embarazo de la analista, así como otros eventos en su vida real, involucra transformaciones corporales, afectivas y relacionales que, por un lado, pueden cambiar la estructura mental del clínico en su trabajo con el paciente, por otro, pueden favorecer en este último el surgimiento de temas específicos. A través de ejemplos clínicos, las autoras proponen algunas reflexiones sobre la posibilidad de captar las complejas reverberaciones afectivas que esta experiencia puede provocar en la pareja analítica y utilizar este momento específico al servicio de la cura psicoanalítica.
PALABRAS CLAVE: Embarazo, neutralidad, preocupación materna primaria, presimbólico, self disclosure.

DIE SCHWANGERSCHAFT DER ANALYTIKERIN: RESONANZEN IN DER KLINISCHEN BEZIEHUNG. Die Schwangerschaft der Analytikerin bringt ebenso wie andere Ereignisse ihres realen Lebens körperliche, affektive und relationale Wandlungen mit sich, die auf der einen Seite die mentale Ordnung des Klinikers in der Arbeit mit dem Patienten verändern und auf der anderen Seite bei letzterem das Auftauchen von spezifischen Thematiken anregen können. Anhand klinischer Beispiele schlagen die Verfasserinnen einige Überlegungen zur Möglichkeit vor, die komplexen affektiven Auswirkungen zu erfassen, welche diese Erfahrung im analytischen Paar in Bezug auf die Arbeit hervorruft, und diesen spezifischen Moment im Dienst der analytischen Behandlung nutzbar zu machen.
SCHLÜSSELWÖRTER: Neutralität, Präsymbolisches, primäre Mütterlichkeit, Schwangerschaft, self disclosure.

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