

Introduction to *Driving Soma*

Patrick MILLER

I remember many years ago a discussion panel in a TV talk show involving a few psychoanalysts (one of whom was André Green) and a neurobiologist, Alain Prochiantz. After listening to the analysts for a while, Prochiantz said that he had never been in analysis, and now he knew why he would never begin an analysis. He said something along the lines of: "If I have understood you correctly, what you say about the therapeutic action of psychoanalysis implies that it must go as far as touching and changing something in living matter, and I shall never let anybody mess with mine."

A powerful argument in its radicality based on an intuition of the potentialities of inter-subjectivity within the analytic encounter.

Some patients represent a greater challenge to the boundaries of our mind, our bodily-ego and our theories than others. Because of the intensity of the demand made on the capacity for figurability and representability of the analyst's mind, they compel us to be more aware of the importance of the subjective involvement required from the analyst.

This is often the case with patients presenting somatic diseases when we are confronted with the possibility of a figurative use of the soma in order to find some "meaning" beyond the psyche and its capacities for representational transformations. How can we respond to such an enigma when it seems that something which should be in the mind is not even in the body but in the soma. How can we conceive of a possibility, within the process of psychical metabolization taking place in the work of an analysis, of bringing it from the soma to the mind through the body?

When this does occur, it is usually channelled through the analyst's bodily-ego's response manifested by a feeling, which is a first step in the integration of a process of working-through concerning the patient but which cannot take place in the patient's mind. The attempt by both analyst and analysand to work together seems to reach a limit, and the analyst's mind has to modify its functioning in order to try

and encounter the patient at a different level of communication (this may or may not occur; it has nothing to do with the analyst's free will or resorting to a "technique"). We usually call this adaptive phenomenon "regression", or more precisely "formal regression" of the analyst's mind at work. Naming it makes it more familiar, but may also prevent us from exploring when, how and why it happens, and how it can deeply affect how we think about intersubjectivity in its relationship with the intrapsychic and the endosomatic.

Free-floating attention can sometimes be hindered for a long time. We are trapped by the patient's operational mode into the flatness of no-imagination. Sometimes we suddenly emerge from this flatness by experiencing a psychic event with an hallucinatory quality to it, or we realize that we are suddenly embarked on an enactment of some kind.

Extremely traumatic original events can rarely be processed by dream-work into a dream as if the brain's capacity to metabolize the internal trauma of endosomatic excitation into some psychical representation was repeatedly failing. Something that has to do with the capacity for bringing about the satisfaction of a need through primary hallucination does not function the way it should, and prevents the dream from accomplishing its function as the guardian of sleep. In a state of wakeful sleep the analyst's mind operates the kind of transformation which repetitively fails in the patient's psyche.

I shall first focus on the more usual and temperate or well-tempered interplay of two minds as they can be experienced by analyst and patient during the analytic hour.

A young woman in her late thirties had felt a need for a consultation some months after an extremely traumatic event in her family involving the brutal death of a close relative. What she initially expected to be a kind of "debriefing" within the context of a post-traumatic syndrome developed, after a few encounters, into a long-deferred need to have psychoanalysis. She is intelligent, very articulate and quite sensitive, but somewhat on her guard emotionally and, defensively, prefers to be in charge of taking care of the distress of others. My overall impression was that she

seemed to have developed what could be schematically described as “a mildly neurotic way of being”.

For the purpose of my description I simply want to isolate two elements from the initial interviews in my experience of listening to her. I noticed, two or three times during the first interview, an emotional response on my part, going beyond the usual emotional response that I can usually experience while listening to a patient -- a response sufficiently intense to bring tears to my eyes. During the second interview, as I had been listening to her for some time, I began to feel the rapidly growing pain of a headache. Headaches or migraines are not at all part of my usual set of somatizations, so that I was immediately alerted to the fact that this could have something to do with what she was telling me, or rather with what she was not able to tell me. Some time later in the session she mentioned the fact that she was prone to migraines, especially when confronted with emotionally-disturbing events, as had been the case, for instance, since the tragic death of her relative.

My way of thinking about these two aspects of my listening to her during the initial consultations is manifold. A movement of identification with the patient which indicates a kind of proximity to her that needs to be called into question. Is this identification a defensive way of being too close to the patient, in order to put aside any capacity for listening to her and to hear what she had to say from a greater distance, in other words a “third-party” position? Or is it a capacity for coming closer in spite of her guarded and defensive stance: “I can deal with this on my own”? This would imply that she had not managed to induce, as a repetition in the transference, some kind of phobic avoidance from the transference object. Is it counter-transference as resistance on the analyst’s part, or counter-transference as receptivity?

What struck me about the second event, the headache, was the anticipation of an element of her symptoms, enacted within my bodily mind. This seemed to indicate not only a specific kind of permeability but also a capacity to lend my mind to being the “theatre” of a figurative bodily enactment of her psychical pain. This to me is not part of a defensive counter-transference but a kind of intersubjective enactment which bears witness to a capacity to communicate at a formally regressed

level. In that respect it reinforces a positive indication for psychoanalysis between this patient and this analyst. And this kind of enactment is, to me, an initial profound level of understanding.

What follows is a description of the way things can unfold in the dynamics of transference and counter-transference during a session, once the analysis has been going on for several months.

She begins the session by a silence, and then remarks on becoming aware that her disposition at this moment is that she would like to make me feel comfortable. She wonders why. The analyst says that this wish may indicate a fear she might have of making him uncomfortable. The patient remains thoughtful, and wonders what kind of thoughts she might have that would make the analyst feel uncomfortable. And why would she even fear that?

“Well, would it be a fear that I may decide to close the door of my office?” This was a precise reference to how her mother, a successful businesswoman, would shut herself in her office and deny her daughter access while she was working.

She says she knows very well that I’m listening to her. And then she adds, laughing:

“And you just can’t walk away anyway!”

I say that, well, she may also fear that I could walk away intellectually and emotionally, and leave her in loneliness even if I am physically present.

The session continues and, at one point, I become aware of the fact that I am making conscious efforts to memorize the session. I am departing from my usual way of being with her in the session, outlining theoretical links in my mind, thinking of an upcoming conference where I could use some of this material. After a while I have to acknowledge to myself that I am actualizing, enacting in the session, precisely the mother’s closing of the door of the mind and the kind of narcissistic abuse that the patient felt subjected to during her childhood, one that she is beginning to become aware of: I am giving precedence to my intellectual work, and to the narcissistic use I can make of it, over being with her during the session and caring for her.

As I progressively disengage myself from this counter-transference enactment, I am again more in contact with her, and to my surprise I realize that she is now talking about wars in Africa, about young children enrolled as soldiers, how they are forced into becoming killers, the atrocities, the abuses, the rapes, the unthinkable violence of traumatized children who become abusers themselves. When the war is over how could they ever get back to any kind of normal childhood?

Beyond the articulate description she is making of these situations, I can sense a whole assortment of chaotic atrocities, of painful violence which I immediately associate to her migraines. The door of my mind had indeed closed, the receptivity and permeability had shut down and she had been left alone, developing in her mind all the painful atrocities of an unspoken war with her mother, whom I can now see as having a severe borderline personality, which could now develop in a narrative within the transference and counter-transference intersubjective interplay, instead of being regressively manifested through the painful atrocities of the migraines.

After exploring her narrative with her I was able to tell her that although she had felt so lonely while her mother had shut her out, she had forced herself to be a good little soldier to her mother, keeping all the war atrocities painfully pent up in her mind, instead of making her mother feel uncomfortable with them.

From feeling a headache while listening to her to being able to describe metaphorically to her an evocative narrative of her intra-psychical pain, there is a long path of processing. This work of processing is made possible by a specific treatment of the analyst's subjectivity, how it is invested in the process and how it comes into play with the analysand and for the analysand's sake. Creating the conditions for this specific use of subjectivity is what we call the analytical frame and method. However, it never works magically simply through its own good merit. The analyst is subjected to the setting just as the analysand is, but contrary to the analysand, he/she must also be guardian of the setting, while at the same time being part and parcel of the process. Exploring the metapsychology of the analyst at work is also an attempt at dealing with this difficult paradox.

Anticipation and anxiety characterize the situation into which both protagonists of the psychoanalytical experience are plunged. We probably tend to minimize the traumatic aspects of the first encounter between patient and analyst where so many psychological and bodily events are precipitated, mobilizing powerful drive forces. Initially, we have very little representation of what is being actualized. Our capacity to survive this potentially traumatic experience, without becoming a Wise Baby (Ferenczi), will determine the transformation of the encounter into a process with an ending.

Bion underlined the traumatic aspect of psychoanalysis during a seminar at the Tavistock in 1976: "It took me a very long time to realize that the actual experience of being psychoanalysed was a traumatic one and it takes a long while before one recovers from it." (Bion 2005)

By recommending free-floating attention for analytical listening Freud opened up a path for the involvement of the analyst's subjectivity, one which went much further than his explicit theoretical intentions. The psychoanalytical encounter creates the conditions for an intersubjective construct which has no equivalent in "ordinary" "real" life, one which implies the analyst's bodily ego, hence giving the possibility of sometimes having access to the analysand's bodily ego.

Recalling a challenging analytic case

I would like now to recall one of my oldest of psychoanalytical adventures. Mr K was in fact just the second patient who was referred to me at a time when I was beginning my analytical training.

The psychiatrist who referred him was a primal scream therapist. She had seen Mr K in consultation and had decided that it was too risky to embark him on the road to primal scream. She thought that he was too brittle and that primal scream therapy might precipitate a psychotic breakdown.

Mr K, almost 30, was at the end of his tether, feeling that he was about to let go of a rope he was still desperately clinging to. He was extremely depressed, sometimes suicidal, his life was a wasteland, and he was invaded by extremely

demanding obsessional rituals that took up most of his free time. He was vegetating in a menial job, quite inferior to his real potentialities and capacities.

He conveyed to me an atmosphere of lead and ozone, the texture of having to wade through some kind of thick paste, yet there was something very gentle in him and an eagerness to try and do something for himself that moved me deeply. As I was enthusiastically beginning my analytic training, I thought that I could not offer him anything better than to begin an analysis. Without much hesitation, while acknowledging the severity of his psychopathology, after two interviews I explained to him the setting -- three sessions per week, lying on the couch -- and the method. He agreed, we set his hours and began our work the following week.

Nowadays most analysts, faced with the same kind of patient, would be more inclined to be "careful": they would see the patient face to face for a longer period, one session per week, testing the patient's and their own capacity to engage in more frequent sessions, and perhaps not even considering the possibility of analysis (with the possible exception of some British colleagues, perhaps?). I think that there is a possibility that I might be less daring today and think twice before offering analysis to Mr K. Would that be better? I am not sure. It would certainly be more comfortable for the analyst, but might deprive the patient of a mutative experience.

Mr K was thus my second patient in analysis. Quite different from the first, and quite different from anything I had anticipated as being a "classical analysis".

Mr K kept talking profusely, breathlessly, endlessly, without any pause that might offer some kind of breathing space. When I would tell him that the session was over, he would continue, I would stand up, make some throaty noises to attract his attention, but he would still go on. I would have to insist, explaining that the time of the session was up. He would then give a start and come out of a state I later identified as a kind of trance. I soon realized that this abundance of words had not much to do with free association. Instead of triggering my mind and making it roam freely, it suffocated me, it lulled me into a kind of nightmarish magma, where words were not words any more but part of a kind of undifferentiated paste. Needless to say I felt drained and exhausted after the sessions, with a terrible sense of having no memory of what he had said. The profusion of words, instead of filling me, had

emptied me of all thoughts and even images; what was left was a terrible sense of helplessness.

However, Mr K had developed a very efficient way of forcing me to remember him and his bodily presence. As the session progressed he would release a strong body odour, which developed into a powerful stench that saturated the whole space of my consulting-room. After he had left I had to open the windows wide and ventilate the room by creating draughts. But even that was not sufficient to dissipate his presence. His smell clung to every fibre of the fabrics in the room, tenaciously incrusting so as to remain present until the next session, and remind my other patients that he had been there and would not be dislodged. That much I realized because it was so figuratively depicted. But what was I to make of it?

It was all about being overwhelmed and saturated. Mr K did not seem to be aware of any of that, not even the stench, and I was immersed in it, so much so that I had a growing sense of being forced to experience it without having much capacity left, during the sessions, to think about it and to become aware of anything other than a threat of annihilation.

The more I tried to pay attention to the content of what he said, the more I had the feeling that it was evading my grasp. This painful and enigmatic experience occupied a lot of my thinking between sessions. I was very aware of the fact that, in this way, he managed to be very much present in my mind. I was trying to understand, I was trying to make sense of it all. In what I remembered of the sessions there were no dreams, no day-dreaming, no fantasizing. Everything seemed to revolve, in a very repetitious manner, around recollections of very painful separation anxieties. His parents had left him in the care of an aunt when he was just a few months old, and would come to visit him from time to time, while they had kept with them his older brother. That situation lasted until he was 5 years old. The excruciating wait for their visits, the knowledge that it would end all too quickly, that they would leave again, that there was nothing he could do about it, and then the torturing questioning: why don't they want me, what can I do to force them to take me back, what does my brother have that I don't have? On the other hand, his aunt was married but childless: she had engulfed him in a very possessive kind of

love, very controlling, very suffocating, and very incestuous. He was often in her bed and she would allow him to caress her breasts, and, so it seems, even encouraged him to do so and maybe more.

So there I was, having to experience, all at once, the excruciating pain of separation and the suffocating, engulfing incestuous atmosphere of his aunt's bed with all of its body smells, numbing and wrapping in a mist the sharp contours of the pain of separation -- the exertion of a powerful and archaic anal retention, constantly enacted in the room, in a somatic as much as in a libidinal way, in the place of a capacity for dreaming and thinking which implies a necessary distance from the object. But as I say this, I am jumping ahead in time, because at the time, in the first three years of the analysis, I was not able to go that far in thinking theoretically about what was going on, a situation in which I was caught and trapped.

I did not remain silent. I would sometimes make a comment, at other times offer an interpretation, including transference interpretations. But I had the impression that the meaning of what I said, with its potential for evoking meaning in him, went unheeded, like a *lettre morte*, a dead letter. It was like water sliding off a duck's feathers. What was meaningful, however, seemed to be more the fact that he would hear my voice, that I was paying attention to him, that I was signalling my presence.

This was so much not what I thought a psychoanalytical process should or could be. My overall sense was that I did not understand him, could not help him, was not able to grasp what he was saying nor remember it -- and I felt guilty about it. At odds with myself, I eventually decided to do something which was the opposite of what I thought analytical listening should be: free-floating. I decided, for a limited period of time, to take notes during the sessions. It was a strange experience: I was writing automatically everything he was saying, without listening, in a kind of trance. Then I would read my notes that evening or the next day. They were strangely non-evocative, like a foreign body, like a dead body -- dissociated from his voice, which I could not hear any more as I was reading the content of what he was saying. I think that that was painful for me because I missed his voice and its powerful, maddening effect on me, which put me in a slumber and destroyed my understanding. An eerie kind of mermaid.

So, eventually, I decided to surrender, to give up my wish to understand and to accept the reality of what was going on, without trying to change it. "Take in whatever comes and as it comes, endure what it makes you endure and observe what is happening." I was quite aware that this decision was taking me beyond free-floating attention, that it was something I had to experience because free-floating attention was impossible. It was an experience of passivity in which I agreed to be controlled by the patient, invaded by what he needed to induce in me, at the limit of losing my mind and my control over my mind. No matter how disturbing this borderline experience was, I knew that I was able to maintain a cathexis towards meaning: I was allowing this to happen because I believed that this was what he needed in order to eventually, some day, maybe, come out of this repetitive traumatic fixation. So it remained meaningful, not an exercise of traumatophilia or masochism, even if some degree of both may be necessary to accept undergoing such an experience; indeed, this may also be true in a more general sense of the wish to become an analyst. We may wonder how the sublimation (or transformation, to put it more in Bion's terms) of traumatophilia and of masochism is accomplished in an analyst's everyday working task. It requires a powerful metabolism of destructivity and, when successfully accomplished, it may offer some protection from the tendency to resort to somatic illness. That is one aspect of how the analyst's body may be involved and required in quite a demanding way for the sake of the analytical process. The constant need to metabolize psychical conflict and to remain cathected towards the demands of figurability and representability may protect the analyst from the seduction of entropy. This is the optimistic hypothesis.

I eventually decided to increase the frequency of weekly sessions to four and then to five. I thought it might prove meaningful to contain his acute separation anxiety, but on the other hand it also possibly meant increasing incestuous proximity. The very fact that I could envisage this increase in our meetings certainly meant that he had not succeeded in deterring me from being in his presence and that his repellent bodily strategies had not managed to disgust or discourage the analyst - they were aimed at a transference object. But was there also a possibility that he might sense that I wanted more of it, i.e. that he had in fact managed to seduce me in

some kind of paradoxical way? There was undoubtedly a great deal of complexity in what could be induced, and there must have been some degree of enactment on my part in increasing the number of sessions, but there was perhaps no other way of conveying to him something about my endurance as analyst and a sense of some difference between analyst and transference object, than through some kind of enactment. At any rate, from whatever angle I might view it, I think it basically meant that I was ready to confront his psychical destructivity and his incestuous seductiveness and that we needed a solid framework in which to do this.

Another aspect in my decision is that in increasing the sessions to five I was deliberately breaking away from the so-called "French model" of three-sessions-per-week analysis – I was not going by the book, in order to adapt to what I thought was needed by this man in order to continue and develop his analytical process.

For the first three years of the analysis each summer break was accompanied by a repetition of the same events. He expressed a lot of separation anxiety as the break was approaching, and this led to an increase in all the manifestations that I have so far described. When the sessions resumed, he would invariably say that he had been in a sort of limbo, unable to recollect anything having to do with the sessions, and in particular trying to remember my face but not succeeding, as if he, too, found it impossible to keep me in his mind. He also reported, on each occasion, that some time after the interruption of sessions, he had begun feeling pain in his anus and rectum. This developed into an anal abscess with a fistula, with bleeding and a great deal of pain, necessitating surgery.

This repeated event impressed me deeply. It was obviously related to the excess of psychical pain produced by the separation and absence, and to his incapacity to process it psychically; also, it was very probably linked to the incapacity, of both analyst and analytical setting, to contain it and facilitate its metabolization. This was the patient's own somatic way of dealing with psychical pain. Pain was somehow evacuated into the soma; he could not recollect anything having to do with the analysis and the analyst. Instead there was a somatic collection of pus near the anal sphincter. He seemed not to have at his disposal a symbolized psychical capacity to use the retentive function of the anal sphincter; in order to keep the object from going

away, he quite literally had to use his somatic sphincter in a desperate attempt to do so. This struggle to keep the object inside was harmful to both his body and the object, which it destroyed along with the capacity of the sphincter to retain and evacuate. It had been triggered by a failure of the retentive capacities of the mind and resulted in a failure of the somatic functions which had been used to somehow figuratively create a substitute for the symbolizing functions of the mind.

This was not a hysterical conversional symptom, using symbolic language to represent something meaningful in the libidinal body, creating a dysfunction which does not correspond to an anatomical or physiological impairment, a dramatized sexualization of the body.

In Mr K's somatic equivalent of psychical pain, there was a series of physiological events leading to a destructive attack on the physical and anatomical integrity of the body. However, we cannot say that it was entirely devoid of "meaning". It was repeated identically as a consequence of and also, so it seems, as a response to a recurring set of identical events. It also appeared to constitute some kind of non-mentalized solution to the pain created by an unthinkable conflict. Unthinkable because happening at a time when the representational capacities of the mind were not sufficient to generate a psychical scene giving a meaning, even a persecutory one, to what was being endured. We can also imagine that, as an infant, he could not come into contact with any psychical capacity for processing because the primary environment was unable to offer a good-enough metabolization of his unthinkable bodily agonies.

In such cases I believe that the infant tries to find figurative resources within his/her own bodily sensations and their somatic physiological equivalents, which function as a kind of *ersatz* of an internal object when the needed introjective capacities are lacking. A sort of primitive somatic "grammar" is created, in an attempt to deal with the alternative: feeling alive/feeling dead. This "grammar" cannot create metaphors, only equivalents. It does not contribute to creating a mind, it helps the organism survive, and it protects a potential mind from being deflagrated at the outset by a tsunami of unmetabolized excitations coming from the soma. For instance if "cold" is the somatic sensation associated with being left alone with a

feeling of dying, then triggering a somatic inflammatory process can be a way of “warming up”. Who triggers this? No one, not an individual-as-subject, not a psychical agency, but, in my view, the powerful life instinct – that is, an organic instinct for the preservation of the self, not a drive. Resorting to this somatic “grammar” is quite the opposite of the psychical path enabling the construction of a mind described by Freud as the experience of hallucinatory satisfaction. Nor does it result from the introjection of an internal object, even though it functions as an ersatz, as an “as if”, of an internal object.

After each summer Mr K was too absorbed with the experience of reconnecting with me, trying to convey to me how terrible it had been not to be able to get back in touch with my presence by summoning up images of me. I would try, very carefully, to raise the possibility of a link between the state of mind he was describing, separation and the development of the anal abscess and fistula. The connection between separation and his mental states during the summer was only too obvious to him; it was, after all, a repetition of what he had been through during his childhood. But the possible link with the somatic episode was dropped.

When we were in the third year of his analysis and just a few sessions away from the summer break, I heard him talking about a wish to be naked on the couch. After he had mentioned this a few times I asked him to try to say what this idea brought into his mind. He said that it had just popped into his mind some time ago, he had thought about it, it would be like being a baby on a changing table, handled by his mother. I was disturbed by the factual way in which he talked about it, although this was his usual way. It began to dawn on me that he had in mind the idea of actually *doing* it. This raised a great deal of anxiety in me; I saw this as a potential major acting-out and thought that I had to try and do what I could to bring him to dream about it instead of *doing* it. But this was precisely what was so difficult for him.

So, shortly after beginning the session, the penultimate one before the break, he began undressing on the couch. It is hard to describe what went on in my mind. There were too many things at once, and I had to come to a decision very quickly. Something quite overwhelming was happening which exceeded the usual limits of

the framework of psychoanalysis. I had to decide what would make “the best of a bad situation” in order not only to save the analytical setting, but above all to help this man find his own way in a process of psychical working-through. Of course I could not state this in my mind quite so clearly in that moment of vertigo. My mind was in turmoil: should I tell him to stop, or let this go on? I considered both possibilities, racing quickly from one to the other, in a length of time which stretched out of time, which seemed so terribly long when in fact it must have lasted just a split second. A thought forced its way into my mind: “If you stop him you’ll kill him, psychically. Don’t let the fear of being unacceptable take over, try to be with him in this moment and to stretch your mind a little more in an attempt to keep this within the boundaries of what could become analysable.”

He was almost naked, but had not removed his clothes completely, so that his movements were restricted and his remaining clothes looked like bonds fettering him. He eventually decided to free himself of this hindrance.

Suddenly there was an unusual kind of silence. He was making little sounds, which seemed to be of pleasure and relief, he seemed to be plunged into an intense experience which it was much too soon to want to qualify. After the anxiety, fear and turmoil that I had experienced, to some extent linked to the manifestations of a hostile analytical superego, I too felt at peace – although with a slight feeling of unease, which, I think, had more to do with the positive trembling and quivering of my epistemophilia than with guilt.

There was a baby on the couch, for sure, at times babbling in sheer delight, with all his craving for a good-enough holding, but also with all of his infantile sexuality. And there was an analyst trying his best to be a skilful father and/or mother, very much aware that his infantile sexuality was also part and parcel of what was going on.

At that time I had not read Ferenczi’s “Child-analysis in the analysis of adults”, nor Winnicott’s “Metapsychological and clinical aspects of regression within the psycho-analytical set-up”, nor Margaret Little’s sequel in the form of her narrative of her analysis with Winnicott (Little 1990).

I was quite on my own in this one, with my own mindset, my personal experience of analysis, my personality and my analytical ideals (not to be confused with an analytical superego, which I also had, in all of its ambivalence) mostly forged through my encounter with Freud's writings and my strong, mainly positive, transference to him -- and I think that this was fortunate, because it made this experience a more deeply formative one. It reinforced my awareness that it is a dangerous illusion to think that there is anything like "technique" per se in the field of analysis. There is a method, a theory with its successive re-interpretations, and a very particular way of thinking which is that of the analyst during a session, involved as he/she is in an experience with a patient which should always keep a critical eye on both method and theory. It would be omnipotent to say that method and theory are constantly re-invented; but they are constantly being re-appraised, and this re-appraisal sometimes goes so far that it eventually transforms our own relationship to both. Very rarely does it generate new concepts. It is far more important to be able to maintain the potentialities of transformation of the analyst's mind which can turn a couch into a changing table.

But do we really need new concepts in order to become better analysts? Yes, we do, provided we manage not to fetishize them or idolize those who have devised them -- on condition that they be authentically new, and do not arise from someone's wish to be known and famous by a brand name.

The session continued. Mr K. would sometimes utter some simple phrases: "It's so marvellous!", "It feels so good!" What came into my mind and remained in the aftermath was this phrase: "A gentle breeze caressing the skin", although I am not sure that he actually did say that. It may have been my own representation of what he was experiencing. Except for encouraging him from time to time to voice what he was experiencing, I remained silent.

As the end of the session was drawing near, I began to worry that I would have to interrupt the session while he was still naked on the couch. I knew how difficult and painful the ending of each session was for him, so I told him that we had ten more minutes left and that it might be better for him to start putting his clothes back

on, since it might feel quite awkward for him to find himself naked after the end of the session. He did so, slowly, and then the session ended.

When the analysis resumed in early September, Mr K was very impatient to *share* with me the story of what had happened during the summer which had surprised him a great deal because it was so totally *new*. He had been able to remember, and to recall when needed, the session during which he had undressed and spent time naked on the couch. He had day-dreamed about it, recalling all the pleasurable feelings, emotions and sensations that he had experienced. It had kept him company all through the summer; he had not felt the usual anxieties, and had been able to summon up images of me and of my face. Moreover he had not felt any peri-anal pain, no abscess, no fistula. This to him seemed quite miraculous, and he sounded almost cheerful.

The tonality of the sessions had changed palpably: the lead, the ozone, the paste and the magma had lifted. I could listen to him. Words were differentiated, polysemous, there were distinct sentences, with pauses for breath.

In one of the following sessions, for the very first time he recounted a dream, a dream that he had had during the summer. He was in his car, in the driver's seat; it was night and very dark. He shifted into reverse gear and turned his head to look out the rear window. The rear light was on, and as he was moving backwards he could see a terrifying dog with its jaws wide open, barking, at the back of the car.

This dream seemed to be a graphic transformation of the somatic figuration worked through by the process of the dream work into a psychical scene where even the regressive movement in the transference was represented.

Gradually his body smell diminished and eventually disappeared over a period of a few months. It was later replaced by a discreet fragrance of cologne.

In one way, we could say that this was the beginning of his analysis, an analysis which turned out to be very fruitful, but also very long. For a while I thought it would be interminable and that it would end only when one of us would die. But Mr K eventually entered a phase in which ending became conceivable and he said that he knew, once he felt ready to stop, that he would go for good and never come back. That was exactly how it happened, and I have never heard from him since.

Writing about this analysis, almost thirty-five years after it began, reawakened in me so many vivid memories of the challenging experience that it proved to be for the young analyst in training that I was at the time. I shall forever be grateful to Mr K for his sufficient trust, beyond my analytical skills, in my capacity to navigate with him in such troubled waters. He allowed me, very early on, to face up to the unpredictable nature of some psychical events that happen in the course of an analysis. I believe that no analytical process can be mutative without the analyst being, at some point and to a varying degree of intensity, confronted with such unpredictability, where skills show their limits and he/she has to resort to the more intimate resources of what we call his/her "being", for lack of a better word. This does not mean that the analyst's knowledge should not be as sophisticated as it can be, in as many areas of knowledge as possible. What is potentially mutative may occur precisely at the interface between this knowing and the unknown, where the limits of what is thinkable need to be stretched. By thinkable I do not mean only cognitive, but something more in line with what Freud described as a finality of psychoanalysis: *Wo Es war, soll Ich werden*, provided that the *Es* and the *Ich* of the analyst are part and parcel of the analysand's *werden*. This means that the more intimate aspects of the analyst's self do not *react to* what is happening but are allowed to become, for a while, part of the process for the analysand's sake. The capacity to allow this to happen in a non-narcissistic way depends on the analyst's personal experience of analysis, on how this is worked through in his own training, and on the subjective aspects of the personal encounter with each specific patient. This challenge is always being renewed; we can never be certain each time of being equal to the situation. Psychoanalysis is certainly not for the meek or for the faint-hearted.

The story of Mr K's analysis as I have described it in its beginning offers more questions than answers, especially as regards what seems to have been the pivotal role of the session during which he undressed, leading to fundamental and sustained changes in his capacity to metabolize separation anxiety and to deal with psychical pain in a psychical way instead of evacuating it via somatic discharge.

I do not believe that the fact that this patient found himself naked on the couch had any curative virtue *in itself*. If it can be understood in its potentially mutative aspects, it is only as one moment in a lengthy dynamic process of intersubjective interaction, including the transference / counter-transference situation, within the containing function of the analytical setting. Something had to happen in the form of an act, which would threaten not only the analytical setting but also the analyst's frame of mind. That was how it happened in the dynamics of the analysis with this particular analyst, but no doubt it might have happened in a different way with another analyst. What I do believe is that an analytical process of working-through might not have been possible if something of the sort had not happened.

The analysand had to *do* something which meant obtaining something *real* from the analyst: by "real" I mean that something had to shift in the analyst's mind in his way of perceiving what is "proper" or "improper" in that specific moment; the analyst's mind had to adapt in order to discover the most appropriate way of facilitating self-development -- with the risk of failure or of going directly to an acting-out, with a destructive impact on the process and on the setting. This "doing something real" had to do with going beyond the usual boundaries of analysis without destroying the analytical setting or the analyst's mind. When we think of Winnicott's now famous definition: "After being - doing [...]. But first, being" (Winnicott 1971, p. 85), there seems to be, in this kind of analytical situation, a reversal. In trying to reach "being" the analysand is first "doing", and this doing can only bring him to "being" if it is met by the analyst not first doing (resorting to analytical "technique"), but first being (trying to stretch the usual boundaries of his bodily-ego in order not to "react").

This can create the conditions for some kind of new beginning. I suppose that in this instance Mr K had managed to make use of the analyst and the setting in order to give himself the opportunity of experiencing, even if it were only this once, the long-sought-after illusion of an omnipotence which allowed him to let go of some of his traumatic fixations and rekindled his capacity for dreaming -- a "sample" of what had been missing too often in his own development.

* This paper is a shorter version of the Introduction chapter in Patrick Miller's book *Driving Soma* (2014) Karnac. This version was presented by Patrick Miller on April 2014 at SFCP *Dialogues in Contemporary Psychoanalysis* Program. Complete reference list can be found in his book.

