



## **Intimacy: the drama and beauty of encountering the Other<sup>1</sup>**

*“Though all our knowledge begins with experience, it does not follow that it all arises out of experience” (Kant, 1787).*

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### **Summary:**

Starting from the idea that intimacy constitutes an emotional experience, the author seeks to define what intimacy is in the practice of psychoanalysis, how it is built in the analytical relationship, and the factors that facilitate and impede it.

### **Abstract:**

The author begins with general considerations about intimacy in life, the life cycle, and relationships in general. He defines intimacy as an emotional experience of contact with oneself and with another subject. He then focuses on describing the experience of intimacy in the analytic relationship, asserting that the encounter between two subjects and their subjectivities creates an area of emotional turbulence, which, if tolerated, symbolically transformed, and, therefore, thought out, may lead to knowledge about the intimacy of one's emotions and those of the other person. Thus, the emotion experienced in contact with the Other embodies the link between the two, and allows us to know what is happening within both ourselves and the person with whom we are in contact.

The author then proposes a gradient of intimate experiences, ranging between extremes of autistic isolation and narcissistic fusion – at which the experience of intimacy is impossible. Between these two poles lie different degrees of potential intimacy. The study continues by describing the timing of intimacy, seeking, for theoretical purposes, to closely examine the process by which intimacy is constructed in the analytic relationship, as well as obstacles that must be overcome. Finally, clinical vignettes are presented to illustrate how the author characterises experiences of intimacy in the analytic relationship, the anxieties they trigger, and certain defences against intimacy.

### **Introduction**

I appreciate the invitation to this privileged place of expression to talk about a theme that is highly relevant to psychoanalysis – intimacy. The IPA and its Programme Committee could not have chosen a more appropriate theme, given its centrality to human life, culture, and psychoanalysis. Nevertheless, I will focus on the psychoanalytical meaning of the experience of intimacy, its

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metapsychology, on clinical aspects and defences against it, and will only touch upon – but not ignore – the cultural issue.

My psychoanalytical thinking is strongly grounded in Freud, Klein, Bion, Meltzer, and Winnicott, and I owe a deep debt of gratitude to contemporary authors like Ferro, Ogden, Civitarese, Barros & Barros, Hartke, Aisenstein, Cassorla, Levine, and Ithier, who have profoundly impacted my way of working and theorising about psychoanalysis. These figures, no doubt, underlie the ideas that I will express here, even in instances where they are not explicitly cited. I would also like to sincerely thank my patients and analysts, with whom I have truly learned what psychoanalysis is.

Studying and writing about Intimacy in psychoanalysis restores us to what is perhaps the essence of humanity – given that from the moment we leave the womb, which is the utmost experience of inhabiting and sharing another’s body, we, in fact, never stop seeking the reassuring warmth of an intimate relationship with another human being, a path so beautifully described by Eizirik (2016). In other words, the search for intimate ties – or flight from, in pathological situations – suffuses human life, since, as Bion says: “the human being is an animal that depends on a partner” (1980; p.95).

During this quest, throughout the cycle of life, the body no doubt plays a central role in the experience of intimacy. In addition to inhabiting the mother’s body during pregnancy, the human subject continues sharing the intimacy of the mother’s body after birth, drawing sustenance from it and in it. Moreover, the mother primitively helps her child discover their own body and build an image of themselves as subject, or rather, to engage in intimate contact with themselves. Familiarity and intimacy with one’s own body must be re-established in adolescence and old age, when the body becomes weak and inevitably deteriorates. With respect to sexuality in both adolescence and adulthood, the body once again plays an essential role in the pursuit of sexual intimacy between lovers and couples, in the search for pleasure, warmth, and procreation. I think the cycle ends when the roles are reversed and the children, in gratitude, assist their ageing parents, tending to their bodies, becoming the fathers and mothers of their own parents.

Intimacy is an emotional experience. I think that writing about this topic places us within the psychoanalytic approach that has undertaken the study of human emotionality.

Allow me to digress. The human mind is perhaps one of the most complex systems in the universe. In trying to grasp it, psychoanalysis, during its 120 years of existence, has created various theoretical models in an attempt to account for such complexity. None of these alone can possibly encompass the universe of the human mind. Identifying oneself with one of them does not invalidate the others, and, moreover, I think that in psychoanalytic practice we can traverse several of them, depending on the clinical situation. Through clinical illustrations, I hope to be able to clearly show how I think about and work with intimacy in clinical practice.

Bion placed emotional experience, human emotionality, and the symbolisation thereof at the core of the mind’s expansion. Although the libido propels the expansion of the psyche in Freud’s conceptualization, Klein tied the impetus of development to sadism (Petot, 1991). Yet along comes Bion, saying that amorous (Love) or aggressive (Hate) emotional experiences will only expand the mind if they are subordinate to K (Knowledge) – in other words, if such experiences are understood and thought out (Bion, 1962; 1965; Barros & Barros, 2002; 2008; Hartke, 2007; Levy, 2012b; 2015b),

rendering K almost tantamount to drive. As a consequence, despite the recognition given to underlying life-and-death drives and their derivatives, attention has been shifted to the emotions experienced in the encounter with the object, as well as to relationships with objects and their destinies.

How is emotion handled? Is it contained and symbolised? Is it evacuated? Is its meaning distorted? Is it symbolised, and then is that symbol attacked and destroyed?

I rely on Meltzer (1986) to claim that the challenge of psychoanalysis is to transform the nature of the analytic relationship, initially contractual, to one that is intimate. To Meltzer, human life basically unfolds across three types of relationships: occasional, contractual, and intimate. In the first two, we function in an operational, adaptive, protomental, and mechanical manner, performing activities for which we train and which we automatically repeat. The situation is different in intimate relationships – relationships that involve emotional experiences that may lead to expansion of the mind, to mental growth, through a prolonged effort of containment and symbolisation of ongoing emotions. However, we must conceptualize the notion of truly intimate moments in the analytic relationship within the relational field generated therein (Baranger, 1969b; Ogden, 1994), because, as we shall see, not all moments correspond to intimacy between the analyst and patient.

Moreover, I hope to address this very subjective and intimate experience without losing sight of its richness and subtlety, and without reducing it to a technical entity. As much as possible, I hope to face the inevitable limitation of words available for describing complex and profound emotional situations.

### **Intimacy and the aesthetic dimension of psychoanalysis**

I was reminded of the analytic relationship while listening to landscape architect and poet Paul Andreu (2016) discuss the relationship between light and materials in architecture at the 2016 Congress of French-Speaking Psychoanalysts. Andreu said that there should be a “*dansity*” between these elements, i.e., the possibility of light and materials dancing with each other, of interacting, interpenetrating, so that something alive can emerge. I also recalled our relationship with patients, when Andreu, referring to his creative process, underscored the importance of the temporal dimension, of allowing inundation, submersion, and the sudden discovery/realization of something that emerges; “that’s where the truth is”, he said (Andreu, 2016). This is what transpires in the analytic relationship. We need to have this “*dansity*” with our patients, to have an interaction that is alive, to let ourselves become submerged in the emotional experience with them, in a mental state that is closer to oneiric than to the secondary process, receiving their communications in all forms. In doing so, thanks to our analytic function and in order to create something living, a new understanding emerges that differentiates the participants in the analytic pair (Levy & Ithier, 2013).

Aptly, Bion’s work (1962; 1963; 1965; 1970) pertains to the process of understanding the “truth” of emotions experienced in human links, where emotion is the binding element. How can one make contact with and know (K) what occurs in one’s one mind or the mind of the Other? How is a new thought born from the emotional experience shared in the bond with the Other? How does one

get close to the “truth” of the Other or one’s own? Truth, understood here as an enigma, an imminent revelation (Ungar, 2000).

Intimate comes from the Latin “*intimus*”, which is the superlative of inside, or rather, as inside as possible. Intimacy, then, means having contact with one’s own interior realm or that of another person. Bion refers to “becoming the other” in terms of being as close as possible to the Other’s emotional experience rather than “being the other”, which would entail losing one’s own identity (Grotstein, 2005a). He portrayed the phenomenon of intimacy between himself and the Other in a manner never previously done (Grotstein, 2005b). *He transformed psychoanalysis into the practice of obtaining and experiencing intimacy* (Grotstein, 2005b; p. 325).

Bion (1962) made another essential contribution to understanding how intersubjective exchanges are processed by shifting Melanie Klein’s seminal concept of projective identification (1946). By describing the move of realistic projective identification for communicative purposes, Bion makes a great theoretical leap in terms of Klein’s conceptualisations. In other words, both infants and adults can generally convey their emotions to the Other, unconsciously projecting themselves into the Other, however without excessive splitting.

Because of its multiple implications, the description and conceptualisation of the process of communicating raw emotions via projective identification, acceptance, and symbolic transformation thereof by the object has had a revolutionary effect on psychoanalysis. One initial implication is that a child’s subjectivity is established and/or undergoes expansion, mediated by the mother’s subjectivity and psychological functions; at the same time, the mother’s emerging subjectivity encompasses the child’s subjectivity. A second implication, directly related to the first, is that the object is raised to a new status in which it is considered to be performing functions that establish and expand the subject’s subjectivity. A third implication is that – in conjunction with the Winnicottian contributions that I will address later – psychoanalysis is definitively thrust within the paradigm of complexity (Prigogine, 1996; Morin, 1996).

This also has consequences for the understanding of intimacy in the analytic process, since we can assert that just as the mother has access to the subjective intimate life of the child, enabling that child to “know” herself, the analyst can share emotional experience with the patient, getting to know the patient and helping the patient to know himself. Thus, a new facet is created for psychoanalysis, its intersubjective dimension, inaugurating a new psychoanalytic model, the transformational model (Ogden, 2012; Ferro, 1998; Levine, 2012; 2016). In this transformational model, the notion of analytic field advanced by Baranger & Baranger (1969a; 1969b) and expanded upon by Ogden (1987), Ferro (1998), Cassorla (2010) and others, assumed a central space.

Winnicott also makes essential contributions to understanding how the subject is constituted in the intersubjective relationship with the other, approaching such a relationship from the dynamic of the Other’s presence/absence (Winnicott, 1967).

Claiming Lacanian influence, Winnicott (1967) asserts the importance of the Other, initially the mother, in the formation of the subject. Winnicott says that the mother’s face is a precursor of the mirror. In a rich contribution, he remarks that babies see themselves when they look at their

mother's face – and coins the succinct phrase: *“When I look I am seen; therefore, I exist”* (p. 157). When a mother “sees” her baby, she begins to resemble what she observes. The infant's sensation takes on meaning in the mother's face. It is in this interplay, in revealing oneself and being seen, that the subject constructs its own image, which will come to embody the “truth” about himself. This is to say that we see ourselves in intimate human relations. We find our “truth” in the face of others. Winnicott also adds that infants whose mothers cannot look at them do not see themselves when looking at their mother. Thus, we see the significance of Winnicott's and Bion's contributions when thinking about psychoanalysis from the perspective of the formation of the human being. Alongside contributions from these British authors, who established a solid metapsychological groundwork for the intersubjective dimension of psychoanalysis, the analytic field theory of Baranger & Baranger (1969a; 1969b) further demonstrated the understanding that occurs when analyst and patient meet in the analytic space.

Ogden (1994) contributes to this Winnicottian notion, stating that when the child sees herself in the mother's face, an existence/non-existence dynamic is created in which the mother, upon recognising and identifying with the newborn's internal state, also disappears and allows the child to see herself as the Other. The infant puts himself in his mother's place and sees himself as the Other.

As we have seen, the proximity and contact of two subjectivities in an emotionally charged bond represents a complex, paradoxical process. On the one hand, there are the aforementioned exchanges and communication pathways between two subjects, while, on the other hand, it is also necessary to coexist with the idea that the Other's interior is ultimately intangible and inaccessible, to the point that Meltzer (1971) states: *“The vast solipsistic loneliness suffered by human beings lies in the impossibility of knowing – actually feeling – the emotions of another human being”* (p. 186). We can only conjecture with great effort (Meltzer, 1988), making contact through our reverie (Bion, 1962; 1965; Ogden, 2005; Ferro, 1995; 1998; Civitarese, 2014; 2015), our empathy (Bolognini, 2008; 2016), our “work as a double” (Botella, 2002), opening our minds in order to receive something from the other person's subjectivity.

In 1972, André Green – together with Botella & Botella (2002) and Roussillon (2002), among other French psychoanalysts – also joined the psychoanalytic movement in striving to understand the process of psychological growth that results from exchanges between patient and analyst. In 2002, for example, he wrote: *“since then, in the psychoanalytic movement, stress has been placed on the mutual influences between the analyst and patient instead of on the elucidation of inconsistent mechanisms”* (p. 23). Unfortunately, I do not have the time or space to expand on these rich contributions.

But returning to the importance of emotion in the encounter with the Other and its centrality to the task of knowledge, Meltzer describes, in a number of studies (1971; 1986; 1988), not only the enchantment and fascination, but also the fear and anguish produced by this proximity. He claims that contact with the object is an aesthetic experience to the extent that its meaning and nature are characterized by the intense emotions and sensations, rather than the reasoning, that this experience awakens.

A beautiful common baby looks, intrigued and fascinated, seduced and delighted, at his beautiful common mother. Passion and sensuality emanate from both sides of the relationship. He, the baby, the prince, is looked upon with love, fear, irritation, sensuality, and mystery by the majestic mother. And she, the great fairy, accordingly, is seen, admired, feared, desired, loved, hated, by the wonderful ordinary infant, enchanted by the fairy's beauty, which inundates him with sensations and bombards his sensoriality – but he is also intrigued by the mystery of her interior, a thing beyond the reach of his senses (Meltzer, 1988). This is the aesthetic conflict.

Meltzer identifies the aesthetic conflict as the starting point for development, postulating that this conflict is maintained throughout life as an element essential to mental growth. At its highest point, creative thinking represents an effort to give symbolic representation to the intense emotional experience unleashed by the presence of the “Other” and by the enigmatic nature of the Other's intangible interior. The presence of the object and its mystery compels the mind to work, to create symbolic shapes that represent something from the emotional experience. In other words, this dual element – a presence intensely rich in sensory stimuli and therefore beautiful, ravishing, and the mystery emanating from the unreachable, unattainable nature of the object's interior – is essential for developing speculative imagination and creative thinking. This would be a poetic function of our unconscious (Meltzer, 1986; Civitarese, 2014) to the extent that it creates images, wherever possible, that contain the emotion of the encounter with the other. In other words, if these emotions are unbearable, they may be evacuated from the mind through action, defensive projective identification, or hallucinations.

The virtue of the analytic situation is that it provides terrain for expressing the language of the emotionality experienced by the analytic pair in an intimate relationship. The convergence between oneiric material and direct emotional experience in transference and the construction-reconstruction process of past relationships challenge the patient and analyst to find precise verbal forms that describe the experience of understanding and being understood (Meltzer, 1971). And this possibility of being self-aware and aware of the shared experience depends largely upon the subject's capacity for sincerity acceptance, containment, and recognition of the emotion that is being experienced. Evidently, the same occurs in the analyst's mind. The possibility of becoming aware of the emotional experience in progress during the sessions depends upon the analyst's mental openness to receive shared emotions, his ability to act as a container, and his sincerity. This capacity is also predicated upon the analyst's fatigue, type of transfer, personal stress, etc. (ibid).

This approach, which places emotion at the centre of – and as a link between – the subjective experience of two subjects and the unconscious, whose poetic task is to build images pregnant with meaning that convey this emotionality, represents the aesthetic dimension of psychoanalysis, as so ably described by Virginia Ungar (2010) when proposing the aesthetic model of psychoanalysis.

### **Is it possible to define a gradient of intimacy?**

In an attempt to provide greater precision in defining intimate experiences, perhaps we could define a spectrum of experiences of object relationships – and even of the relationship with oneself – that would go from one extreme, where a subject is in a mental state of autistic isolation, to an opposite extreme of narcissistic fusion, traversing a gradient of intimate experiences. I propose the following diagram, inspired by Meltzer and Bion:

### **Autistic isolation ↔ ... Intimacy... ↔ Narcissistic fusion**

With this diagram and its two-way arrows, I am suggesting that there is a dynamic oscillation between these various positions, and that in our human relationships we move through mental states in which we are more or less available for intimate relationships. I also suggest that we can have different levels of intimacy with the Other and with ourselves. This does not preclude the possibility of going, in pathological situations for example, directly from a state of narcissistic fusion to one of autistic dissolution, depending on the anxiety level and the defences against it.

As Bion said, the meeting of two subjectivities causes a storm of emotions, requiring immense effort of the mind. The range of emotions is almost infinite; passion, love, hate, erotic desire, desire to know, envy, fear, guilt, separation anxiety, fear of rejection, contempt, attraction, repulsion, admiration, and so forth, *ad infinitum*. Defences against unbearable emotions can be distributed along the same spectrum illustrated in the diagram above. These defences can range from autistic defences and the resulting dementation (Korbivcher, 2001; Civitarese, 2015), to narcissistic states with their omnipotent and narcissistic object relationships, where the subject, through intrusive projective identification, appropriates the Other, or uses the Other to evacuate his own undesirable aspects (Meltzer, 1973; 1992; Rosenfeld, 1987). At both extremes, the limits of the self are erased or lost and the notion of otherness is relinquished, along with the possibility of having intimate experiences. We could also assume that in order for the subject to have the capacity for an intimate relationship with himself, to know about his own interior world, the state of mental functioning cannot be one in which autistic or projective defences predominate, since both prevent contact between the subject and his emotional life.

In order for there to be a genuinely intimate experience in an object relationship, it would appear that the analytic pair, apart from exhibiting sincerity regarding the emotions experienced, would need to maintain the limits of self and the notion of otherness (Minerbo, 1993), so that the sense of identity is not overly affected. Changes in intimacy have nothing to do with the intensity of psychological pain but rather with the degree to which it is accepted (Meltzer, 1971). From the perspective of aesthetic conflict, intimacy may be defined as the capacity to tolerate turbulence resulting from the object's presence, without autistically avoiding contact or omnipotently merging through projective and intrusive identifications.

In the analytic encounter, the problem – initially at least – is that the analyst is faced with patients who, in order to defend themselves from suffering, have surrendered themselves to organisations that are narcissistic or involve pathological identifications. The challenge is to transform this encounter into an intimate encounter. The analytic pair must have enough courage to face the inevitable psychological pain that arises when the pair engages in intimate and sincere contact. Analysis is a process of discovery, driven not only by the patient's unconscious, but also by our own. We rely upon the help of our internal objects – all of those with whom we have had deep relationships, our original objects, our own analysts, supervisors, patients, and the internalised analytic method and setting, our theories – and we submit to them believing that they will help us as needed.

However, the intense emotional contact of analysis is often painful for us too, causing us to resist. If we have the necessary willingness, courage and sincerity in a mental state that is close to

oneiric, based upon conscious and unconscious emotional experience with the patient, intuitions can be felt; images, or metaphors, or words that best embody the emotional experience can manifest themselves in the analyst's unconscious, or this experience may produce these elements oneirically through the analyst's capacity to dream. Therein lies, I believe, the psychoanalyst's creativity.

### **The timing of intimacy**

As we have seen, the intimate encounter, guided by emotion, between two subjects is a rich, complex phenomenon and a constituent part of humanity. I would now like to expand the field of view of the magnifying glass we are using to describe the experience of intimacy in the psychoanalytic field. I thus suggest that we try to follow – merely for purposes of this study – the timing of intimacy development, because the process, in practice, is much more complex and ineffable.

The experience of intimacy with oneself can be frightening, since, on the one hand, it brings the subject close to the infinite, unknown void of one's unconscious (Bion, 1965). On the other hand, in the case of the analytic experience, it often brings the subject into contact with desires and fantasies that are projected, repressed, displaced, and rejected, i.e., the defensive processes widely described by Freud, Klein, and numerous authors. Thus, the subject resists being his own self, living his ultimate reality, which Bion refers to (1965) as the O.

In this context, the objective of analytic work, of interpretation, is to help the patient become himself. It could be said that when patients become themselves, they are able to have an intimate experience with themselves, intimate contact with themselves. This emotional experience, precisely by virtue of being intolerable, is often not symbolised or is weakly symbolised, separated and purged from the mind through projective identification, through actions with evacuative purposes (Levy, 2012a; Ruggiero, 2007), or else through somatization (Bion, 1962b; Aisenstein, 2004; 2009).

However, in the analytic field, this emotional experience, intolerable to the patient at first, must exist and evolve in some container in order to be known, understood, and subsequently worked through (Rocha Barros, 2002; 2008), as described by Ogden (1994; 2005) and Ferro (1998; 2011), among others. If the analyst is willing and can contain it, the mental emotion rejected by the patient but present in the field, or identified projectively in the analyst, may evolve in the analyst himself. The analyst will become the patient's emotion, or that which is generated in the encounter between the two, thus allowing the analyst intimate knowledge of it. At this point, we might say that the analyst is having an intimate experience with some aspect of the patient's self. I suggest that this could be a moment in the process of intimacy.

As I will illustrate below, the analyst, by receiving the patient's projective identifications, experiences to some extent a negation of his own individuality, as if he ceased to be himself at that moment, to "become" that which the patient is unable to be at that point.

However, the analyst is expected to recover himself afterwards, his capacity to think, his analytic function, and transform that experience into understanding that becomes an "*analytic object*" (Ogden, 1994; p. 86), i.e., a carrier of psychoanalytic meaning produced intersubjectively. However, analysts are often simply driven to function in a certain manner based on projective identifications, losing their capacity for reverie and transformation into the alpha, and may even, in certain situations, depend on the patient to recover that capacity. This is illustrated, I believe, by Bob's analysis.

In one of his sessions, Bob, a rather competitive and oppositional patient, was telling me what a spectacular trio he, his wife, and young daughter were, superior to other families. They were wonderful parents and their daughter was simply fantastic! That irritated me. It seemed pedantic, exhibitionist; they were creating an “as if” situation, and I was thinking *poor girl*... So, before I realised it, I was discussing child development, childhood needs, the first child, etc., from my experience of working with children and adolescents, with a feeling of *putting him in his place*! The next day, Bob – who, despite the fact that we are almost the same age, addresses me by using the formal V pronoun, *o senhor*, in Portuguese (like *Vous* in French, *Sie* in German, or *Usted* in Spanish), which is uncommon in Brazil – tells me about his dream: *I dreamed about you, sir (sonhei com o senhor)*... I was initially unsure as to whether he was referring to me or had dreamed about God (in Portuguese, “o senhor” could mean either “Lord” or “sir”) ... *about our psychoanalysis session – I was going to say trial... I saw you through your shadow projected on the wall – I thought there was some allusion to Plato’s Allegory of the Cave. I saw that you, sir, took off your analyst outfit, which was court robes and put on a common man’s clothes and told me: Bob, now’s the time, we are going to bring this situation to an end! I knew that you, sir, were referring to the recurrent fighting with my sister and that you, sir, though that I, in a tantrum, didn’t want to end it. But at the same time I was scared, thinking that what you, sir, really wanted was to end treatment.* Bob made various associations, but for the purposes of today’s presentation, I realised that he was able to dream what I had acted out the previous day: I had stopped being his analyst, I had abandoned my analytic stance, which he felt as abandonment, a withdrawal from analysing him based on his oppositionalism. In fact, rather than receiving and transforming his projective identifications during that session, I played on a set of raw emotions that invaded our relational field, competing with him and showing him that I was “knowledgeable”. I had lost my “internal setting” at that moment, which was restored by Bob’s reverie and his understanding through me. At that moment, it was Bob who was capable of dreaming about the raw emotions of our link.

Proceeding further to describe the experience of intimacy, I suggest a new moment: if the patient is judged capable of containing a certain part of the projected self, then the analyst may interpret this element so that the patient can experience it and recover this part of his lost subjectivity.

I also imagine another situation in building the experience of intimacy, which depends on how the analytic pair works together: if they continue evolving in the emotional experience present in the analytic field, learning about it and experiencing it, without excessive projective identifications, they might experience shared intimacy. This is perhaps what could be called a “*true intimate experience*” – if we allow ourselves such freedom with language – since they are two separate subjects with their sense of otherness preserved, each being themselves, but sharing an emotional experience present in the analytic field.

It occurs to me that there may be an additional element of timing in the experience of intimacy, which I will refer to as *deferred intimacy*... After the analyst has received emotion, fantasies or wild thoughts (Bion, 1997) through his reverie, allowing them to evolve within him and even be understood by him, or rather, having had close contact with the patient’s subjectivity, when are these to be interpreted? When will the patient have a container to re-introject them? In another study (Levy, 2012a), I addressed the oft-repeated need to create *scaffolding for thought*, that is, helping the patient build a symbolic container network in which to store previously evacuated aspects without disorganizing himself, which will eventually allow the patient to gain intimacy with his unbearable

aspects. The possibility of waiting has been one of the most valuable developments in contemporary psychoanalysis: waiting for the patient, so he can think and accept previously unthinkable thoughts.

This entire process of building an intimate experience with oneself and the possibility of sharing it with someone else is typical of and can only occur within the analyst's office. In other life situations, subjects either have intimate experiences and enrich their psychic world or do not have them and remain impoverished. With its necessary degree of high emotional intensity, the analytic relationship can utilise the need for and fear of the intimate experience for treatment purposes.

Evidently, my description above of moments of intimacy is only possible for theoretical and academic purposes, because as we will see, in clinical cases, this experience is much more complex, mysterious and ineffable, and much of it is only understandable *après coup*. Intuition guides us during the heat of the analytic session, illuminated by concepts that we carry within us – both of which are necessary and indispensable.

### **Billy, flight from and conquest of intimacy**

I had Billy in my office as I usually do four times a week. I suddenly feel an unusual precordial pain of some intensity. I am distressed and think I could be having a heart attack. I immediately begin to speculate: *“What do I do? Do I tell him I’m sick? But he’s a narcissist with no regard for others, not even for his family and wife... He’ll treat me with contempt. But if I don’t say anything and die... Imagine the trauma that will cause him... I have to tell him”*. While thus lost in thought, Billy interrupts me, *“Ruggero, are you there? How awful, I imagined that you had died”*.

I am struck by the level of intimacy we shared in that moment. Though I was initially absorbed by my pain and speculation about what I would do, I then realised, based on his statement, that we were sharing the same emotional experience of death during the session. I had a somatic hallucination, the sensory experience of “chest pain”, and due to a totally unconscious reverie, this evolved into pre-conscious and conscious daydreams shared with my patient, initially in a non-verbal manner. I realise that our field of experience was probably associated with recent attacks that Billy had waged against our analytic relationship, which occurred on a relevantly frequent basis, despite the fact that he appeared to be extremely cordial, with an angelic face, which prompted me to ask from time to time whether or not he was Billy the Kid, the Wild West gunslinger. My interpretation is that his fear that I might have died could have stemmed from what he had recently told me, that my work was second rate, that I only deserved a marginal practice, which could have caused my unbearable “heart pain”. Billy gets emotional, recalling a scene from his adolescence and begins to cry. He was at the table with his family and began arguing with his father, calling the father a failure, mediocre, because of the meagre financial conditions in which the family lived. The father gets up from the table, pounds on it forcefully, goes out to the balcony of the apartment, kicks a chair and starts to cry. Looking upon this scene, Billy, who is not yet satisfied, thinks triumphantly to himself: *“I crushed him!”* I am once again impacted by his violence, but also somewhat relieved since it seems as if he has become more tender. *Recordar* (to remember) etymologically means “to bring back to the heart” ... I believe that during this moment, different, separate, with our sense of otherness preserved, we were intimately sharing another feeling, that of the sadness that gripped Billy upon realising his violence towards his father. I think this situation illustrates how much our subjectivities were intertwined. My experience in the session was precipitated by our encounter, in the same way that Billy's experience was, generating a highly complex fantasy in the analytic field.

“In my heart” I probably felt, in an initially somatic experience, the fury of his parricidal attacks, which were probably weakly symbolised, and therefore manifested themselves through transformation into hallucinosis (Bion, 1965). Thinking retrospectively, I believe that the experience of death and abandonment that I felt in the session was the expression of Billy’s even more primitive unsymbolised emotional experiences. In a previous study (*Do simbolizar ao não simbolizar no âmbito de um vínculo*, Levy, 2012b), I examined presentification in the analytic field of these unsymbolised or even de-symbolised emotional experiences. It is interesting to ponder how much of the patient’s intimacy with his pain depends upon our capacity to tolerate such pain, to give it a home, to shelter it and provide it with symbolic form, to then allow the patient to feel the pain through our returning it in a form tolerable to him. And think about how much intimacy there is in all this.

Moreover, the “heart pain” and the feeling of helplessness probably resonated with my experiences in relation to my own father; years later I realised that my father had or was about to undergo heart surgery at the same time as the incident in my office. Ithier (2106) makes an important contribution to this field, describing how, in the analytic encounter, the affinities of the primitive, unsymbolised traumatic experiences of the patient and analyst allow images to emerge in the analyst’s mind as hallucinatory experience, as well as somatic sensations, which transmit the emotion of that experience. If we were to expand the traumatic concept to any experience – not just primitive ones – it would be possible to include more recent experiences that also lack better symbolisation.

At first, Billy and I shared a feeling of concern for my life and then, following that associative flow, we shared his sorrow. I believe that these were truly intimate experiences that we had. Though he was evacuating certain emotions towards me, we were able to contain and transform the emotions that we were sharing.

During this session, Billy and I evolved in the experience of intimacy, although this was not always the case in every session. His functioning was predominantly narcissistic and, in that vein, used me and his most intimate objects to evacuate his feelings of abandonment, inferiority, and castration. I was able to engage in intimate contact with his experience of smallness and often felt small and impotent as an analyst. Mistrust underlay my almost chronic countertransference, because I frequently felt that, as a result of his distress, he was trying to manipulate me, as illustrated by the following dreams. “*I dreamed that I was at a party and passed by a group of people who were talking about me. Curious, I leaned in to hear what they were saying. They said that I was not reliable, that I was like the Caribbean Sea where ships sail with apparent tranquillity and suddenly crash into a reef and sink. I thought: I need to tell Ruggero that and went running towards your house. You lived on top of a hill. I was running up the hill but was weakening. I crawled on the ground, but I couldn’t reach your house.*” In a different dream, he was naked and I chased him around the office, trying to put lipstick on him. To defend himself, he lay face down on the couch. Face down! I approached him and turned him over, but then a substance oozed out of his phallus that was a mix of semen and blood. I think such dreams illustrate how he desired to be close and in a relationship of surrender with me and simultaneously defended himself against intimate experiences with me, given that he experienced them with great fear, as in a homosexual surrender, fantasies he greatly feared.

***Monica, the horror of intimacy***

Monica and I experienced intense and raw affects in the analytic field that were unleashed and evacuated while waiting for some symbolisation in order to insert them into the symbolic chain (Levy, 2012b).

The emotional turbulence caused by our sessions constantly manifested itself in Monica. A neurotic part of her personality symbolised the emotional experiences that overflowed from the analytic field, while another part of it destroyed that knowledge because it referred to unthinkable situations. I will illustrate what I mean with two dreams. *I saw myself as a child, squatting and playing in the street. It looked like I was in nappies. I was next to a wall that was not completely closed. It was the kind of wall with holes between the bricks. Rays of light came through the holes and I saw that there was a church on the other side which seemed beautiful. I went up to the wall, amazed, to look at the church through the wall. Suddenly something like a cloud moved toward the wall. It was the image of a witch crossing through the holes in the wall. I was terrified and woke up.* Among other things, it symbolised her aesthetic conflict in the relationship with me: by perceiving me as an object that piqued her curiosity and that seemed beautiful to her (Meltzer, 1988). However, in the sense of awakening intense emotions, she became horrified, feeling as if I were an invasive, uncontrollable, and frightening object. Our intimacy was absolutely terrifying to her. She defended herself as best as she could. She missed sessions, remained silent for long periods of time when she was with me, or “disassembled” what I offered to her in terms of understanding, which is demonstrated in the following dream: *I had been given a bike. But instead of riding it, I took it apart. Then I tried to put it back together again but couldn't.* We understood that this was a mental activity of hers, very active and present, in which instead of using what I told her to “ride” ahead, she disassembled it into little pieces that were no longer useful for riding/thinking. As Bion (1959) would say, the tie that binds was attacked and rendered into dismantled pieces bereft of meaning. She did this not out of some special destructiveness; but, because of the horror she was experiencing in approaching me as an aesthetic object (Meltzer, 1988), and with her internal world provoked by the interpretation, she would not tolerate the intimacy between us or within herself.

The horror of proximity gradually acquired another form. Based on her body language on the couch, arms and legs always crossed, her tension and resistance, as well as on my countertransference, which surprised me at times during her sessions with bizarre erotic fantasies, absolutely alien to me and inconsistent with the mood of the session, I began to imagine that these fantasies that I was experiencing in my office could actually belong to Monica’s subjectivity, which could indicate that she had been the victim of some kind of abuse or had suffered traumatic experiences and was in need of better symbolisation. Again, Monica’s subjective experience probably constituted my subjective experience, while my presence constituted her subjective experience during the session, as described below. Although she did not consciously recall an experience of sexual abuse, this theme was later present in the field, whether through my fantasies, through Monica’s dreams, or both.

I was out for a week traveling. Upon my return, Monica began the session saying that she was angry. She was fighting with me and wanted me to reciprocate. I tell her that rapprochement with me just is difficult for her, that she prefers to fight and would like me to do the same so she can leave at once, which would relieve her from being close to me and to herself, to what is happening to her internally. I believe that my absence and my presence provoked anger and the desire to fight, in that

she perceived her dependence on me during my absence, as well as fear of suffering some type of abuse in my presence, which I believe is illustrated by the dream described below.

The tone of voice changes, becoming warmer and closer.

*I was talking with Maria, the psychiatrist (a colleague who had previously treated her), in her office. She seemed busy with other things and wasn't paying attention to me. I was desperate because I also didn't remember why I was there, what had led me to that treatment. The environment was very depressing and dark. Then I went to another room and a doctor came in, which could have been you, because he was balding. I was lying on a table and he was next to me looking at me. It seemed like he was going to abuse me. I said that he couldn't do it, that I was going to die and I had two children who would become destitute. I was desperate. Monica becomes very emotional and cries when recounting this dream to me. Then it seemed like he died, he fell on top of me and I couldn't get rid of him because he was really heavy.*

She tells me that she is not associating anything. An image comes to mind of a child with an adult on top of her and she is powerless to get free. I recall my absence last week. I ask her if it had occurred to her that the dreams could be related to my absence last week. She says that she doesn't know. *How would they be connected?* I suggest that perhaps this was the sensation that I did not hear her last week, since I was busy with other things and not paying attention to her. Also, that it seems that she would be able to admit my absence if I were a woman, Maria, but when she imagines herself close to me, as a man, it appears that the fear and distress of being abused by me return. And she shows me the depressing and grave environment that these feelings create within her. Monica cries and says, *how long are these dreams going to go on? They don't help at all!!*

R: *They do... Two ideas occurred to me about the man who fell on you...*

P: *He fell? I don't even remember what I told you.*

R: *It's so burdensome that you forget.* I remind her of her dream.

P: *Yes, that's it, but the image of him falling is not so clear, but that's what happened.*

R: *The image that came to me was of a child with a really heavy adult on top of her... Or this was how you're showing me how heavy these feelings are to you...*

P: *It doesn't do any good to analyse this, it just makes me suffer more.* She is almost screaming and at the same time is angry and desperate.

I tell her that she is desperate because, to her, being close to me or others will only make her suffer. This is why she distances herself and drives everyone away from herself.

P: *I drive everyone away from me.*

She remains in thoughtful silence.

I think that these fragments from the session illustrate how the theme of intimacy permeates Monica's analysis, and I think this happens with all patients. Her closeness to me as her analyst recreated a traumatic situation in which she experienced analytic intimacy in horror. Her fantasies and feelings were either violently repressed or projected, or her symbols were destroyed, or her thinking apparatus was attacked. I shared many of these emotions and experienced them in the

sessions. But, at the same time, despite her absences and fights with me, she craved that feared proximity, since she needed a mollifying, reliable, and containing object to transform this entire range of turbulent and intolerable emotions.

Her progress continued, producing the next dream.

*M – I dreamed that I had fallen asleep in the session and that you stayed there patiently, seated behind me, waiting for me to wake up. It was very curious because when I woke up the feeling was really good, it seemed like you were protecting me.*

I felt deeply touched and moved, and had a feeling of intense happiness. She was finally “waking up” from the “sleep” that prevented her from “seeing me” as someone who cared for her! We were finally able to have a new experience of intimacy and she could see me, after seven years of psychoanalysis, as a good, caring object that isn’t out to attack her perception, thoughts or thinking apparatus. Returning to Meltzer’s aesthetic conflict, she could now see me not as a *Belle Dame Sans Mercy*, but rather as a respectful object and caregiver. “She slept next to me”, intimately, a peaceful and restorative sleep. We could be close and intimate without so much anxiety about violence and intrusion.

### **Final remarks**

I believe that the notes transcribed below, which I recorded as soon as I concluded a session some years ago with another patient, illustrate the emotions that we share with our patients in the intimate moments of analysis. These are not so common moments in analytic treatment, but they are enormously pleasurable when we attain them, perhaps because we once again feel closer to another human being, the pleasure of the paradox of “being at one with, but separate” (Winnicott, 1958).

*“I ended the session with tears of emotion in my eyes, since we had created intense emotional experiences analysing her relationship with her sister. Is, as Meltzer says under the inspiration of English poets, the truth beautiful? I always held an image of the sister as an arrogant, snobbish, vain person. But now a different vision of her was revealed: a suffering person, marked by her parents’ early abandonment, since she was sent away to be raised by another family for many years. Both of us, my patient and I, thrilled, saw the new vision of her sister that creatively emerged through a dream she related to me and through our work in the session. We shared the emotion of building a new, beautiful image of the sister. Beautiful because it seemed truer to us than the previous one. We were thrilled not only because of the image that we built of her sister, but also because of the beauty of the analytic work, with such rich potential.”*

This possibility of experiencing an emotion with the patient is what allows us to access the patient’s intimacy and our intimacy, in embodied form, with body and mind integrated as an inseparable unit, facilitating the emergence of an experience of truth and beauty, outside exclusively rational parameters, constituting a true aesthetic experience. However, due to the intensity of the emotional experience and the necessary voiding of our identify at some point during this process, with all of the psychological work required of us, we frequently defend ourselves against this experience and conduct the analytic process, unfortunately, in a rather uninspired fashion that is closer to thinking than feeling. Bion (1965) would say that we are working more from the perspective of *learning about* than of *becoming*, thereby rendering our work less rich and beautiful than it could

be and; which, fortunately, is often not the case, when we tolerate the experience of emotional intimacy.

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