Negative hallucinations, dreams and hallucinations: The framing structure and its representation in the analytic setting

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This paper explores the meaning of a patient’s hallucinatory experiences in the course of a five times a week analysis. I will locate my understanding within the context of André Green’s ideas on the role of the framing structure and the negative hallucination in the structuring of the mind. The understanding of the transference and countertransference was crucial in the creation of meaning and enabling the transformations that took place in the analytic process. Through a detailed analysis of a clinical example the author examines Bion’s distinction between hysterical hallucinations and psychotic hallucinations and formulates her own hypothesis about the distinctions between the two. The paper suggests that whilst psychotic hallucinations express a conflict between life and death, in the hysterical hallucination it is between love and hate. The paper also contains some reflections on the dramatic nature of the analytic encounter.

Keywords: framing structure, the work of the negative, negative hallucinations, psychotic hallucinations, hysterical hallucinations, transformations, dreams, images, countertransference, construction, dramatic nature of the analytic encounter

The framing structure

Green states that when holding her infant, the mother leaves the impression of her arms on the child, and this constitutes a framing structure that, in her absence, contains the loss of the perception of the maternal object and a negative hallucination of it. The framing structure is the outcome of the internalization of the maternal environment created by maternal care. It is the “primordial matrix of the cathexis to come” (Green, 1986b, p. 166). The capacity for the negative hallucination of the mother lies at the origins of representation; it is against the background of negativity that future representations of the object are inscribed. This is the role of the negative in its structuring function (Green, 2005a, p. 161; 2005b). From this perspective, negative hallucination precedes all theory of representation. The negative hallucination creates a potential space for the representation and investment of new objects and the conditions in which the activities of thinking and

1“I make the assumption that the child (whatever culture he is born in) is held by the mother against her body. When contact with the mother’s body is broken, what remains of this experience is the trace of bodily contact – as a rule the mother’s arms – which constitutes a framing structure sheltering the loss of the perception of the maternal object, in the form of a negative hallucination of it” (2005a, p. 161, italics in the original).
symbolization can take place.² In marking the role of the absent other in the constitution of the psyche, Green is following the traditions of both Winnicott and Bion. This is an absence as “an intermediary situation between presence ... and loss” (Green, 1975, p. 13). This leads to Green’s statement that “the Psyche is the relationship between two bodies in which one is absent” (1995, pp. 69–76).

The negative hallucination of the mother is a precondition for Freud’s hallucinatory wish-fulfilment, for images, for phantasy life and for thinking. It is also an indication of thirdness, as the mother’s absence implicitly poses the question: “Where does she go, when she goes away?” This is an implicit reference to the father. It is to him, as her lover, that she goes. The mother’s absence and the activity of phantasy that her absence gives rise to within the framing structure lies at the heart of Green’s formulation about the psychoanalytic setting itself.

What happens if these processes fail to take place and if a traumatic intrusion does not allow for absence that would enable a psychic space to be solidly constituted? What are the consequences for the beginnings of phantasy life if the mother is too terrifying for the child, such as the psychotic mother so that the child cannot internalize its framing structure? In his formulation of the “dead mother complex”, Green (1986b) outlines the way in which maternal traumatism, the mother’s depression and withdrawal from the child, has consequences for the constitution of the child’s psyche, leaving psychic holes in the Unconscious, a loss of meaning – nothing, in Bion’s terms (Bion, 1965, p. 79) – and an impairment of the capacity to represent and to separate the intra-psy- chic from the intersubjective. There are implications for a theory of technique in that the role of the analyst is not that of interpreting what is already there in the mind of the patient; the analytic task becomes a process of constructing such meaning (Perelberg, 2003, 2015b). Any manifestation of hatred in such an analysis is a consequence of this massive decathexis and secondary to it; if the analyst’s interpretations are centred on the attacks on the setting, they will be futile and will not address the main problem (Green, 1986a).

Too much absence, Green suggests, leads to the sentiment of solitude, helplessness and despair; a separation that lasts too long leads to the decathexis of the object (Winnicott, 1971), as the patient’s mind becomes filled with death, absence or amnesia. An over-presence that is too frightening leads to a disorganizing, incomprehensible, claustrophobic internal and external world.

The following clinical vignette is an example of an analysis where one gained access to a terrifying maternal imago in the vicissitudes of the transference and countertransference.

²“Are we not justified in inferring that the negative hallucination of the mother, without in any way representing anything, has made the conditions for representation possible?” (Green, 2001, p. 86).

³It is crucial to distinguish the negative hallucination of the mother as the requirement for normal processes of development, and what may be understood as a negative hallucination of thought that refers to states of emptiness and holes in the psyche, as in borderline structures (see also Pirlot and Cupa, 2012, pp. 57–59). The negative hallucination of the mother, at the beginnings of psychic life, is to be distinguished from the negative hallucination of the object in terms of the denial of its existence, an expression of foreclosure. One is distinguishing the role of the negative in its structuring function from its destructive aspects (see Perelberg, 2015a). Freud stated in 1917: “I may add... that any attempt to explain hallucination would have to start out from the negative rather than positive hallucination” (1917, p. 232).
Clinical vignette: Carolina

Carolina’s analysis: Tearing the fabric of the dream

One Wednesday morning Carolina came to her session and said:

Carolina: I can remember a dream that was horrendous. One of those dreams I tend to have and never remember.

Two words stand out: ‘against abortion’. In the dream I was struggling to tear the fabric of the dream. It all felt reasonable in the dream. The words kept being repeated in my head throughout, as if it was chanting a (refrain). A knife was going to be pinned through my back. I was half asleep throughout and was telling myself that it was just a dream. I was diving. There was also this cheese that had melted, and words were appearing written in cheese. Then I was diving in green murky waters. All the time my dream was like a piece of fabric, and I was trying to tear a way out of it. The waters were mud. I was mud. In the mud there were fish, seahorses, crabs—all these things in the mud that turned into glass, shards of glass. They were cutting me inside.

It was a horrific dream. My half-awake state lasted for a long time until I could sleep again.

(She half laughed.)

(Very long silence.)

I commented that it was horrific, and yet she was half laughing: I wonder if the laughter became a way of disowning such a horrific dream.

She said that it was just a dream.

Analyst: It is an experience that you went through for a long time during the night.

(Silence.)

Carolina: I can’t think seriously about it… But it was scary to be in my room as I went through it…

(I was thinking about her coming in with her usual smiling face, in a rush…)

Analyst: Perhaps there is a link between these dreams that don’t feel real and your constant state of activity, trying to escape from this horrific dream life.

Carolina said that it reminded her of a dream that she had had a long time ago.

I was in a horror film, a pastiche of Scream. It was in a big house with a big garden, a perfect setting for a horror dream. Eventually the ambulance arrived. Someone had gone missing, and it was me. There was a crazy lunatic murderer out there. The ambulance finally came, they were carrying someone on a stretcher who had died, and it was me. There was a balloon-shaped membrane coming out of me, obscuring my face. I think that membrane was full of blood that was threatening to burst out. It was just like when I was trying to tear out of the dream.

(Silence.)

Analyst: It is so horrific; in several ways you have to keep out of the dream. It is a film, and you are watching what is happening. [I was addressing her relationship to the dream rather than the content.]

Carolina: I am frightened but I am also frightening. Like in today’s dream the mud is me. It is an engulfing thing that prevents me from moving. It is more
comfortable for me to think of myself as the scared creature. The ‘it’ that scares me is the unknown factor of how mad I am. I associate this dream to a Lorca play that was made into a film: Blood Wedding. The mother in this film anticipates all the horror that is about to happen. She said: “There is a scream in my ear that is always rising up.”

She anticipated all the blood that was to follow, and she could not do anything about it. The mother’s scream is of anguish and foreboding: she anticipates it all and cannot stop it. My fear is that if I get in touch with it all, I will never get out of it, I will never be able to stop the anguish, the tears, and the overwhelming sadness.

(She cries.)

She does not really scream, Caroline adds.

Analyst: The horrific world that you connect with a mother’s screams that intrudes into you, your heart; you fear you cannot do anything about it.

(Silence.)

Carolina: I wonder why this dream happens now.

Analyst: When thinking about the knife in your back I wonder if it is fear of me too, and of what is on my mind [thinking of the very first consultation when she had talked about Fawlty Towers, in which a seemingly inoffensive Portuguese waiter was apparently capable of murder].

Carolina: I wonder about the word ‘abortion’ in the dream. I know that my mother wanted to abort me …

(Silence.)

Analyst: (I had in mind the fact that I had cancelled two sessions this week): I am thinking of this week, with just three sessions that feel so disturbing. Like an abortion.

In this session, there is a profound link between the nightmare of the previous night, a repetitive childhood dream, and the experience in the transference of a maternal imago that evokes death rather than life.

**Background**

Carolina was the youngest of four children, the other three being boys. The family was originally from a Latin American country. Carolina had moved to London a few years earlier because of her work and the analysis took place in her maternal language. Carolina remembers feeling frightened and confused in the world as a child, not fully understanding what was going on around her and the nature of peoples’ relationships to each other. From very early on she remembers feeling terrified of her mother, whose behaviour felt unpredictable. She herself felt monstrous and thought her mother hated her. She remembers being kept up till late at night watching horror movies with her mother, who would then pretend that she was herself a monster – Dracula, or a vampire – and then laugh in a most violent way. Carolina was not sure whether she was more frightened of the monster or of not knowing whether her mother was being serious or joking. Carolina felt that she would have preferred her mother to actually be a monster to
the uncertainty of not knowing. She felt unable to separate reality from the nightmarish world of the horror films.

Carolina was told by her mother that she had wanted to abort her; her mother also found her a difficult baby, who was always crying and dissatisfied. Her mother taught her not to cry by closing the bedroom door and leaving her to cry until she stopped.

Between the ages of 6 and 9 her mother developed an extensive narrative about witches. The world was populated by witches, good and bad. She was a good witch; the bad witches were always trying to snatch children, so one had to be careful. At night her mother went out on her broomstick. Sometimes Carolina went to the window to try to catch sight of her, and several times thought she had seen her flying by.

When the family moved to another city Carolina’s mother told her that their new home had been built in a cemetery. There was a graveyard opposite the house, and she thought that it was an evil street. Carolina was terrified at night as she lay awake, listening to deep, clanking noises coming from the nearby market. Her mother said that they were killing animals; sometimes Carolina thought that they were killing humans. The world felt terrifying and unpredictable.

Carolina did not have much contact with her two older brothers, quite a few years her senior, who had remained in their city of origin. Her younger brother, in contrast to herself, seemed to be a happy being. He was liked by everyone, and he ran around, carefree and contented. As she grew up, the father provided a sense of a minimal protection, when he was at home. He worked long hours and used to come home very late. Carolina experienced him, nevertheless, as distant and demanding and felt that she was a disappointment to him. Once she remembers going to his office on the top floor, where she was expected to do an old paper as practice for a school entrance exam. The problem was that it was about fractions, which she hadn’t yet studied and didn’t know anything about. So when her father told her to pick an answer from the multiple-choice test, she assumed that the big numbers would be the right answers. Her father was frustrated with her, saying: “No, no, no, pick another one”. She had no idea what she was supposed to do. This interaction seemed to characterize some of her experience of being in the world, and later on in the analysis she consistently felt she was being asked to solve fractions, which she didn’t understand. She tried to overcome this experience by frantically pretending to fit in.

Caroline was nevertheless very bright, and worked hard at school. She did well and was accepted by prestigious university in her country; when she finished she embarked on a successful career of her choice. At the time she came for analysis, Carolina had come to London to work for a prestigious law firm.

The analysis

On the eve of starting her five times a week analysis, Carolina phoned me to say that her father had died. Her boss at work had given her a month
off, so that she could travel abroad to be with her mother. The beginning of her analysis was thus marked by her father’s death and by her absence in order to be with her mother. In many ways this configuration set the tone of the early months of her analysis, marked by the register of the repetition compulsion. The father had gone, and we were both going to be left to deal with her being with the mad mother.

During the first few months of our work together, Carolina was in a traumatized state in response to her father’s death. Progressively I realized that there was a strong sense of absence, of lack of contact, of bewilderment as she spoke about feeling lost in the world. At the time she used to have terrifying nightmares, of which she would have few recollections apart from waking up screaming in terror in the middle of the night. These nightmares without words allude to the negative hallucination of thought and to Caroline’s inability to express herself in words that conveyed meaning. They belonged to the order of that which was, until then, unrepresented. In the sessions I was struck by her constant activity at work; she was always in ‘action mode’. Her narrative in the sessions had an evacuatory quality. She could speak continuously for the 50 minutes of each session without giving me any space to make a comment. There was a force in her speech that some time later I referred to as a machine gun (as it evoked a sense of murder and war). In the countertransference I sometimes felt totally squashed, empty and depleted at the end of such sessions.

What Carolina brought to her analysis was the experience of not possessing a thinking structure that allowed her to process experiences into thoughts. Once she had a dream in which she had lost the top of her skull, and there were worms inside her head, spilling out. Coming to analysis and exposing herself to the mind of another as well as her own was the most dangerous situation she could put herself in.

The nightmare I described at the beginning of this paper captures so many aspects of her experience of being at work and in analysis. Trying to tear the fabric of the dream represents her attempt to get rid of this experience of being trapped inside the mother’s body, the mother’s mind, her own mind and that of the analyst. The mother had wanted to abort her: she is experienced as the source of death, terrors and nightmares, rather than as life-giving. The waters of her womb are murky and contain fish, seahorses, crabs: primitive things, not a human foetus. They turn into glass – shards of glass that cut from the inside. The world of Blood Wedding is tragic: the men die in knife fights, and the women survive on their own. They are left with the mother’s scream. The characters don’t have names but are referred to in terms of their positions in the family: Mother, Father, Brother, Bride and Bridegroom. This is the world of Spanish South America, with the inherent violence of the Spanish conquest and later consecutive dictatorships. It is this tragic, excessive, nameless world that we attempt to navigate in the analysis (Perelberg, 2015b).

In the present too, Carolina was always left confused after her interactions with her mother, as to whether something had really happened or not. This was minimally present in the transference as well as the countertransference, although a few years were to go by before it became possible to
experience this more directly. An association that occurred to me in that initial phase of our work together was derived from the film *Gaslight*, in which the victim is gradually manipulated into doubting her own reality.\(^4\) *Time Out* wrote about the 1940 version of the film: “Lurking menace hangs in the air like a fog, the atmosphere is electric, and Wynyard suffers exquisitely as she struggles to keep dementia at bay” (in Wikipedia).

**The hallucination of the knife**

Three years into her analysis, Carolina had a hallucination of a knife that persecuted her throughout a whole weekend. She said that it was neither a dream nor a vision: this knife floated around her all the time. She could not get rid of it, and she continued to see it in her dreams as well as when she woke up. She felt terrified, claustrophobic, and very disturbed. In my countertransference I also felt alarmed and anxious that the psychotic part of her personality was becoming more prominent.

The meaning of the knife was overdetermined. Carolina had met a man and had been invited to spend the weekend at his mother’s house. The knife was an attack on everything that was nascent at the time: This knife enabled her to *cut herself off* into a narcissistic enclosure where everything else paled into insignificance and became meaningless. It felt like a fundamental ‘no’ she was saying to herself and to me, a pure culture of the work of the negative: “I can say no to everything.”

The knife ever present throughout the weekend reminded me of *Blood Wedding*. The Mother says, at the beginning of Act I: “The knife, the knife . . . Damn all of them and the scoundrel who invented them . . . even the tiniest knife . . . and mattocks and pitchforks . . . Everything that can cut a man’s body . . . “ (Lorca, 1987, p. 3). There was something inexorably present and foreboding about it. One was left in a universe provided by the crazy Mother. Could analysis introduce a difference to the mother’s predictions?

This episode also reminded me of the Wolf Man’s negative hallucination of cutting his finger off.\(^5\)

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\(^4\)Film précis: Alice Alquist is murdered by an unknown man, who then ransacks her house, looking for her famous valuable rubies. The house remains empty for years, until newlyweds Paul and Bella Mallen move in. Bella soon finds herself misplacing small objects, and before long Paul has her believing she is losing her sanity. B. G. Rough, a former detective involved in the original murder investigation, immediately suspects him of Alice Barlow’s murder. Paul uses the gas lamps to search the closed-off upper floors, which causes the lamps in the rest of the house to dim slightly. When Bella comments on this, he tells her she is imagining things. Bella is persuaded she is hearing noises, unaware that Paul enters the upper floors from the house next door. This is part of a larger pattern of deception to which Bella is subjected. It is revealed that Paul is the wanted Louis Bauer, who has returned to the house to search for the rubies he was unable to find after the murder. ‘Gaslighting’ describes a form of psychological abuse in which the victim is gradually manipulated into doubting his or her own sanity, originating from the play and its two film adaptations.

\(^5\)“I was playing in the garden near my nurse and was carving with my pocket-knife in the bark of one of the walnut-trees that come into my dream as well. Suddenly, to my unspeakable terror, I noticed that I had cut through the little finger of my (right or left?) hand, so that it was only hanging on by its skin. I felt no pain, but great fear. I did not venture to say anything to my nurse, who was only a few paces distant, but I sank down on the nearest seat and sat there incapable of casting another glance at my finger. At last I calmed down, took a look at the finger, and saw that it was entirely uninjured” (Freud, 1914a, p. 205).
The hallucination of the knife took place over a weekend, away from the analysis. It was to be expected that we would eventually confront something in the consulting room itself.

The human-sized wasp

In a session a few weeks later, a wasp got into the room and was buzzing around the window, sometimes circling the room. I could sense Carolina’s paralysis and terror, but did not say anything. I thought that we were both being enveloped by a kind of claustrophobic, paralyzing terror that could not be put into words. The atmosphere was extremely tense, and I waited in a silence that persisted until the end of the session. “Lurking menace hangs in the air like a fog, the atmosphere is electric . . .”.

At the following session Carolina told me that she had seen a woman-sized wasp hanging by the door throughout the session and had felt paralyzed.

Carolina: The giant human-sized wasp was definitely by the door. There was a poised elegance about it as it was hanging there, I was thinking that I am carrying on talking here, you try to introduce another point of view, and I feel like I’m being attacked. You say it very gently, politely, and all I can hear is the attack. It is very real.

If there is a frequent image I associate with my mother, it is that of a Rottweiler on a chain, barking and barking and the sharp teeth showing, trying to get rid of the chain in order to attack you and kill you. My mother would show me her Dracula teeth when I was older to scare me, but she told me that she did it even when I was a baby, and I would cry. . . . like the human-sized wasp I saw here. It was not like the Rottweiler straining at its lead. It is straining because it wants to kill you. The wasp is more meditative, biding its time. But it is also dangerous. It can eventually kill you.

Analyst: What there is in common is the sense of danger and threat.

Carolina: The wasp had not yet decided if it was going to kill you. It is not as violently terrifying. When there was a wasp in the room, I couldn’t relax, as I cannot predict what will happen . . . Some sessions I can leave unscathed, but I never know. Outside I can keep an eye on them, but they are more elusive and harder to pin down. Here is the same, meaning that it is harder to pin down for me, it buzzes away. I think of them as dangerous.

Analyst: This is your experience of being here: fear, danger . . . Of me, but perhaps also of yourself.

Carolina: The worst is to think of all this aggression in me . . .

Images, dreams, hallucinations: Some reflections

In Interpretation of Dreams, Freud postulated “conditions of representability “as one of the characteristics of the dream work” (1900, p. 499). Thoughts are expressed in images that condense a multitude of thoughts or people, giving rise to “composite images” (p. 324). Images are the oldest
form of registering an experience; they are closer to the Unconscious. The word ‘image’ is derived from ‘imago’, the representation of the ancestor at the very moment of its disappearance – that is, at the moment of mourning (Rolland, 2015, p. 107). The presence of an image is linked to the absence of the object. This absence is at the origin of the hallucinatory wish-fulfilment of infancy whereby the baby tries to reproduce the experience of satisfaction.

An essential component of this experience of satisfaction is a particular perception (that of nourishment, in our example), the mnemonic image of which remains associated thenceforward with the memory trace of the excitation produced by the need. As a result of the link that has thus been established, next time this need arises a psychical impulse will at once emerge which will seek to re-cathect the mnemonic image of the perception and to re-evoke the perception itself, that is to say, to re-establish the situation of the original satisfaction.

(Freud, 1900, pp. 565–66)

In ‘Negation’ (1925), Freud postulates that images originated from perceptual experiences:

All images originate from perceptions and are repetitions of them. So that originally the mere existence of the image serves as a guarantee of the reality of what is imagined. The contrast between what is subjective and what is objective does not exist from the first. It only arises from the faculty which thought possesses for reviving a thing that has once been perceived, by reproducing it as an image without its being necessary for the external object still to be present.

(1925, p. 369).

Images are polysemic and irradiate in multiple directions, evoking different layers of experience. The analytic process brings forth, from time to time, images that are like the mythogram of the individual history in that they organize the affective experience of the individual (Rolland, 2015, p. 143).

In ordinary development one can trace a sequence from the experience of satisfaction, absence of the object, the negative hallucination in its structuring function, to hallucinatory wish-fulfilment, all of which lie at the origin of representation.

Images are the material of the hallucination wish-fulfilment, of dreams, phantasies and works of art, but they can also be the stuff of hallucinations, as in the case of Freud’s hysterics, the most famous of which might be Anna O, who was treated by Breuer (Freud, 1895). She had hallucinations of snakes when she was looking after her father, who was ill and was about to die, leaving her at the mercy of a melancholic maternal imago (Perelberg, 1999a). These hallucinations represent a failure in the capacity for an internal, unconscious representation that are turned into perceptions. Freud considered that the aim of the treatment was to replace such images with narratives that would tell their stories.
Hallucinations can be understood as a first attempt at self-cure, as in the Schreber case. The delusional formation “is in reality an attempt at recovery, a process of reconstruction” (Freud, 1911, p. 71); “This attempt at recovery, which observers mistake for the disease itself, does not, as in paranoia, make use of projection, but employs a hallucinatory (hysterical) mechanism” (p. 77).6

Bion understood hallucinations as the outcome of mental processes that destroyed alpha elements and reduced them to fragments that cannot be thought about but have to be evacuated. They are projected into the outside world, giving rise to bizarre objects. However, the component of self-cure is also present in Bion’s formulations. He believes that what is evacuated in hallucinations are sensory elements that still have some elements of meaning attached to them: “The most important aspect of the dream of the psychotic is not its irrationality, incoherence and fragmentation, but its revelation of objects which are felt by the patient to be whole objects and therefore fit and proper reasons for the powerful feelings of guilt and depression” (Bion, 1958, p. 347). Thus for him, too, images have a curative dimension.

My patient’s hallucination of the knife indicated an aspect of her experience that had remained foreclosed in her life, a terror of a primitive, murderous maternal imago and her own identification with this mother.7 The production of a hallucination, however, meant that something was also active in the present, in the immediacy of the transference. In the manner of dreams, there are at least two different sources at work: a mnemonic trace inscribed in infancy linked to a traumatism, and a current perception that has a capacity to be linked to the mnemonic trace. It is therefore multiple representations that give rise to an image (see Birksted-Breen, 2012). In the subsequent hallucination of the wasp, the fear of unpredictability in myself and in her is projected onto the wasp that was buzzing in an arbitrary way around the room. Through her hallucination my patient deposited that wasp in the corner of the room, by the door, where she could keep an eye on it. The possibility of danger was dramatized, but it was now under her omnipotent control. A significant transformation took place between the hallucination of the knife that indicated a moment when she felt herself to be in mortal danger, to the hallucination of the wasp, a few weeks later, where the danger was experienced as more under her control.

If negative hallucination is the common matrix between dreams and hallucinations, they cannot be superimposed on each other (Green, 1999, p. 276). It is my belief that, in contrast to a dream image, which is a product of condensation and displacement and an outcome of the dream work, when

6In this text Freud attempts to distinguish between ‘dementia praecox’ that produces violent hallucinations, from paranoia that employs projection. He suggests that dementia praecox indicates a point of fixation between auto-eroticism and object love, whereas paranoia indicates a regression to the state of narcissism. Freud concludes, however, that paranoid and schizophrenic phenomena may be combined in different proportions. In the Schreber case, he suggests, one can identify the production of hallucinations, and distinguish it from the paranoid mechanisms of projection (pp. 77–8).

7Some other clinical examples that illustrate the terror of this archaic mother may be found in Perelberg (1995, 1998, 1999b, 2003, 2015b).
one is dealing with hallucinations, meaning has yet to be achieved. Freud believed that while images condense, hallucinations decompose through splitting (1911, p. 48). Dream images are internal, products of psychic reality; hallucinations are an expression of unprocessed material that has been expelled and is experienced as coming from external reality. Schreber’s fear of the end of the world was the projection of an internal catastrophe (Freud, 1911, p. 70); his “rays of god” are a projection of his libidinal cathexes (p. 78). What is unpleasure and alien is located as external to the ego: “what was abolished internally returns from without” (Freud, 1911, p. 71). In his paper on negation there is an emphasis on the mechanism of expulsion.

Bion (1958) has distinguished between psychotic and hysterical hallucinations. This difference is directly related to an increase in the patient’s capacity to tolerate depression. The psychotic hallucination contains elements analogous to part-objects; the hysterical hallucination contains whole objects and is associated with depression.

I would suggest that another differentiation may be that whereas the conflict for the psychotic is between life and death, in the hysterical hallucination it is between love and hate. Both, I believe, contain aspects of remembering. Might it be that Carolina moved between the two? Whereas the hallucination of the knife belonged more to the psychotic part of her personality, with the lurking possibility of murder, might the human-sized wasp belong more to the hysterical register? The wasp was clearly an association to an object, to her mother, to me, and to herself. Some analytic work took place during the time between the two that had transformed the images into words, from the lethal possibility of murder, to the experience of more potentially controlled danger.

De Masi et al. (2015) have indicated that in hallucinations there is a withdrawal from external reality into a sensorial mode. One is dealing with pure sensoriality that has not reached representation or symbolization (Segal, 1957). According to these authors “during the hallucinatory experience, the patient does not think, he sees or feels” (2015, p. 313, italics in the original). They also quote from Perceval, for whom the hallucinatory state requires a position of passive acquiescence (2015, p. 308). I can relate this idea to an aspect of Carolina’s experience of compliance throughout her life.

Green has suggested that in the treatment of non-neurotic patients, one is dealing not with an economy of unconscious desire, but with a “logic of despair” (Urrribarri, 2013, p. 21). This logic is less organized than that of the primary process and has to contend with unprocessed elements coming from the Id. Thinking is dominated by the work of the negative (Green, 1999). The aim of the analytic work is to transform hallucinations into words that create a narrative about the patient’s history, transforming delirium into play, and death into absence.

In the case of such patients, it is a failure of hallucinatory wish-fulfilment that is the basic model for an understanding of the psyche. This failure is the outcome of a traumatic encounter with the primary object. It is not possible to invest the mnemonic trace, because of the pain or terror that it will
provoke. Rather than evoking an experience of pleasure, it is an experience of distress that comes to the fore. Psychic reality is decathected; the patient withdraws into a “personal, bodily and sensory space of his own” (Urribarri, 2013, p. 293). Mental functioning becomes restricted, cutting off more mature functions. Words are treated as things, as Freud suggested in his paper on the Unconscious. The patient is not present in her own discourse and in the session; she also feels like a prisoner. Passivation, the process whereby the patient submits herself to the analytic care, is almost impossible (Green, 1986a).

Paul Williams has written about patients who have suffered an experience of “incorporation of an invasive object”, a primitive introjection of aspects of an object that creates an experience of inundation that can give rise to personality disturbance (Williams, 2004). He refers to this process as a form of ‘proto-identification’ that takes place in early infancy and expresses a failure of containment and maternal alpha-function (Bion, 1962). The infant incorporates these violent projections as part of his own mental representational system, and normal identification processes are disrupted. An impairment of the development of the sense of self takes place. The outcome of the early trauma undergone by such patients is expressed in “an amalgam of inchoate experiences, the residuum or precipitate of which may correspond to the ‘foreign body’ experience lodged in the unconscious and in the body and which lacks mental representational status” (Williams, 2004, p. 1342). In this paper I have suggested that the production of the images that take on a hallucinatory form become an achievement of the analysis, at the origin of representation of such experiences.

There is an intrinsic link between the framing structure as the place for symbolization and the analytic experience that will reproduce aspects of the patient’s experience with the primary object. The framing structure is not perceptible as such, but only through the productions that it gives rise to in the setting (Green, 1999). It is in the après coup of an analysis that one has access to the traces left by the traumatic, archaic past, some of which will find representation for the first time in the here-and-now of the analytic process (Perelberg, 2006, 2007, 2011, 2015b).

This leads me to underline an aspect of any analytic treatment, which is its dramatic dimension. Since Breuer and Freud’s statement that hysterics suffer mainly from reminiscences (Freud, 1895) and Freud’s work ‘Remembering, Repeating and Working Through’ (1914b), the idea that psychic conflicts can be expressed in ways other than words has become familiar in psychoanalysis. At this point in their work, however, Freud and Breuer saw the symptom as a repetition of the past. Later, Freud was to understand the

8In Studies on Hystericia (1895), Freud refers to the traumatic thus:

“We presume that the psychical trauma—or more precisely the memory of the trauma acts like a foreign body which long after its entry must be continued to be regarded as an agent that is still at work.” (p. 6; my italics)

Freud is pointing out the way in which what is traumatic is unabsorbable by representation and inaccessible to symbolization.
phenomenon of transference more fully in terms of the links between the there-and-then and the here-and-now. Transference is overdetermined, like Proust’s madeleine that emerges out of a phenomenon of metaphoric and metonymic irradiation, associating several moments, places and memories and ultimately expressing the infantile desire of the narrator himself (Kristeva, 1996; Perelberg, 2008).

It is my belief that the analytic situation has a dramatic dimension and is by definition traumatic because it evokes the state of helplessness of the newborn infant (hilflosigkeit), which is the prototype of the traumatic situation and at the origin of the experience of anxiety (Kohon, 2005; Perelberg, 2007). It is in this context that the relationship with the primordial object is brought forth.

Transference is filled with our patients’ desires, which are linked to their unconscious phantasies and infantile sexuality, ruled now by the compulsion to repeat.

In his Introductory Lectures on Psycho-Analysis, Freud had already stated that in traumatic neurosis

\[\ldots\] patients regularly repeat the traumatic situation in their dreams; where hysteriform attacks occur that admit of an analysis, we find that the attack corresponds to a complete transplanting of the patient into the traumatic situation. It is as though these patients had not finished with the traumatic situation, as though they were still faced by it as an immediate task which has not been dealt with \ldots

(Freud, 1916–17, p. 274)

In Beyond the Pleasure Principle, when briefly discussing traumatic dreams, Freud postulates:

Now dreams occurring in traumatic neuroses have the characteristic of repeatedly bringing the patient back into the situation of his accident, a situation from which he wakes up in another fright.

(Freud, 1920, p. 13)

Under the register of the compulsion to repeat, the original traumatic situation is being lived again in dreams in the present (see also Perelberg, 2000). Later (1932) Freud will say that these traumatic dreams generate anxiety.

In 1920 there was, therefore, an important substitution in Freud’s model, from an emphasis on representations to one on acting out (Green, 2002, p. 163). These ideas are specifically relevant to a modern conceptualization the analytic situation and the understanding that patients act rather than remember.

The repetition of the traumatic situations is a characteristic not only of traumatic dreams, but of any dreams, and of the analytic situation itself. One is no longer referring to a setting wherein the patient speaks and the analyst interprets, but to a dramatic encounter wherein patient and analyst
will minimally repeat an interaction that is relevant to the patients’ past.\textsuperscript{9} The challenge for any analysis is to introduce a transformation in the narrative anticipated by the compulsion to repeat.

**Further developments**

Five years into the analysis Carolina met a man, married and became pregnant. In the initial months of her pregnancy her sense of persecution increased. Things changed when she was able to see the first scan. The baby became a living human being for her, and at this point her dreams took on a more human quality. Carolina became progressively more excited about the pregnancy.

*Carolina:* The changes in my body feel mysterious and magical. I never imagined I’d feel all right in this way. I am hoping that all these changes that are happening are so that I can breast-feed. I am sure that I can feel this way because I am coming here.

*Analyst:* Perhaps you came to analysis in order to be able to have a baby.

The dream from the beginning of her analysis came to my mind: the mother who announces death. Also the words ‘against abortion’. Carolina could perhaps now see herself as a mother who wanted to be life-giving and not an announcer of death.

**Translations of summary**

**Hallucinations négatives, rêves et hallucinations : la structure du cadre et sa représentation dans le setting analytique.** L’auteure de cet article explore la signification des expériences hallucinatoires d’un patient au cours d’une cure analytique à cinq séances hebdomadaires. Elle étaye sa réflexion sur les idées d’André Green relatives au rôle de la structure du cadre et de l’hallucination négative dans la structuration du psychisme. La compréhension du transfert et du contre-transfert joue un rôle crucial dans la création de sens et permet les transformations qui ont lieu au cours du processus analytique. A partir d’une analyse détaillée d’un exemple clinique, l’auteure examine les hypothèses de Bion sur la distinction entre les hallucinations hystériques et les hallucinations psychotiques reformule ses propres hypothèses sur ce qui fonde cette distinction. Elle suggère l’idée que les hallucinations psychotiques seraient l’expression d’un conflit entre la vie et la mort et les hallucinations hystériques celle d’un conflit entre

\textsuperscript{9}This is the paradigmatic shift introduced by Freud with his *Beyond the Pleasure Principle* (1920) and *Constructions* (1937). In the British Psychoanalytic Society, key papers that have continued to explore these fundamental issues include those by Heimann (1950), Sandler (1976), Segal (1977), King (1978), and Joseph (1985). Sandler has delineated the various stages of development of the concept of projective identification. With Klein, it refers to a process that takes place in phantasy. A second stage may be identified with the developments described in the work of Heimann (1950), Racker (1968) and Grinberg (1962), whereby the countertransference reaction on the part of the analyst becomes a possible source of information about what is occurring in the mind of the patient. In the work of Bion, this extension of the understanding of the concept finds expression in his concepts of the container and reverie: what is projected onto the analyst is contained and transformed by the work of reverie on the part of the analyst. A fourth stage may be found in the work of Sandler himself (1976) and of Joseph (1985), both of whom indicate how what is projected onto the analyst provokes a response in the analyst, who is ‘nudged’ to respond in a certain way (see also Spillius, 1992). In what concerns dreams, Kohon (2000) has suggested that these may be a form of acting out. Perelberg has suggested that “dreams contain a condensed narrative about the transference relationship and encapsulate a narrative that will unfold as the analysis progresses” (2000, p. 109).
Negative hallucinations, dreams, hallucinations

l’amour et la haine. Elle livre aussi certaines réflexions sur la nature dramatique de la rencontre analytique.

Negative Halluzinationen, Träume und Halluzinationen: Die Rahmenstruktur und ihre Repräsentation im analytischen Setting. Der Beitrag erforscht die Bedeutung der halluzinatorischen Erfahrungen eines Patienten, der sich einer Analyse mit fünf Wochenstunden unterzog. Den Kontext des Verständnisses der Autorin bilden André Greens Überlegungen zur Bedeutung der rahmenden Struktur und der negativen Halluzination für die Strukturierung der Psyche. Das Verständnis von Übertragung und Gegenübertragung trug entscheidend zur Bedeutungsstiftung bei und ermöglichte die Transformatio-
en, die sich innerhalb des analytischen Prozesses vollzogen. Anhand der detaillierten Analyse eines kl-

L’allucinazione negativa, il sogno e l’allucinazione: la stuttura inquadrante e le sue rappresen-
tazioni nel setting analitico. Questo articolo esamina il significato delle esperienze allucinatorie di un
paziente nel corso di un’analisi a cinque sedute settimanali. La mia posizione teorica va collocata nel
contesto delle idee di André Green sul ruolo della struttura inquadrante e dell’allucinazione negativa
nella strutturazione della mente. Comprendere il transfert e il controtransfert è stato essenziale per poter
significare e rendere possibili le trasformazioni determinate dal processo analitico. Attraverso l’analisi
dettagliata di un esempio clinico, l’autrice prende in esame la distinzione che Bion fa tra allucinazioni
isteriche e allucinazioni psicotiche e propone le sue ipotesi personali sulla distinzione tra i due concetti.
L’autrice sostiene che, mentre le allucinazioni psicotiche esprimono un conflitto tra la vita e la morte,
nell’allucinazione isterica il conflitto è tra amore e odio. L’articolo contiene anche delle riflessioni sulla
natura drammatica dell’incontro analitico.

Alucinaciones negativas, sueños y alucinaciones: La estructura encuadrante y su represen-
tación en el encuadre analítico. El presente artículo explora el significado de las experiencias alucina-
torias de un paciente en el curso de un análisis de cinco veces por semana. La comprensión del tema se
ubica dentro del contexto de las ideas de André Green acerca del papel que desempeñan la estructura
encuadrante y la alucinación negativa en la estructuración de la mente. La comprensión de la transferen-
cia y contratransferencia fue crucial en la creación de significado y en la posibilidad de que se dieran
transformaciones en el proceso analítico. La autora, mediante un análisis detallado de un ejemplo clíni-
co, analiza la distinción que hace Bion entre alucinaciones histéricas y alucinaciones psicóticas y formula
su propia hipótesis acerca de lo que las distingue. El artículo sugiere que mientras las alucinaciones
psicóticas expresan un conflicto entre vida y muerte, las alucinaciones histéricas lo expresan entre amor y
odio. También contiene algunas reflexiones sobre la naturaleza dramática del encuentro analítico.

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