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What is the function of faith and trust in psychoanalysis?[1]

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Unlike other concepts such as 'illusion', 'capacity to tolerate frustration' and 'libidinal investment', the concept of faith has not yet found a well-defined position in psychoanalytic theory. Bion focused on faith and placed it in an unusual context: scientific work. Through the Act of Faith a researcher can give some consistency to certain ideas, hunches or intuitions that may appear during observation, though he cannot represent them by existing theory. Through the Act of Faith an analyst can 'see', 'hear' and 'feel' those mental phenomena, the reality of which leaves no practising psychoanalysts in doubt, even if they cannot represent them by current formulations. In this paper, the author aims to expand Bion's proposals into the clinical and therapeutic fields. In the first part, the author examines how faith and trust overlap, and how they depart from each other, and he gives an example. Faith possesses an igniting and driving force which trust doesn't possess to the same extent. In the second part, the author looks at F *as a psychic function of the analyst, which aids him in supporting a depressed and hopeless patient while waiting for the return of the patient's desire to live. In the final part, he focuses on* F *from the patient's point of view and studies the transformations of* F *that may occur during an analysis.*

Keywords: faith, trust, libidinal investment, sense of vitality

To talk about faith is unpopular among psychoanalysts—and many others. Faith—in contrast to a 'lay thinking', which is free and open, can accept contradictions and hold different views side by side—is seen as having authoritarian traits: 'My faith is true, that of others is not!' Such an observation, in my opinion, is to a large extent accurate. Faith is vulnerable to the risk of authoritarian involution because it can lead us to absolute forms of thinking and feeling. However, authoritarianism is not always, or necessarily, present in faith.

To talk about faith is also unpopular because of its associations with religion—even more so because faith, together with credulity and suggestibility, is a tool that is frequently exploited by sorcerers, quack-healers and swindlers. Psychoanalysis and 'lay thinking', therefore, are keen to distance themselves from the idea that faith is present in the context of psychoanalytic practice by establishing a clear line of demarcation.

However, the author considers that exploring such borderline territory is a risk worth taking. It is important for us to consider the *F*- (faith) factor in psychoanalysis because faith has great capacity to activate energies. It is commonplace to state that faith can 'move mountains'. Whether this is true is not known to the author, but there is no doubt that faith can bring about a great deal of good and bad, both in groups

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and in individuals. It is therefore important to acknowledge this *F*-factor as one of those elements which are relevant to psychoanalytic therapy. As demonstrated later, a total or partial lack of this factor could bring about an impasse in the treatment, or even stoppage of it.

It is also helpful to focus our attention on the *F*-factor because it corresponds to a specific attitude that is important in its own right, as well as being necessary in supporting our expectations of what is still shapeless and has not yet been achieved. For instance, *F* is a factor of the psychic function the analyst has to deploy in order to help those patients who find themselves in a chronically depressive and aboulic condition which they are unable to get out of.

Bion: *F* as a tool in psychoanalytic observation

Beginning with Freud (Freud and Pfister, 1909–39), we can find in the psychoanalytic literature a number of interesting articles and books on the theme of faith and, specifically, on religion (Ricoeur, 1965, 1966; Rizzuto, 1979, 1998; Eigen, 1981; Meissner, 1984; Rempel, 1997). These texts are not reviewed here, as this would require extensive treatment; however, here are a few words about Bion's contribution since he has specifically dealt with the issue of faith.

Bion writes about *F* in his work in 1970 and 1992. He considers *F* to be an essential component of any scientific procedure. For him, the Act of Faith corresponds to our capacity to have faith in certain perceptions and intuitions that emerge during analytic work and that correspond to those facts whose existence cannot be described or explained by currently available theories. Bion writes, 'Through *F* [the Act of Faith] one can "see", "hear" and "feel" the mental phenomena of whose reality no practicing psychoanalyst has any doubt though he cannot with any accuracy represent them by existing formulations' (1970, pp. 57–8).

According to Bion, then, the Act of Faith corresponds to the current gap between theory and certain aspects of the reality of the session. The need for an Act of Faith, he adds, is not limited to psychoanalysis, but also concerns other disciplines, such as physics, astronomy etc. The observation of sub-atomic particles, for example, is only very limited and indirect; however, most researchers in physics 'have faith' in their existence.

The extension of the field of *F* beyond scientific observation has been found to be useful. *F* is necessary not just in order to see and feel mental phenomena which do not correspond to our common sense and current theories, but also because it performs an important function within the clinical and therapeutic context.

A second, though less important, point differentiates the author's approach from that of Bion. Bion uses the terms '*F*' and 'Act of Faith'. Instead, the expression '*F*-factor' is used here. The author's interest does not concern *F* in a general sense or in isolation, but rather as a factor to be found in association with a certain number of psychological, social and institutional functions. *F*, for instance, may be a factor of the analyst's interpretative or therapeutic function.

Before embarking on the main topic of this paper, I would like to clarify a final point. The word 'trust' follows 'faith' in the title of this paper. As soon as I became

interested in these issues, I realised that, if consistency was required in the discourse, it was necessary to speak of faith and trust at the same time. These two notions, even if they are in many respects different, in others are linked. It is therefore impossible to develop a discussion about faith without also dealing with the subject of trust. As clarified later in this article, I attempt to place these two concepts together, and differentiate them, not by contrasting them directly, but by considering them in their relationship to two 'third elements', reason and vitality. The classical approach to this problem is to differentiate faith from trust by looking firstly at their relationship to reason. Approaching it from the notion of vitality is more innovative. Such an approach occurred to me from clinical experience.

In my work as an analyst I have come across numerous patients who, among other symptoms, were also lacking in a sense of vitality. This painful feeling could manifest itself as an incapacity to reach a sense of fulfilment, or as a feeling of being a little 'out of it', or as a failure to take full part in 'the heart of life'. On other occasions, this feeling may take the shape of an ongoing search for something that was thought to be lost. On other occasions, it presented itself as a condition of fragility and vulnerability, in particular in less controlled and more emotionally loaded situations. We could speculate that at the origin of this symptom there could be conflict or inhibition which does not let certain unconscious phantasies emerge in the preconscious, and, later on, in relationships. We could also speculate that there could be a problem in establishing and maintaining satisfactory selfobject relationships with an ideal and mirror-like self (Wolf, 1988). Beyond the severity of the clinical condition and its dynamic configuration, which I consider from various theoretical perspectives, a change of the *F*-factor in these patients was nevertheless thought to be detectable. For all of them, one of the main tasks in the psychoanalytic and therapeutic work was the recovery of a certain amount of faith in the goodness of life.

I would now like to outline a plan of the layout of the rest of this paper. In the first part, I will discuss the relationship between faith and trust, and offer two definitions of the notion of faith. In the second part, I will consider the establishment and maintenance of trust by relating it to hope and self-esteem; I will also focus on the way in which the *F*-factor specifically relates to the analyst's psychic function. In the final section, I emphasise the relationship between faith and the group's primitive mental attitudes. I will also discuss one of the possible paths from 'blind faith' towards 'a faith which is personal and open to change'.

Trust and faith

Trust and faith entertain a different relationship with reason. Trust is an emotional tension of a curative kind. Every good therapist can activate and sustain it by utilising both those elements shared by all psychotherapeutic systems and the scientific knowledge specific to his own discipline (Cawte, 1963, quoted in Elkin, 1977, p. 163).

Faith, on the other hand, presents some problems for reason (Severino, 1966, p. 91). It transcends reason if we consider it, as mystics do, as 'a being in unison with

God'. It also transcends reason if we consider it, as some scientists and philosophers do, as a way of having contact with a biological creative force, or *élan vital*.

Trust originates from a lasting, reliable and affectionate relationship. We become certain of its presence when we realise that things are just the way we have been told they are. The person we learn to trust explains what happens and why it happens, and gives us repeated evidence of sincerity and authenticity (Greenson, 1972, p. 128). Faith, on the other hand, depends on numerous factors not connected with any kind of direct and personal relationship. It does not require verification, or at least such verification is not essential to its existence. It follows its own temporalities and can spring up at any moment.

Another point of view on this particular concept of faith is now offered. It is a way of considering faith which is different to the one previously outlined, but does not necessarily contradict it. What is referred to here is an idea of faith as the result of 'internal work'. Faith, in this particular sense, could be seen as the outcome of a series of experiences and situations where we have trusted somebody or something because they have responded consistently to our expectations and needs. Faith, therefore, does not require confirmation, because those with faith have already gained solid conviction through a lengthy process. If we consider faith from this perspective, the difference between faith and trust becomes less pronounced. Faith, then, could almost be synonymous to the 'basic trust' and 'secure base' described by such authors as Erikson (1950), Ainsworth (1969) and Bowlby (1973, 1979) when they suggest that, in the early stages of development, the child's sense of safety is of the 'dependent' kind and constitutes the ground on which the individual will gradually evolve and develop new skills and interests. However, in the absence of such 'basic trust' and 'secure base' this progress will be hindered.

This particular interpretation of faith also allows us to single out some other areas of convergence between faith and trust (Charcot, 1893). For instance, we could view faith not just as the outcome of the trust someone has placed in a certain person, but also and primarily as the effect of that person's faith in the goodness of life.

On a number of occasions, many patients have asked, 'Will I overcome this block? Will my suffering ever end? Can I recover my health? Will I be able to do this thing?' Each one of them was requesting a reply with an Act of Faith and, at the same time, was expressing a more or less radical doubt. The impression was also given that these patients were asking the analyst for an additional emotional investment. Finally, it was felt that these pressing questions originated, at least in some instances, from a need to test the analyst's response. A sign (testimony) was requested which did not so much concern that individual patient's capacity to 'overcome his block', to 'recover his health', to 'do that thing', but rather concerned a faith in his potential for, and right to, a satisfactory existence. All this went well beyond the specific performance the patient could or could not produce (overcome his block, put an end to his suffering, recover his health).

I will develop this point later on, backed up with contributions by Winnicott, Anzieu and Kohut, and present a brief clinical illustration. Now, however, I will discuss the fear and anxiety that come with granting someone our trust.

The association of turbulence and hope

The emergence of trust in the context of a psychoanalytic relationship is often accompanied by a sense of risk and fear. These feelings mostly derive from two factors. First, trust inevitably introduces us into a relationship with one or more people. Once we have entered into such a relationship, we no longer have full control (or the illusion of full control) over ourselves and what could happen to us. Faith, from this point of view, is more reassuring than trust because it allows us to remain in a condition of monad-like isolation more easily. Second, the emergence of trust can generate fear because its emergence is always accompanied by the emergence of hope. To be more precise, from being an unspecified and vague expectation, hope becomes a well-defined and focused prospect. This is one of the most difficult and threatening moments in analytic work. I would like to clarify this point using an image suggested by Bion in the course of the seminars he held in Rome.

> A group of five people had survived a shipwreck. The other people had died of starvation or had fallen off the wreckage. At first they were not afraid at all, but then they suddenly became terrified as they believed a ship was approaching. The chance of being rescued, and the even more likely chance that their presence on the ocean surface may go unnoticed, induced a state of panic in them. Earlier, their sense of terror had sunk, so to speak, in the sweeping depths of depression and despair. Similarly a psychoanalyst—amid the uproar of suffering, of analytic failure, of the uselessness of conversations of this kind—must still be capable of hearing the sound of this terror, as it indicates the position of those who begin to hope they can be rescued (1985, pp. 29–30).[2]

When the patient begins to trust, he also begins to give up that condition of detachment and perplexity (the noise, the feeling of meaninglessness of this kind of conversation) which allowed him to control his involvement and emotional distance; however, he has still not been accepted (the chance that his presence could be noticed). If there is any hope that he could be understood and helped, then there is also a chance that he could be left feeling disappointed and betrayed yet again. This possibility is truly frightening and anxiety provoking.

At times, the conflict between trust and suspicion, between need and fear, is particularly dramatic. It is as if a person felt a great need to eat but at the same time was also frightened that the food could have been poisoned. Similarly, patients can feel that their analyst's words are both essential and dangerous to them. These words might save them, but might also hurt them or even put them in extreme danger.

Zapparoli (1986) maintains that it is advisable for the analyst to be very clear and direct in such situations. Patients who are tangled up with necessity and persecution must understand very clearly what the analyst is putting inside them, as well as have some understanding of the effects that this might have on them.

In the my experience, it is also advisable for the analyst to promote reciprocity in the relationship. A person feels trust for someone who trusts him. It is the analyst's responsibility to believe and value the patient, and what the patient has to say.

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[2]Translator's note: This is my own translation into English of Parthenope Bion's *impromptu* translation into Italian of her father's seminars. These are still unpublished in English. Copyrights for a future translation belong to The Estate of WR Bion, London.

Psychoanalysts should not be naïve or lacking in evaluating skills, but at the same time they should not reject *a priori* anything the patients say or suggest as being foolish, illogical, unachievable or delusional. On the contrary, we have to listen to them with due respect, attention and interest, and somehow make it our own (see Ferenczi, 1932, note of 17 August).[3]

Not all psychoanalysts will agree with the opinion concerning the practice of giving proof of guarantee to a patient who may be in a state of extreme anxiety and not in close contact with reality. The great majority of colleagues, however, will agree when it is suggested to them that the establishment of a relationship of trust is the therapeutic aspect of analysts' work which demands most time and commitment. It is this work which can lead patients to experience a trusting dependence and a therapeutic regression they may have never experienced before (Winnicott, 1955).

The hidden matrix

I will now examine certain areas of overlap between trust and faith, beginning with this quote from the Bible: 'God made man in his own image'. This sentence is usually treated in modern times as an amusing example of the reverse. In this connection, Winnicott gives a fuller interpretation of that saying in a short essay. He writes,

> the truth in this saying could be made more evident by a restatement, such as: man continues to create and re-create God as a place to put that which is good in himself, and which he might spoil if he kept in himself along with all the hate and destructiveness which is also to be found there (1963, p. 94).

The idea of keeping what is most valuable and authentic well protected and at a distance from oneself is also crucial to the concept of a relationship between 'true self' and 'false self'. Winnicott writes,

> When there is a certain degree of failure of adaptation … the infant develops two types of relationship. One type is a silent secret relationship to an essentially personal and private inner world … The other is from a false self to a dimly perceived external or implanted environment. The first contains the spontaneity and the richness, and the second is a relationship of compliance kept up for gaining time till perhaps the first may some day come into its own (1988, p. 109).

Winnicott's suggestion is that the analyst should hold the patient's hidden faith (in this case, the word 'faith' is considered more appropriate than 'trust') and try to establish an analytic environment that could make it possible for him to become happier and more spontaneous.

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[3]Translator's note: The original Italian text plays with different meanings of the word '*credenza*'. This word can mean: a) faith and trust in general, as a willingness of the mind to believe; b) a piece of furniture, a sideboard in a dining room; c) the guarantee that the mediaeval servants, known as 'carvers', had to give to their lords. Carvers, as well as having to prepare food and drinks, also had to taste them in the presence of their master in order to provide him with the evidence (the '*credenza*') that it was not poisoned. The sideboard, on top of which food and drinks were displayed for all to see, was also called '*credenza*', a term still commonly used in Italy today. The psychoanalyst is like a carver in so far as he has to provide the patient with a proof.

Anzieu, in an article about ‘psychoanalytic ethics’, refers to the firm trust (or is it faith?) in the analyst, in the patient and in psychoanalysis which the analyst must make available to the patient so that the latter can overcome those periods of impasse which may occur in the course of therapy. He writes,

> The evil done can be undone; what has been blocked off can resume its course of development; what has not been given can be received, provided there are patience, presence, awareness, and opportunity … If emotional deprivation … has been such that, at the end of early infancy, self-destructive drives have found themselves to be strengthened … we must teach our patients to identify and thwart the cunning of self-destructiveness, to represent external reality for them every time this is needed … to show them our trust in the potential primacy of Eros (1975, p. 265).

Anzieu’s words bring a patient’s dream to mind. She is a young woman who has been in analysis for a few years. She dreams that *I was with her and had three children; two of these children were dead, but he kept all three of them close. One was a skull, the second one was a corpse and the third child was alive*. In the dream, there was also a rather confused representation of a sexual relationship between myself and the patient. This relationship was characterised by the fact that a separation was made between my role as psychoanalyst and the condition of being someone having a sexual relationship with her. Having had this dream, the patient felt much better. After some time, she felt like putting on some make-up again, looking after herself and buying some new clothes. She also began to enjoy cooking. All in all, she was feeling more self-confident.

There are numerous possible interpretations of this dream, but I will confine myself to one. By reporting this dream, the patient wanted to show that she was grateful to me for having kept, over a long period of time, the most painful and even dead aspects of herself within the analysis and close to me. She was experiencing her head as if it were a skull, her body as if it were a corpse.

This dream can be related not only to Anzieu’s approach, but also to Heinz Kohut’s theoretical propositions. Kohut encourages us to have faith in the curative powers of a lesser god, the God of Delicacy and of Gentle Kindness. An example of this is the affectionate concern that emerges from Kohut’s notes about those adolescents and young adults who are trying to recover their self-esteem.

> By the way, total body warmth and self-esteem are closely related. This has a lot to do with the genesis of the common cold. When one is chilled, when one is depressed, and does not feel cared for, there are drops in self-esteem which are frequently followed by the common cold. And a warm bath, for example, restores self-esteem. It is a common measure in hydrotherapy, although we do not know quite why. Other experiences such as physical exercise may also restore self-esteem (1987, p. 48).

The analyst’s concern and care for the patient are like a warm bath; they reinvigorate his self-esteem. If the analyst shows concern for the patient, the patient will feel valued and worthy of someone else’s attention—not because he (the patient) has done anything special, but because someone else (the analyst) has done something for him. To have a sufficient amount of self-esteem does not just mean to be or to have a good mind (a brain instead of a skull), but also to be or to have a

live body. Self-esteem is interrelated to the bodily self. Self-esteem also means to have a positive relationship with one's own body, to perceive other people's warmth through one's own body.

The stabilisation of trust

The stabilisation of trust, as implied earlier in the references to the differences between faith and trust, is based on being able to count on a certain number of reliable relationships. Trust increases with the certainty of such relationships. However, the external environment is never entirely reliable and will inevitably cause disappointments. Furthermore, we are organisms in a constant state of transformation and we move around in changeable contexts. Every time we face a new situation, a turning point in our lives (from childhood to puberty, from puberty to adolescence, from middle age to old age), we need to reformulate the set of elements upon which we had built our sense of security.

The stabilisation of trust, then, cannot just depend upon the reliability of our relationships, but must also be based on an increase in our capacity to cope with the uncertainty of relationships, relying on our own sense of security (self-esteem). The stabilisation of trust, in other words, depends also on the resources we have available to 'neutralise' disappointments; that is, to consider them as the effect of our human limitations, of a simple mistake, of an unfortunate coincidence, and not as the effect of, for instance, our friends' betrayal or deliberate attempts to hurt us; or, perhaps, as the result of our own unworthiness.

To learn to neutralise disappointments is not at all an indifferent achievement. It means that, whenever we are confronted with what makes us feel disappointed, we have to learn to employ a different interpretative grid from the ones we had utilised on previous occasions. If we can rely on a certain amount of inner security, on intrinsic self-trust, this will allow us to believe that we can find a way out from whatever situation in which we find ourselves. We could also believe that our image of ourselves and our self-esteem would not be too severely dented by a disappointing event, or at least could be recovered without too much damage resulting from it. Every disappointment we encounter, however, involves the loss of a certain amount of self-esteem (see Luhman, 1968, pp. 121–4, 128). Recovering it involves, among other factors, the capacity to assume one's own responsibilities. Feeling responsible means feeling less at the mercy of events. It makes one feel that painful sensation less acutely which could be expressed by the following words: 'I am powerless, what I do is irrelevant to my life, I cannot influence what happens to me'. If we feel responsible, we can do something about it; and if we can do something about it, our self-esteem increases accordingly.

Self-esteem has its foundations in the sense of responsibility and in a realistic assessment of one's capacities. However, it has its origins in early infantile experiences of fusion with mother and father, who are perceived as being perfect and endowed with intrinsic goodness and beauty. Another essential source of self-esteem can be found in the enthusiastic and admiring (the twinkle-in-the-eyes) response the child has received when showing off himself, his products and his skills.

We may become aware of how far self-esteem is related to the quality of our fundamental relationships if we consider how much easier it is to recover trust in ourselves when we are near to somebody who is important to us and who shares our experiences. This, of course, is only true if the person who is with us is sincere, affectionate and empathic. An Italian saying goes, 'Better alone than in bad company'.[4] If those nearest to us do not love us for what we are—if they have reservations about us—then we often have reservations not necessarily about them and their love for us, but about *our own* capacity to love them. In its turn, the thought of being unable to love has a very humiliating effect on our 'self-feeling' (*Selbstgefühl*). Those who have doubts about their capacity to love have doubts about everything (Freud, 1914, pp. 97–100).

Self-esteem undergoes fluctuations and anyway always needs new proof if it is to be reaffirmed. We should not think just about major catastrophes, but also about minor occurrences, as sometimes even events of apparently secondary importance can generate amplified repercussions. The only self-esteem that is solid is the 'normalised self-esteem' of those who always consider themselves good, fair and normal. Normalised self-esteem is typical of those who do not need confirmations; those who have it are not open to experience, and therefore do not need to find a new equilibrium. A person of this kind already has everything that he himself approves and values. One might feel like telling him, 'Good for you!' Yet, immediately after, a second thought occurs to me: 'But … I wouldn't like to be in your shoes!' (see Kohut, 1987, pp. 64, 367, 376–7).

Faith and group mentality

As far as faith is concerned, reference to the group is essential, and much more so than it is to trust.

It should be enough for us to consider the recitation of that act of faith which had been so often present in our childhood: 'I believe in one God, the Father Almighty …'. It is a statement that bears the mark of an agreement to share a faith with a group of believers.

In my opinion, one of the reasons why the management of faith is frequently 'entrusted' to a group, or to a church, is that it is difficult for single individuals to face the contradictory nature of the feelings involved in the act of believing. Sustaining one's faith is less difficult if an institution performs the 'soldering' of these feelings within a collective belief (Ambrosiano and Gaburri, 2003). The feelings involved in having faith, compared to those involved in having trust (hope, fear, security), are more complex and contradictory. We can refer to faith in terms of absolute certainty, but we should also be aware of the presence of dread, dismay, resentment, and perhaps even hatred. There can be reverential love for the object of one's faith, but there can also be total repulsion for it (Freud, 1927; Malcolm, 1964; Needham, 1972).

Furthermore, faith is accompanied by two specific 'feeling tones'. Freud describes them in 1921 and in 1927. The first one is 'idealisation': what is at stake

[4] 'Meglio soli che male accompagnati.'

in faith is something which is high, noble and extraordinary. The second one is 'illusion': a mental state which preserves faith by keeping reality testing out of the way.

Later I will examine the transformation of these feelings in the course of analysis. I would now like to emphasise how the acknowledgement of a connection between faith and group mentality provides us with the right conditions for clarifying a phenomenon hinted at earlier: that faith follows its own temporalities. To give an example that concerns the profession: current public opinion, in Italy and probably in other countries too, values psychoanalysis much less than it did only some 10 or 20 years ago. This shift is the effect of multiple social, political and scientific factors. However, I believe that it depends on the assessment made by people who are not always knowledgeable about psychoanalysis and therefore not in a position to offer a justified opinion concerning its usefulness. Rather, the shift is due, at least in part, to change in fashion.

It is a shift with similar characteristics to those described by Bion (1961) as 'basic assumptions' in relation to group mentality. As is well known, Bion identifies two contrasting mentalities in the mental life of groups, the mentality of the work group and the mentality of the primitive group (basic-assumption group). In the activity of the work group, time is an intrinsic factor: 'The man who asks, "When does the group meet again?" is referring, in so far as he is talking about mental phenomena, to a work group' (p. 172).

On the other hand, time does not play any part in a basic-assumption group. Beliefs, fashions and collective tensions rise and fall without any relationship to clock time, or even to the cyclical time characteristic of myth: 'There is neither development nor decay in basic-assumption functions, and in this respect they differ totally from those of the work group' (p. 172).

In every group or community, the mentality of the 'work group' and that of the 'basic assumption-group' coexist. Time perception undergoes the influence of both. 'It is therefore to be expected that observation of the group's continuity in time will produce anomalous and contradictory results if it has not been recognised that two different kinds of mental functioning operate … at the same time' (p. 172).

Many psychoanalysts have been aware of the changes in public opinion referred to above and have related them not so much to the 'crisis of psychoanalysis' (the set of social, political and scientific factors) or to differences in the prevailing symptomatology of the patients who are referred to them, but rather to a shift concerning faith and trust (the *F*-factor). They have therefore taken this into account by employing techniques which could guarantee a positive development of the therapeutic process also under these altered conditions. For instance, in the 1970s and at the beginning of the 1980s, patients showed an automatic acceptance of analysis in its set four-weekly-session format. Today, a similar suggestion would meet with resistance, or even a refusal. As a result, at the beginning of the relationship some analysts offer a setting which allows them to deal with their patients' doubts, hesitations, perplexities, as well as with their expectations. Such analysts are aware of the need to build up a certain amount of both trust and faith in psychoanalysis with their patients, if the analysis is to have a kind of 'motor'

that might allow them to overcome future difficulties. There was no need for such a construction, or activation, of faith in psychoanalysis in past years, because it already belonged to the social group mentality and was automatically conveyed to the patients.

The transformation of omnipotence

A further instance in the course of treatment when it is important to take the *F*-factor into consideration is when analytic work begins to yield results. The patient, as well as the analyst, is aware that something could really change. The patient is no longer there just to be comforted, but understands that he has a chance of having access to a richer and deeper way of living and of experiencing relationships, and to a fuller way of being aware of himself. What often happens then is what, in a broad sense, could be called a 'negative therapeutic reaction'. This person will suddenly withdraw and think about stopping the analysis.

Such a reaction may be seen in terms of an insufficient amount of self-esteem. This person would feel unable to obtain what he expects, and would believe himself unworthy of a better life. This could also be considered as an expression of the fear that change would also involve a loss of reference points that are vital for the preservation of identity, that is, for feeling 'truly himself'; for instance, having an image of oneself as an unfortunate and suffering person, as belonging to a given circle of people, or to a given environment. The 'negative therapeutic reaction', however, might also be caused by a failure to adequately develop a 'blind faith' in the analysis from the beginning (i.e. that faith which corresponds to a 'magical trust' in the psychoanalyst and in the cure) by transforming it into a 'personal faith that is open to change' (Orefice, 2002).

In this phase, the analyst's task consists in dealing with working through those trauma that have damaged the patient's basic trust. The patient's task is to discover valid objects wherein to put his faith, as well as a new way of having faith. Such a task involves, first of all, coming to terms with omnipotence.

From their own different theoretical frames of reference, Bion (1970) and Kohut (1984) observe that the experience of omnipotence is the other side of the coin of feeling miserable and entirely powerless. Until these feelings are acknowledged and looked at with a benevolent gaze by a third party (the analyst), the person will feel trapped in both hopelessness and omnipotence, and it would then seem inconceivable that he might acquire a 'personal faith'. Only those who do not feel too miserable, or too omnipotent, can recognise the attraction of encountering a man, a woman, an idea, a vision of life. Only then can they make choices according to their own inclination rather than according to what is considered beautiful, great and exciting by the group they belong to.

I do not explore Kohut's and Bion's contributions in this context further here, because the key reference point in dealing with the main subject-matter of this paper is not represented by their works, but by Freud's, and in particular by his theory of mourning. In my opinion, Freud's views on the transformations following the loss of a loved object can also usefully be extended to what takes

place when one renounces an omnipotent aspect of one's personality. In 'On transience', Freud offers us a description of this process which clearly emphasises its outcome: the dawn of new relationships.

> Why it is that this detachment of libido from its objects should be such a painful process is a mystery to us … We only see that libido clings to its objects and will not renounce those that are lost even when a substitute lies ready to hand. Such then is mourning …
>
> Mourning … however painful it may be, comes to a spontaneous end … Our libido is once more free (in so far as we are still young and active) to replace the lost objects by fresh ones equally or still more precious. It is to be hoped that the same will be true of the losses caused by this war … We shall build up again … and perhaps on firmer ground and more lastingly than before (1915, pp. 306–7).

Only when old objects have been disinvested (and the self's most omnipotent aspects have been disempowered) is it then possible for us to regain some faith in our present and future life. The following brief clinical account illustrates the moment when such an opportunity opens up for Mariana.

A number of old, and even relatively recent events, had greatly compromised Mariana's faith in staying alive. Mariana, a 48-year-old woman, did not know whether and how she could have survived the years ahead of her, those of advanced age. The patient, through the work carried out in analysis, began to think, much to her relief, that she could put an end to that inanimate and self-destructive aspect of herself which she felt was pressing her from behind (the past?). One day, the patient reports the following dream: '*I was driving a big lorry. I saw a woman crossing the street. I held my foot down on the brake for a long, long time and stopped very near her. She was a woman who may have been some 10 years older than me. She looked like a lady who used to come to our house to do some sewing when I was a child. Even if I did not know her very well, I used to call her "nanny"*'.

In her dream, Mariana manages to turn her attention to 'her future self' and to the fact that it risks being run over by the very heavy lorry she drives. She is an elderly woman, but not without resources. The seamstress, according to the reading of the dream I suggested to the patient, is not just a representation of herself in her future years, but also 'what she has inside herself': the analyst who looks after her, in the same way as her 'nanny' did in the past. For Mariana, giving up omnipotence coincides with becoming aware that one aspect of her personality is fatalistic, automatic and self-destructive.

Marco, another patient, presents a similar moment of renunciation of his omnipotence and 'remoteness' as 'acceptance of the law'. He has the following dream: '*I was attending a course to become a "promoter". During the class someone stated that either 89% or 85% of people die. It was a kind of pseudo-scientific language. In reality, 100% die. To speak of either 89% or 85% was a trick, because it referred only to those who die during the period of time considered by the experiment*'.

The patient explained to me that 'promoters', also known as 'scientific supportive personnel', are those employed by pharmaceutical firms with the task of paying a visit to doctors in order to describe the features of drugs. Marco added that 'promoters' often offer misleading information on the quality of those drugs.

His dream, like Mariana's, could be understood along a variety of interpretative lines. Of these, Marco and I have chosen the one that sees him as willing to accept the laws of nature, which allow for no exceptions. It is pointless to try to cheat; it is pointless to entertain the phantasy of belonging to a small élite exempt from the condition of mortality.

The awareness brought about by this dream allowed the patient to accept himself better, even when he did not perform exceptionally well. In the months immediately following the dream, Marco began taking in the emotional substance of another limitation: people who are important to him are not 'exceptional' in the sense of being (in theory, at least) idealistically good, capable and available, but simply because they are themselves, regardless of their 'good' or even of their 'nearly intolerable' characteristics. Later, Marco faced what he himself described as 'the effect of affectionate bonds', 'their two-faced nature'. He realised that what he wished and searched for were affects, but that these also involved the acceptance of limitations and the activation of counter-fields. He became increasingly able to enjoy getting involved in intimate relationships and less often felt the need to make himself inaccessible to others as a way of safeguarding himself.

Some important clarifications

The subject of working through omnipotence is now examined in more depth by focusing on certain qualities of experience that must be preserved at any cost when this process takes place.

Clinical experience has shown me that working through mourning and going through the depressive position (or supposedly going through it) may be consistently accompanied by negative 'side-effects'. For instance, personality could become more rigid. Some people may lose that joyful sense of themselves which they experienced (often not without concomitant anxiety and intense suffering) when they were more omnipotent; a certain visionary capability—which does not contradict everyday life but, on the contrary, may help to enjoy its flavour—could disappear. On the other hand, when this process unfolds in a positive manner, these qualities are preserved at the margins of, and also within, the new awareness of their own limitations.

Klein (1940, 1946) has spoken about the renunciation of omnipotence and of manic defences in the context of her views about the transition from the manic to the depressive position. Her theory of positions is not discussed in depth here, as it is already very well known. Rather, I will examine some of the criticism that has been levelled at her. Some of this criticism, in my opinion, is valid and offers useful clues for clarifying the problem under investigation. Grotstein writes,

> In her discussion of the depressive position, Klein (1935) discussed the manic defences, which seek to help the infantile portion of the personality triumph over, contempt, and control the object of dependency and the dependent aspect of the infant. She neglected, I feel, to discuss the depressive defences, the internalised counterpart of the manic defences, the chief manifestation of which is martyrdom, in which the infant suffers in order to control the object (2000, p. 272).

The expressions 'depressive defences', 'martyrdom' and 'control of the object' offer us opportunities to better understand clinical situations where working through the depressive position only achieves partial and limited results.

Grotstein's views become more relevant if we relate them to a short article by Greenson. In it, Greenson refers to a 'search for perfection', that is of a continuous search for something 'high', wonderful and also difficult to reach; a search to which much of one's life can be sacrificed. I am including one of Greenson's clinical illustrations, which I found quite enlightening.

> A middle-aged, genial business tycoon was tyrannized by the compulsion to be exact, precise, and accurate about details his better judgement told him were trivial. Despite his enormous financial success, he felt forced to personally supervise the minutiae of his various business enterprises, which were scattered all over the world (1973, p. 183).

This patient's compulsive need for precision indicates the presence of obsessional traits in his personality. His megalomania and hyperactivity counterbalance his depression and sensation of void. However, referring exclusively to his obsessionality, depression and sense of void would not give a complete and sufficiently specific picture of this patient's problems. The quiet but frantic compulsiveness of this man's life was a quest for perfection. He toiled all his life to earn the love of his mother.

> His mother adored him and obviously preferred him to his father, but she was obsessed with cleanliness. This meant to the boy that she loved cleanliness more than she loved him. To her, cleanliness was truly next to Godliness … In his adult life his exactness and precision had become internal demands, residuals of his mother, which he now carried around inside himself (p. 184).

> [To be clean, precise and efficient, however,] was a never-ending task, as any fall from perfection would call up the face of his mother distorted by disgust. Therapy eventually helped him become a little less concerned with his dead mother and more involved with his living wife and children (p. 185).

I generally agree with Greenson's ideas. However, while Greenson speaks about a choice between 'living wife' and 'dead mother', I think that the choice should rather be between 'living wife' and 'ideal mother', that is, an abstract and inanimate mother. By renouncing the search for perfection (which, in Grotstein's terms, could be defined as a 'depressive defence'), we reject an abstract ideal in favour of life. We choose a life which is a source of richness and beauty, but which is also awesome, unfathomable and chaotic: a life which offers joy and, at the same time, anxiety.

Individuation and choice

An essential aspect of the transformation of faith into 'personal faith' is singling out and selecting what one wants to invest with interest and affection. Turoldo writes,

> There is no doubt about it: [the problem is not] so much to do with belief, that is, to have or not to have faith, but with what that specific faith should be … The big question is how to single out one's faith (2002, pp. 81–2).

The problem of selecting those objects in which our faith could be invested has taken on an ever-important place in my work. Initially, I had thought that the task

of an analyst mostly consisted in helping patients remove those neurotic (and, more generally, psychopathological) obstacles which interfered with abandoning the old objects of libidinal investment (Fairbairn, 1944). The new investment would then have followed, as Freud reminded us (see the quotation above from 'On transience', 1915), together with a fresh sense of vitality.

Later, however, it was noticed that some patients encountered severe difficulties in singling out as objects of their investments people, ideas and situations which would be adequate to the life phase they were going through and which could, in turn, reward these patients' investment with a sort of libidinal refuelling. As a result, they were left for a long time in a confused and painful state of uncertainty. During analytic work with these patients, furthermore, I thought their problem could not be entirely understood in the light of the theory of mourning (Freud, 1917 [1915]). Often the effects of an early trauma also played a part.

These patients lacked the psychological attitude necessary to tolerate waiting. They lacked a positive capacity to take risks and chances at life's important junctures. Sometimes, these capacities were potentially present, while at other times it was my analytic function which made them available on their behalf. In all these cases, a change in the F-factor was detectable: $-F$.

A specific case when the F-factor is lacking or inadequate is that of those situations where the achievement of faith later turns into an obstacle. Bion, in order to indicate this extension of faith into the field of resistance, would have probably used the expression $-F$ (minus F).

Clinical illustration

Nadia is a woman of about 35 years of age. She is a well-respected professional. She is not married or engaged and leads a restrained social life. She goes on holiday with a small group of friends and colleagues. Although the numerous members of her family often hang over her mind and are constantly present in her fantasies, she has in fact only occasional contact with them.

Nadia, while having a driving licence, moves around exclusively by moped. She says, 'A car would be too much for me; I would be worried about being in the way of other motorists, of being a pain to them'. It is not only a question, though, of being in their way by occupying too much space. Nadia has an intense emotional involvement with her moped, which is truly very important to her. This becomes evident when, some time after the beginning of her analysis, her motorcycle breaks down. 'Fortunately, *he*, the moped', she says, 'has made a big effort and has taken me where I had to go, but then I had to leave *him* at the mechanic's'. In the following days, Nadia reports that many friends and colleagues at work had advised her to buy a new and more modern motorcycle. But she took no notice of their suggestion: 'My bike works very well. It's the first time it has broken down. For the kind of speed I travel at, I don't need anything different. Also, it has been my moped for so many years and it has never betrayed me'. Within a few days, the mechanic, much to Nadia's delight, is ready to return the beloved motorbike back to its legitimate owner. The repaired moped remains an essential element in the patient's life, but the idea of a possible change by now has found its way into the analytic discourse.

For Nadia, the moped is not just an object of emotional investment; it is the symbol of something she profoundly believes in. Weber (1992) quotes a verse from the Bible: '*Seest thou a man diligent in his business? He shall stand before kings*' (Proverbs, 22, 29). Through this quotation, Weber emphasises the value attributed to work by Protestant ethics, in contrast to a feudal ethics based on aristocratic titles and genealogy. For Nadia, her moped is the symbol of something similar to that. A 'little one' (like she feels she is) can preserve her dignity and be protected from the arrogance of the 'big ones'. But this is only possible if she is entirely aware of her condition, never goes beyond its boundaries and, most importantly, always gets by on her own.

Her moped, and all other similar 'objects' Nadia has related to before it, have really rescued her when she was a child, and later an adolescent—a time when she was engaged in the hard struggle to survive within a family always ready to emphasise, punish and ridicule every small shortcoming or weakness on her part.

While listening to Nadia during a session, a story came to mind which I had heard from an Australian colleague who works in areas inhabited by aborigines: 'For us Australians, the desert at the centre of our continent is the equivalent of the sea in other people's imagination: a vast, unknown world, still to be discovered. Since the early days of colonisation, numerous explorers have ventured into the big central desert. Many have died, mostly of hunger. The Australian desert, however, is not without its resources. Aborigines have lived there for hundreds or thousands of years. The problem is that the explorers did not recognise food and water in the shapes they take there. They looked for them in the "European" shapes they were familiar with. They could not recognise their presence in those shapes that were new to them'.

Nadia, I thought, should at least in part give up her well-known 'objects of faith' and learn to put her faith in new experiences and relationships. Her current faith in her moped is mainly a sign of her difficulties to move forward.

Nadia secretly aspired to a richer and fuller life, but she had had hitherto to confine herself to relationships such as the one with her moped, where she did not run the risk of being ridiculed for her alleged grandiosity. During the next period in her analysis, Nadia managed to understand that some of that mystery, vitality and boundlessness she aspired to could be found near her, in her everyday life itself. She was able to match her right to exist with a certain amount of well-being and happiness.

Conclusion

If the counterpart of trust is self-esteem, the counterpart of faith is a strong promise of life and commitment.

Constructive optimism is something into which faith could be transformed. The optimism referred to here is not unspecified or vague, nor is it naïve. It is not a falsifying situation (which we should call instead 'constrictive' optimism). It is a kind of optimistic attitude which, however, does not make us at all blind to the negative, or even awful, aspects of history and of the world; rather, it is an optimistic tendency

that helps us recognise and deal with what is negative by making us ultimately concerned (Tillich, 1958). Constructive optimism is open to doubt, to debate and also to conflict. It is the opposite of dogmatism and obsessional brooding. It is characterised by an interest in what lies under the surface, in what could develop but is still unknown. It belongs to that psychic function which allows us to work with something which is not yet there.

Constructive optimism is not static, but dynamic and in continuous transformation. If it appears in the life of one of my patients, it makes me very happy, and I feel satisfaction with the results achieved through our work.

Translations of summary

Welche Funktion erfüllen Glaube und Vertrauen in der Psychoanalyse? Im Unterschied zu anderen Konzepten wie „Illusion", „Frustrationstoleranz" und „libidinöse Besetzung" hat der Begriff des Glaubens bislang keine klare Position in der psychoanalytischen Theorie gefunden. Bion konzentrierte sich auf den Glauben und stellte ihn in einen ungewöhnlichen Kontext: den der wissenschaftlichen Arbeit. Durch den *Akt des Glaubens* kann ein Forscher bestimmten Ideen, Einfällen oder Intuitionen, die während einer Beobachtung auftauchen, eine gewisse Konsistenz verleihen, auch wenn er sie mit der verfügbaren Theorie nicht repräsentieren kann. Durch den *Akt des Glaubens* kann ein Analytiker jene mentalen Phänomene „sehen", „hören" und „fühlen", an deren Realität kein praktizierender Psychoanalytiker zweifelt, selbst wenn sie sich mit den geläufigen Formulierungen nicht repräsentieren lassen. In diesem Beitrag versucht der Autor, Bions Thesen in das klinische und therapeutische Feld hinein zu erweitern. Der erste Teil untersucht die Überschneidungen von Glaube und Vertrauen sowie die Unterschiede, die sie voneinander trennen. Dazu wird ein Beispiel beschrieben. Dem Glauben ist eine deutlich stärkere Zünd- und Antriebskraft inne als dem Vertrauen. Der zweite Teil untersucht *F* [*F*aith = Glaube] als eine psychische Funktion des Analytikers, die ihm hilft, einen depressiven und hoffnungslosen Patienten zu unterstützen, während er darauf wartet, dass dessen Wunsch zu leben in ihn zurückkehrt. Der abschließende Teil untersucht *F* unter dem Blickwinkel des Patienten und beschreibt die Transformationen, die *F* in einer Analyse erfahren kann.

¿Cuál es la función de la fe y de la confianza en el psicoanalisis? El concepto de fe, a diferencia de otros conceptos como 'ilusión', 'capacidad de tolerancia a la frustración' e 'investidura libidinal', no ha encontrado aún una posición bien definida dentro de la teoría psicoanalítica. Bion afrontó el tema de la fe y la ubicó en un contexto inusual: el trabajo científico. Mediante el *acto de fe* un investigador puede dar consistencia a ciertas ideas, corazonadas o intuiciones que puedan ser observadas, pero no representadas a través de las teorías existentes. Por medio del *acto de fe* un psicoanalista puede 'ver', 'oír' y 'sentir' determinads fenómenos mentales —hecho del que no duda ningún psicoanalista en ejercicio— aun cuando no los pueda representar mediante formulaciones habituales. El propósito de este trabajo es extender las propuestas de Bion al campo clínico y terapéutico. La primera parte examina en qué áreas la fe y la confianza se superponen y en cuales por el contrario se separan. Se presenta un ejemplo. La fe posee una fuerza propulsiva y activadora que no posee la confianza. La segunda parte considera la fe *(F)* como una función psíquica del analista, que es necesaria para poder sostener a aquellos pacientes que se sienten deprimidos y desesperanzados mientras espera que se reactive su deseo de vivir. La parte final examina la fe (F) desde el punto de vista del paciente y estudia sus posibles transformaciones durante el análisis.

Quelle est la fonction de la foi et de la confiance en psychanalyse ? Contrairement à d'autres concepts comme l' « illusion », la « capacité à supporter la frustration » et l' « investissement libidinal », le concept de foi n'a pas encore trouvé une position bien définie dans la théorie psychanalytique. Bion avait mis l'accent sur la foi et l'avait située dans un contexte inhabituel : le travail scientifique. À travers l'*acte de foi* un chercheur peut donner consistance à certaines idées, hypothèses ou intuitions susceptibles de prendre corps pendant l'observation, même s'il ne peut les représenter au sein d'une théorie existante. À travers l'*acte de foi* un analyste peut « voir », « entendre » et « sentir » des phénomènes mentaux, dont la réalité ne peut pas être représentée par des formulations psychanalytiques courantes. L'objectif principal de cet article est d'étendre les propositions de Bion aux champs de la clinique et de la thérapeutique. Dans la première partie l'auteur examine la façon dont la foi et la confiance se superposent et s'écartent l'une de l'autre. Un exemple est donné. La foi possède une force de déclenchement et de conduction que la confiance ne

possède pas dans les mêmes proportions. Dans la seconde partie, *F* est considérée comme une fonction psychique de l'analyste qui l'aide à soutenir un patient déprimé et sans espoir, et à attendre le retour du désir de vivre chez celui-ci. Dans la dernière partie, l'auteur examine *F* à partir du point de vue du patient et étudie les transformations de *F* qui peuvent survenir au cours d'une analyse.

Quali funzioni svolgono la fede e la fiducia nella seduta e nel lavoro analitico? La nozione di fede, diversamente da quelle di 'illusione', di 'capacità di tollerare le frustrazioni', di 'investimento libidico', non ha trovato un posto ben definito nella teoria psicoanalitica. Bion si è occupato di *F* (fede) per ciò che riguarda la sua funzione nel contesto del lavoro scientifico. Secondo Bion è necessario un 'atto di fede' per dare consistenza ad alcune ipotesi e intuizioni che emergono durante le sedute analitiche e che corrispondono a fatti la cui esistenza non è considerate dalle più comuni teorie. Il mio scopo è riprendere le sue proposte, mettendo in evidenza la rilevanza clinica di *F* ed elaborando una concezione che risulti utile nel lavoro analitico. La prima parte del testo è dedicata all'esame delle aree nelle quali fede e fiducia si sovrappongono e di quelle nelle quali invece si divaricano. Per esempio, la fede possiede un carattere propulsivo e attivante, che non è parimenti rappresentato nel rapporto di fiducia. La seconda parte prende in considerazione *F* come fattore di una funzione psichica dell'analista, che è necessaria per riuscire a sostenere un paziente che si senta disperato e privo di risorse, attendendo che il suo desiderio di vivere si presenti nuovamente. L'ultima parte esamina *F* dal punto di vista del paziente, studiando le trasformazioni cui *F* può andare incontro durante l'analisi.

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