

In Search of 'Hyde'

Notes on some transformations in the analysis room

Paolo Boccara, Giuseppe Riefolo

"*La gente si spaventa solo di ciò che non conosce*"¹□
(D. Lynch, *The Elephant Man*, 1980).

Abstract

The authors suggest a reflection on the use of the film and the context of the film theatre in connection with certain aspects of the analytic dialogue. Through a re-consideration of "*The Strange Case of Dr. Jekyll and Mr. Hyde*" by Robert Louis Stevenson and of five different film versions of the story, the essay investigates how the cinema has described the different and contradictory emotions felt by analysts when faced with patients who transform themselves before their eyes during a session. These reactions always require a reply that is specific in that it is the result of the analyst's work as he receives and shares the point of view of the patient, and thus becomes able to accede to the many potential areas of the mind, or multiple states of the self, that are expressed in different ways. Following these lines of thought, the authors suggest that these films can act as devices that perform the same function as dreams: on one hand, they enable the drive tensions, together with their impossible and conflictual direct realization, to be put into evidence; while on the other hand, they indicate the vital need to be able to continually dream oneself according to potential dimensions that can only be made possible by the mind of another person.

Key Words: mental functioning, analytic dialogue, transformations, fear, dissociative capacity

¹ People are only afraid of what they do not know [authors' translation].

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In the notes that follow we shall be dealing with ‘words’ and ‘images’. We also suggest a reflection from two perspectives on the use of the film and the context of the film theatre: firstly, as a model of a particular functioning of the mind, and secondly, in a confrontation with certain aspects of the analytic dialogue.

In our view, the model of the film well emphasizes how important the representation of the suspended elements of the intersubjective field with the patient is for an analyst, exactly as happens to a spectator who, through the images of the film, tries to capture the *suspended sensations* that follow one another in his mind.

Our reflections were inspired by film sequences that evoked in us (in this case as ‘spectators’) *suspended sensations* that we had experienced under certain circumstances in the analysis room. We suggest that by regression to the level of images, the stories proposed by the director were *recreated* in a particular and special encounter with our own sensibilities and exigencies as spectators: “the spectator must intervene if he wants to understand everything ... he must collaborate in his own interest in order for the film to be enriched” (Kiarostami, 2003, 55) [authors’ translation].

In the same way that the stories we hear in the analysis room in any case become enriched by the infinite new vertexes from which we observe and experience them, so the stories recounted by the various film authors assumed a subjective expression for us as spectators of those films. From Bion onwards, psychoanalysts have known that when stories come into contact with another mind they will never again be the same.

After all, this is the aspect that has always decreed the success, or otherwise, of many films: the discovery, through them, of our own emotions and of the fact that they are common to other people similar to ourselves or apparently different from ourselves. The vicissitudes of the protagonists of the films have often been the metaphor for the secret subjectivity of the spectator, and the emotions felt while watching the scenes of the films have been *authentic* because they were discovered and recreated in the mind of the person who watched them, especially when confronted at that particular moment with a tendency to want to deny them or even simply put them aside.

While watching some of the images of the films that we are going to present to you, we too projected onto the screen certain emotions experienced during our work as psychoanalysts. By watching those images, we probably performed an unconscious psychoanalytic work equivalent to that of dreaming, and our emotional experience as spectators (probably not entirely tolerable as analysts) became available to us in a form that afterwards we were able to use. In this sense, these films expanded our capacity for thinking: we remembered, associated and experienced new feelings and curiosities. We were captivated by those scenes that we were able to ‘see again’ inasmuch as they were ‘dreamed’, thus enabling us to think over what derived from our new emotional experiences. The images of the film stimulated our contemplations, and later on gave

rise to dreams that turned out to be not exclusively our own. In other words, we can say that also in this case these films helped us to dream better when awake.

Cinema and psychoanalysis

Over the past 15 years, for the reasons mentioned above the cinema has assumed for us an increasingly important significance in connection with our work even though, as before, it has always remained a source of pleasure in itself, of fascination and, naturally, of cultural interest. In commenting on certain scenes, however, we have never tried to investigate *behind* the images to discover their ‘true’ or ‘presumed’ psychological meaning, but to enter as far as possible *into* the images, and only subsequently to describe what they evoked, what kind of internal life emerged from them. Not what they signified in themselves, but what they signified for us.

In an attempt to describe what we think the spectator experiences while watching a film, we have for some time hypothesized the activation of something that, paraphrasing Bion, we might call “apparatus for creating images”. This would be a primitive mental device that precedes, is distinct from and is not necessarily in direct connection with “the apparatus for thinking” of which Bion speaks: pictograms do not always become thoughts, and when they emerge in our minds, they are not yet related to elements of a temporal order (Freud, 1904; Stenius, 1960; Loch, 1985).

On the cinematographic plane, a film activates pictograms and makes them potentially available to the spectator; the ‘specificity’ of the encounter will then select pictograms that, according to the spectator’s ‘exigencies’ will assume contingent and subjective dimensions. We could say that by experiencing the film, the spectator will organize his own story that, although inspired by the stimulus of the encounter, will diverge from the story originally narrated by the director. This fact is very clear to certain directors: “For Godard, what is on the screen is already dead. It is only when the spectator looks at it that life is breathed into it.” (Kiarostami, 2003, 56) [authors’ translation].

Like those of the film theatre, also the stories that are told in the analysis room are modulated by the experience of the encounter: if things function, no one will leave the analysis room with the same story that he brought in at the beginning, just as no spectator watching a film will ever see the same film as the person in the seat next to him. In the analysis room, too, “the analyst has to reclothe the patient's material, using his or her imagination” (Winnicott, 1959, 138) through pictograms belonging to his *own* experience. The same thing happens when the raw narration of the patient meets the pictograms continually produced by the analyst. This could be described as the first level of the transformation of a suspended story into a *new* story (Boccaro, Riefolo, Gaddini, 2000) that can be constructed in the analysis room.

In the case that we present, our ‘*urgent need*’ was initially the one we felt when faced with certain ‘transformations’ of our patients; in these circumstances, we could perhaps say that we needed a subsequent experience as ‘spectators’ outside the analysis room in order to reflect on what happened to us inside the room.

In the analysis room, it often happens that certain patients, when faced with something unusual in their internal life, react with a great deal of anxiety and fear, almost with a sense of ‘imminent catastrophe’, and they consequently ask to quickly return to the previous conditions, even though they were badly tolerated.

In situations such as these, it seems that it is the variation from the normal course of experience of the self that frightens and destabilizes, perhaps because it is not always possible to attribute a thought process to it. The characteristics of these patients are more often than not linked to a “pathology of negatives, white depressions, somatic pathologies that do not *speak*, actings-out like the discharge of an emotionality that cannot find a way of expressing itself and making itself heard” (Ferruta, 2006, 10).

It was while treating this type of patient that each of us experienced some rather particular events. It happened that unexpectedly, in the analysis room, emotions would surface that seemed to slow down the ongoing discourse, at first as though we were ashamed or were trying to avoid something After a while (either in the same or in the following session), we were able to perceive that those particular moments were in some way about to disclose aspects of the patient’s personality that, because they were perceived as negative, had always implied a secret, a denial, an immediate cancellation. These events seemed to be linked to concrete external circumstances (recounted in the analytic scene by a show of strong emotions) as well as to relational vicissitudes inside the unconscious experiences that the analytic couple constructed together, albeit asymmetrically, and that only if finally recognized and listened to by both patient and analyst, seemed in some way to allow for a cautious mental approach to something relevant.

On these occasions, however, there were also very strong feelings of fear, sometimes accompanied by states of confusion, shows of anger, or concrete acts that revealed more or less hidden aspects of the self conveyed by actings-out in the room: in other words, actual *transformations*. We therefore thought of the ‘fear that emerged in analysis’ not only as being linked to extreme situations (Bolognini, 2005), but also as a phenomenon that is increasingly often present within the implicit depths of an analytic session. And it is along the lines of the transformations that occur during a session, together with their necessary emotional cost, that we consider the well-known statement by Bion: “In psychoanalysis, when one draws near to the unconscious – that is, what we do not know – it is inevitable for both patient and analyst to be disturbed. In every analytic studio there should be two fairly *frightened* people: patient and analyst. If they are not

frightened, one wonders why they take the trouble to find out what everyone knows” (Bion, 1976, 35) [authors’ translation and italics].

Dr. Jekyll and Mr. Hyde (... and also Dr. Lanyon)

Apropos of *fear* and of *transformations*, we re-read “*The Strange Case of Dr. Jekyll and Mr. Hyde*”, the well-known story written by Robert Stevenson in 1876. As we all remember, the story describes the tragic tale of a respectable doctor and scientist who becomes increasingly irreversibly transformed into a horrible rapist and murderer; when he realizes that he can no longer control this transformation, he kills himself in order to protect his reputation and public image.

Based on what happened to the protagonist, this story has always given rise – also in the psychoanalytic field (Riolo, 2000; Ginzburg, 2011) – to dozens of metaphors especially on the duplicity of the human soul and the different facets of personality, and has often influenced our listening to the narratives of our patients in the analysis room on the theme of the “double”.

As we read the book, we realized we were also immersed in the tale of someone who, when he found himself witnessing the state of splitting of another person, experienced a condition of fear. We gradually became tuned in to the other people who interacted with the protagonist, and considering that in the book it is Richard Lanyon, the doctor and friend of Jekyll, who is the only person present at the only *public transformation* of Hyde into Jekyll, we focused our attention on his emotional reactions in that specific circumstance.

If we concentrate on Dr. Lanyon’s reaction, the story tells us that it was of such terror that he lets himself die some months later. This is why, on this occasion, we should like to investigate how the cinema has described the reactions of the *witnesses* to the transformations of Jekyll. We shall analyze five of the over sixty film versions of this story.

In the old version of 1920 by John Stuart Robertson [link to clip: <https://vimeo.com/42188512>] with John Barrymore, the witness to the transformation was the fiancée (Martha Mansfield) who, after she had been drawn into the monster’s room, and after trying to resist his affectionate attentions, had fled terrified before the actual change happened. Only after asking for help from Dr. Lanyon (Charles Lane) who was waiting outside, did she manage to return to the room after the transformation had taken place, and after her friend the doctor had simply certified the death.

In the second and third films, the more famous ones of 1931 by Rouben Mamoulian [link to clip: <https://vimeo.com/42607963>] with Frederic March, and of 1941 by Victor Fleming [link to clip: <http://vimeo.com/42570875>] with Spencer Tracy, it is Dr. Lanyon (Holmes Herbert and Ian Hunter) who is present at the terrible change, as in the book. In each of

the two films Lanyon reacts differently. In both, suspicious and worried, he keeps at a certain distance emotionally. In both films he threatens Hyde with a pistol, he does not listen when Hyde tells him not to be present at the transformation for his own good, he discovers the truth with horror and his attitude remains strongly judgemental as he appeals to a superior law violated by his friend. Only in the second film does he show for the first time a certain emotional involvement that was not noticeable in the 1931 version.

*In the fourth film version (*The Testament of Dr. Cordelier*) made in 1959 (released in 1961) by Jean Renoir [link to clip: <https://vimeo.com/42483436>] with Jean Louis Barrault, although it is still the old friend (Jean Topart) of Jekyll who witnesses the confession, we are shown yet a different reaction. The doctor seems to be mostly incredulous, terrified and horrified during the revelation but, afterwards, he becomes strongly involved in wanting at all costs to save his friend from the disaster that he has got into, even struggling with him physically in an attempt to stop him from committing suicide. When he sees that he cannot do it alone, he rushes out of the room to seek help and returns only to discover that the tragedy has already taken place.*

*Finally, in the last and most recent version (*Mary Reilly*) made in 1966 by Stephen Frears [link to clip: <https://vimeo.com/43015022>] with John Malkovich, the story is seen from a completely different angle. The main character of the story is Dr. Jekyll's housemaid, a sensitive Julia Roberts, who is very soliticious of her master's safety and tries to establish a relationship of polite and wary compliance with Edward Hyde, his fascinating 'assistant'. When she discovers the terrible truth, as well as fear for the possible consequences, she expresses a strong emotional participation. She tries to establish a relationship with both of them and to find out the reason for this alarming experiment; finally, she risks her own life trying to save them from a death that happens in any case.*

Each of these characters expresses attitudes that, although described in an extreme manner, immediately seem to represent something that is not entirely unknown to us: fear, terror, flight, surprise, protest, aggressiveness, rejection, fright, harsh judgement, but also sympathetic listening to, an attempt at help, identification and affectionate closeness. Until then, we had been used to looking, with various levels of emotional involvement, mainly at the transformations of the protagonist of the story, but we now found ourselves unexpectedly involved in the affective vicissitudes of the characters who were confronted with Jekyll and Hyde. And it was from these film stories that there re-emerged in us, rather than actual thoughts, those different and contradictory emotions that we felt when faced with patients who, during the session, *transformed* themselves

before our eyes - emotions that finally, at this point, we were able to fully acknowledge without being too ashamed of them.

Even though the most common effect was not always an explicit feeling of fear, we recaptured that atmosphere of a certain dull, pervasive tension, a feeling of insecurity and uneasiness, almost as if we too were trying to deny some kind of emotional distancing. There returned to our minds that sense of surprise together with ill-concealed anger regarding our own helplessness. We felt these sensations not only towards others but also towards ourselves, so that our rejection of this aspect more often than not seemed to be connected to a vague process of denial.

In the films of Jekyll and Hyde, the *privileged witness* of the transformation seemed to us to be above all helpless and betrayed, weak and judgemental, at times even incompetent or, in extreme cases, like someone who felt himself (or in any case that part of the self evoked at that moment) to be essentially rejectful of that monstrous being.

We thought of all those reflections that we, as analysts, might have made about our patients and the traumatic memory – reflections concerning negative affects and vicissitudes of the self linked to the encounter with the other. Putting ourselves on the side of the patient-monster brought to mind Winnicott (1965) when he said that many human beings carry with them a significant experience of mental collapse during early infancy and must flee from it by going around it, being afraid of it and in some way always remaining under the nightmare of this threat. We also thought of Ferenczi (1932) when he said that the non-recognition of the needs, expectations and rhythms of the child (in this case we could say of the *frightened* child) on the part of the adults who look after him, produced the splitting and isolation of the non-recognized parts of the self, spreading the feeling of being defenceless and of lack of confidence in the capacity to obtain recognition.

Through the particular feelings of Lanyon, we realized how intense emotions (fear among them) always require “a reply endowed with specificity” (Gaburri and Ambrosiano, 2003), the result of the work of the adult who accepts and in some way shares the point of view of the child; only in this way is one truly able to accede to the *many potential areas of the mind, or multiple states of the self* (Bromberg, 1988; 2006) that are expressed in different ways. We tried to relate ‘Hyde’ not only to repressed elements of the self, but especially to a mental dimension (of our patients but also of ourselves) of experiencing something of the self that suddenly and unexpectedly tries to occupy more and more space in the field of the encounter with the other.

We think that the scenes in which Jekyll converses with Lanyon express very suggestively both Jekyll’s fear of becoming Hyde for ever, as well as Lanyon’s fear when faced with the impossibility of mentally *containing* (Ogden, 2005) the effect of the revelation about Hyde’s true identity. They visually and very dramatically show us the anxiety that each of us can feel when we discover that we are not what we thought and

wished we were. When, for example, we realize that certain strong emotions not yet thought about but in any case present, can prevail over and annul our habitual way of relating in a significantly functional manner with the other.

In our view, an even more interesting fact is that only through those different film representations, all of them no longer focused only on what happened to the protagonist, have we been able to come into contact within ourselves with emotions contradictory to our position as analysts, as well as with sensations and feelings that until now had been difficult for us to acknowledge and communicate.

We well know how, in many of these cases, the *rêverie* of the analyst consists in his being ready to accept in his own mind chaotic elements and emotions that are not yet representable, until he lets himself be *contaminated* by them (Gaburri and Ambrosiano, 2003). It was only through our reaction to those films that we were able to first experience and then recognize the extent to which this involvement could significantly influence the more or less evolutionary direction of those particular situations.

We have therefore been able to use these sensations to reflect about our own attitude when faced with the repetitiveness of the patient's manifestations. The recognition of these events has led us to think that in these cases the transformation process should be confronted not only with our technical skills or with what we have learned through experience, but by how available we really are for a new 'object relationship'; a relationship where it is possible, with time, to actually tolerate the 'infantile', 'perverse' and 'ridiculous', thus gradually creating an atmosphere where all this can become, for the patient, another way of representing and thinking of himself that can only be achieved by patient and analyst working together.

In Search of *Hyde*

Regarding an interpretation given to a patient, Ogden (2001, 18) writes that his intervention "placed the accent on *the emotional disconnection* that I perceived in the relationship between Mr. W and the aspect of his self that felt 'mad' and completely out of control". The patient's reply to his interpretation (a partial recognition of the fact that he frequently treated his own psychotic aspect as *extraneous*), according to Ogden "contained a solemn trait through which there began to transpire the *depth of the fear* and of the sadness linked to the experience of an extensively *split* psychotic aspect" [authors' translation and italics].

From an interesting work by Pallier (1990, 147) we know that numerous patients host within themselves "a very distressing fantasy, that of a child who does not have the right to exist", and that secrecy is a particular aspect of these representations. For a long time after the beginning of an analysis patients such as these fear that if "the analyst were to discover who he was really dealing with, he would immediately suspend the

therapy” (p.148). In these cases there is not only the difficulty of communicating something about the self, but also the fear of having to face the danger of losing the more mature and integrated parts of the personality precisely while drawing close to an area of the mind that is “the seat of very early traumas, where anger is always a devouring hunger, irrepressible avidity” (p.152). [Authors’ translation].

In these cases we can hypothesize a dual and profound sensation: on one hand, the fear of expressing the need evidenced by the evocation of the child-monster when faced with a significant interlocutor; on the other hand, the difficulty of perceiving the wishes themselves, precisely because the feeling of having a right to exist is lacking.

In the light of these latest considerations, our reactions to the images of the films have led us to interpret the stories in a different way. “*The Strange Case of Dr. Jekyll and Mr. Hyde*” has become for us a story about *transformation*, particularly the fear of the initiation of a possible integration process of dissociated aspects not only of the protagonist but also of his main interlocutor. A transformation of the self (experienced by the self and visible to others) leading to the manifestation of personal aspects that have never been expressed in such a way and that, although they are felt as being alien and uncontainable, are at the same time definitely authentic: a transformation that is experienced or re-experienced in analysis and of which the analyst, together with the patient, is a witness in some way responsible for the direction from which a possible evolution could emerge.

If we think of ‘Hyde’ as an internal personage who the patient fears (but who at the same time is an important part of the self that manifests itself in a dissociated manner), we could consider the analysis as a kind of long journey ‘*in search of Hyde*’, during which both analyst and patient become permeable to emotions re-actualized by dissociated aspects that traverse the analytic field. We think that ‘Hyde’ is not only the recomposition of dissociated and repressed elements (as believed by most of the literary and psychoanalytic culture), but that it is the fear felt by Lanyon that indicates to us the cost of the suspended transformations that, in analysis, can be recuperated creatively. In this sense ‘Hyde’ is a potential configuration of Jekyll, not simply ‘repressed’ but suspended and never made real until then.

In fact, the fear is not Jekyll’s but Lanyon’s, i.e. the analyst’s, who must make room for elements of his patient that have never existed before and that are suspended there where the *environment* has felt them as being monstrous. While Hyde presents above all the need for change, Lanyon moves between curiosity and fear, a normative position and impotence. Through Lanyon we discover that there are two dissociative possibilities: on one hand *defensive* (normative) and on the other hand *creative* (curiosity and fear). Lanyon tells us that they co-exist and are simultaneous, and that every transformation process moves continually between the defensive and the creative poles of the

dissociative process (Bromberg, 1998; 2006; Boccara, Gaddini, Faccenda, Riefolo, 2012; Riefolo, 2011).

Going *in search of Hyde* in analysis can, therefore, mean exactly this: capturing “the uncontainability of the emotions, the amazement at the emergence of the darker sides of the self, the unconfessable passions, the madness, the laborious search for identity” (Mazzacane, 2010). Those aspects that are so often rejecting and rejected by the patient (and why not, also by the analyst), and that, if their probable reactions of rejection are accepted, can be associated to experienced life events to then try to genuinely elaborate their significance. In other words, it is a question of “disentangling masses of indistinct proto-emotions or split-off aspects into elementary units that, transformed, can join up in new structures, new narrations, new stories” (Ferro, 2006). [Authors’ translation].

After all, as Giovanna Goretti reminds us, it was Freud who wondered whether analysis does not sometimes confront us with thoughts that have not simply been subtracted from consciousness because they are felt as being incompatible with the prevalent representations, but “which never came about “ and which “...merely had a *possibility* of existing” (Freud, 1892-95, 300).

According to the hypothesis that the therapy in such cases consists of “*the completion of a psychic act previously unfinished*”, we could imagine that Freud was indicating to us the task of bringing to an end incomplete psychic acts, of “thinking and feeling something that the patient has not felt and that he has only confusedly perceived, but that is present in him in some form” (Goretti, 2003).

During those same years Pierre Janet had suggested the existence of personalities “that do not alternate with the subject’s normal personality, but are absolutely simultaneous” (Janet, 1894, 323) and can be recalled through suggestive or hypnotic solicitations. This was a hypothesis that, although it originated in a non-psychoanalytic field, was to introduce the possibility for the analyst of theorizing the existence of rich and dynamic parallel and multiple states of the self (Bromberg, 1998; 2006), “simultaneous”, effective and active, with their own logic and with internal structuring elements. Along these same lines, although different from the theories that consider the self as a unique entity and affected by internal pathological elements that need to be healed, we may also think today about the “different states of the mind and different psychic constellations” (Bollas, 1999), the “plurality of psychic states” (Ogden, 2001), “changing and multiple states of the self” (Mitchell, 1993), and about the theorizations of mental functioning as the “movement between multiple states of the self” suggested in various notes by Nino Ferro (2002; 2006) and Anna Ferruta (2011). [Authors’ translations].

Going *in search of Hyde* would therefore mean permitting the patient to have different experiences of the self (especially those suspended by fear), making the past *re-appear* in his mind in another form that can be confronted better, together with the “equipment” suited for living it and thinking it in a different way; at the same time (Janet

would say “*simultaneously*”), presenting the present and the future as realizations of Hyde, i.e. of potential dispositions “which never came about, which merely had a *possibility* of existing” (Freud, 1892-95, 300 ([italics in the text])).

Conclusions

Bollas (1999, 144) uses the metaphor of the film theatre to describe a particular disposition and capacity of the self to dissociate from the self certain aspects of “interposition”, i.e. traumatic, in order to observe them and re-live them in a dissociated atmosphere in which they are represented as existing, although separate and external to the self. In this sense, the device of the “film theatre” allows for continual contact (especially when necessary or inevitable) with these mortified parts of the self so that they are felt as being present but, as in a film, separate, although for a moment part of the self.

After all, as Bromberg (2006, 104) reminds us, “the capacity to dissociate is simply part of every human being, and patient and analyst, as far as this is concerned, are no different. When, in a relationship that matters to us and that we try to reinforce, safeguard and protect, we are at the same time forced to experience ourselves as someone who is damaging it or is damaged in a manner that diverges too much from our experience of ourselves at that moment, then the dissociative capacity of the mind enters defensively into action. [...] The states of the self is what the mind is *made* of; dissociation is what the mind *does*. The relationship between states of the self and dissociation is what the mind *is*.” (Bromberg, 2006, 2) [Authors’ translation and italics.]

In our view, the metaphor of the film theatre explains very clearly an economic use of the dissociation process that also takes place within the analyst in the continuous dialogue between the *defensive* and the *creative* dissociations of the patient and his own.

The regressive context of the film theatre has enabled us, as spectators, to experience a *hypnoid state* in which particular scenes of our working life, solicited by watching those films, have re-emerged: states of the self that we have recaptured through active participation, becoming involved and even entering into the film, in exactly the same way that the hypnoid states of Janet and Breuer enabled the subject to *actually* experience the existence of other personalities - often in direct contrast with his own *principal personality* - that could be lived even though for brief transitory phases.

Ogden (2009, 8) writes that “when the emotional experience of an individual is so disturbing as to make him incapable of dreaming it (i.e. to carry out an unconscious work with it), he needs the help of another person in order to dream his undreamable experience.” We do not think that Jekyll’s meeting with Lanyon was purely casual, but we think it was necessary in order for a suspended process to come to life again and take

another step forward, and in this process “the more primitive and the more mature aspects of our self and these aspects of the self have spoken to each other in a reciprocally transformative way” (Ogden, 2009, 15). [Authors’ translations.] Jekyll needs Lanyon so that he can dream himself as Hyde and, in other words, *actually* experience (Janet) another potential dimension of the self.

Along these lines we have assumed that the films based on “*The Strange Case of Dr. Jekyll and Mr. Hyde*” have the function of devices that do the same work as the dream: on one hand they highlight the drive tensions and their impossible and conflictual direct realization (the inevitable death of Jekyll); while on the other hand they represent the vital need to be able to continually dream oneself, according to potential dimensions that only the mind of another person can make possible.

The fact that Hyde appears on the scene only as a monstrous dream and that he cannot be *tamed* (Bion) by Lanyon informs us above all about the ambivalence of 19th century culture regarding unconscious phenomena. Freud and Lanyon were very attracted by the various evolutions of Hyde, but the former saw them as evidence of guilt, while the latter, in the various versions of the story, tried to block them even by pointing his pistol at them. Later on, Hyde could finally be regarded as a representation of the possible dreams of Jekyll, due to the fact that psychoanalysis was gradually beginning to recognize the unconscious as being the potential generating device of infinite versions of the same story. In Freud’s words, “the course of free association produced a plentiful store of ideas” (1924, 196).

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Giuseppe Riefolo, Psychiatrist and full member of the Italian Psychoanalytic Society (SPI). Works in the Department of Mental Health of the ASL Roma E (medical health centre of the Italian national health service). Has worked with the Psychiatric Institute of the Università Cattolica del S. Cuore, Rome, and with the Università G. D'Annunzio, Chieti, where he taught in the school for specialization in Psychiatry. Conducts seminars and clinical supervisions at several DSM's, and teaches at the Rome section of the SIPP and the SIPSI training school in Rome. Is co-author together with Filippo M. Ferro of "Figure dell'isteria" (Metis, 1996) and "Isteria e campo della dissociazione" (Borla, 2006). Author of "Psichiatria Prossima. La psichiatria territoriale in un'epoca di crisi" (Bollati Boringhieri, 2001) and "Le visioni di uno psicoanalista" (Antigone, Torino, 2006 e 2009).

Paolo Boccara. Works as psychiatrist in public health institutions in Rome. Since 2008 has been Director of the Department of Mental Health of the ASL Roma B (medical health centre of the Italian national health service). Full member of the Italian Psychoanalytic Society (SPI). Member of the editorial board of the journal "Interazioni". Author and co-author of numerous published articles in books and journals on psychoanalysis, psychotherapy and psychiatry, and speaker at congresses on the same subjects. Together with Giuseppe Riefolo has conducted seminars, has participated as speaker at meetings, and published articles in scientific, national and international journals on the theme of psychoanalysis and cinema. From 1995 to date has made documentaries and short films on psychiatric and psychoanalytic themes.

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