

EDITOR'S INTRODUCTION: BION ACROSS CULTURES

BY JAY GREENBERG

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From the beginning of his career as a psychoanalyst, Freud viewed his investigative project as a search for universals. Beyond even the hope that he could uncover the cause of neurotic symptoms, he aimed to reveal the workings of the mind, assuming that minds no less than bodies function according to fixed laws that apply to all members of the human species, regardless of when or where they live.

But quickly, as psychoanalytic thinking spread beyond Vienna and eventually beyond Central Europe, it became clear that not only clinical work, but interpretations of Freud's writings as well, are decisively influenced by local traditions. Even a brief comparison of Lacan's reading of Freud—and French readings in general—with the understanding of Hartmann and other North American ego psychologists drives the point home forcefully. Today, major "Freudian" theorists continue to cite different texts, to select different passages for exegesis, and to find different meanings in whatever it is that they are reading.

The result is that what Roosevelt M. S. Cassorla says in this issue of *The Psychoanalytic Quarterly* about his home country can be said—perhaps with some modification—about all psychoanalytic cultures: in the process of digesting ideas (or, in the case of some cultures, refusing to digest), "more local blends of thinking often come up" (2013, p. 325). A discipline born in the quest for universal truths turns out to itself be decisively shaped by forces arising in the cultures in which it is practiced.

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Awareness of difference has only increased in recent years as communication among analysts living in many parts of the world and working within a range of theoretical traditions has improved. It is impossible, of course, to know whether Freud would have thought that this undermined his project or that it enriched its potential. Regardless, difference is a fact of contemporary psychoanalytic life, and it provides both an opportunity and a challenge to theorists and clinicians alike.

In his discussion of the four commentaries on three well-known papers by Wilfred R. Bion included in this issue of the *Quarterly*, Lawrence J. Brown refers to what he calls “a kind of ‘stem-cell’ comment [of Bion’s] from which many different contemporary ideas have evolved” (2013, p. 420). Brown’s metaphor can be extended: Bion himself is certainly a “stem-cell” theorist, one of a handful of such thinkers in the history of psychoanalysis. Freud was the first, of course; he was followed by Melanie Klein, Winnicott, Lacan, and perhaps Loewald, at least in North America.

The ideas of each of these theorists have taken root in widely diverse theoretical and geographical cultures; there are British Bionians, Continental Bionians, and so on. This opens a window through which we can observe the dynamics of psychoanalysis as a discipline: how is Bion’s work digested, in Cassorla’s sense, in the various communities in which it has become influential? How do local practice, analytic history, cultural and political traditions influence what it means to be “Bionian” in any particular place?

Addressing this question is vexing. In order to understand the interpretation and application of psychoanalytic ideas in depth, it is useful—even necessary, in the minds of some—to have an intimate knowledge of the communities involved (see Bernardi 2002, 2011). Nevertheless, it is vital to make the attempt, because doing so challenges our tendency to assume that we fully understand and appreciate the meaning and full implication of the ideas upon which we rely in our consulting rooms. Willy and Madeleine Baranger wrote that “it is essential for the analytic procedure that each thing or event in the field be at the same time something else” (2008, p. 799), and the same can be said for our psychoanalytic concepts.

With the goal of exploring the dissemination and transformation of psychoanalytic ideas, I have invited discussions of Bion's work by authors who are prominent in their communities and internationally, and who identify themselves as having been strongly influenced by his ideas. The papers come from four regions: London—Ronald Britton; Latin America—Roosevelt Cassorla; Continental Europe—Antonino Ferro and Giovanni Foresti; and North America—Richard B. Zimmer. In addition, I invited Lawrence J. Brown, also of North America, to write a discussion of the four commentaries.

In order to keep the project focused, the contributors and I chose three of Bion's seminal papers for discussion; these three papers are included in this issue. The authors were free to emphasize whatever they wished from them.

While it would be incautious to draw wide-ranging conclusions from what are essentially personal statements, some intriguing ideas do emerge from a reading of the four commentaries; these suggest differences in emphasis first between the Anglophone and non-Anglophone contributions, and second between the British and North American uses of Bion. I will point to some of these as a way of opening the kind of interregional conversation that can be illuminating.

Both Cassorla and Ferro and Foresti see the analyst as dreaming in session in a way that is not mentioned by either Britton or Zimmer. Ferro and Foresti make the point explicitly, writing that "in our opinion, Bion's most important contribution is his hypothesis of the existence of *waking dream thought*" (2013, p. 366). They apply this to the psychoanalytic situation, and especially to the problem of therapeutic action, when they say that the analysand's "recovery is mediated by the development of instruments capable of performing a narrative, dreamlike, and micromythopoietic function" (p. 386).

Compare Cassorla's idea that

. . . the analyst's dream, told to the patient through interpretations, connects to the patient's symbolic network and is re-dreamed by the patient. The patient's new dream is told to the analyst and so forth. *Dreams-for-two* [italics in original] are developed, thus expanding *the thinking capacity and the work of the analytic dyad*. [italics added] [2013, p. 329]

The ability to dream of both analyst and analysand is essential to therapeutic action, both in Cassorla's view and in Ferro and Foresti's.

The concept of *waking dream thought* is suggested in one of Bion's target papers republished here, "The Psycho-Analytic Study of Thinking" (1962a), but was fully developed only in a subsequent Bionian publication, *Learning from Experience* (1962b). Strikingly, neither Anglophone author mentions waking dream thought. They do not find it one of Bion's central concepts; they do not consider it a crucial aspect of the analyst's clinical stance; and they do not see it as central to the problem of therapeutic action.¹ As a matter of emphasis, this difference hints at one way in which an idea that has taken root in some cultures may be less influential in others, even among analysts who consider themselves Bionian.

Cassorla's statement refers to the "thinking capacity" of the analytic dyad, a sensibility that also shapes Ferro and Foresti's contribution. This formulation is influenced by the notion of the analytic field, introduced in the early 1960s by Willy and Madeleine Baranger (2008). As Brown points out, Cassorla, and Ferro and Foresti, rely on a field concept, which is compatible with Bion's ideas (especially those originating in his work on groups) but which is not a necessary aspect of his contribution to work with individual analysands. It is central, however, for Cassorla, who writes that the waking dreams that are essential to the successful conduct of an analysis "are always a product of the analytic field" (2013, p. 328).

Compare the sensibilities of Britton and Zimmer. In discussing Bion's comments about arrogance, Britton writes that they "capture the movement of *an internal state between the two parties*: sometimes in the transference, sometimes in the countertransference" (2013, p. 314, italics added). And later, in discussing a dream, he refers to "a state of mind shared by the patient and me" (p. 318). Zimmer writes similarly: "Curiosity was embodied in one partner or the other, sometimes falsely stirred by the other partner in order to bolster his own sense of omniscience" (2013, p. 402).

These formulations do not require a field concept—they do not invoke a creation of the dyad that has no existence outside of the dyad

¹ In his discussion, Brown (2013), who has been influenced by Latin American and Continental European thinking, does discuss waking dreams and the related issue of the analyst's reverie. Other North American authors who rely on this element of Bion's thinking include Ogden (2003, 2004, 2005) and Grotstein (2007).

and that can only be explained by what Madeleine Baranger (2005) calls "a metapsychology of the couple" (p. 62). Rather, they point to a relationship between two individuals who are meeting together; analyst and analysand affect each other and are affected by projective and introjective processes. But for Britton and Zimmer, the psychoanalytic situation is less a field than an encounter; the individuality of both participants remains intact and must be taken into account.

I would add that Zimmer, whose Bionian sensibilities developed in a psychoanalytic culture dominated by Hartmann's ego psychology, is the only one of the contributors who reports making interpretations outside the transference-countertransference matrix. He does so, Zimmer explains, because

. . . there is a side of every patient who is actively struggling to meet the day-to-day challenges of his life, and as he does this, he is simultaneously constrained and guided by the remnants of his past and actively experimenting with jettisoning some of those remnants in the service of survival or expansion in the present and the future. [2013, pp. 409-410]

For many North American analysts, the patient's adaptive struggles require attention, even if they must be dealt with by interpreting outside the immediacy of the transference.

The field, dreaming, and the related concept of pictograms (this last prominent in Cassorla's paper and Ferro and Foresti's, but absent in those of Britton and Zimmer) leave the reader with very different impressions of what psychoanalysis conducted by these analysts would be like, as compared with analyses conducted by those who believe that they are engaged in some version of an encounter. But strikingly, despite their differences, all are recognizably Bionian. Bion's "stem-cell" ideas have developed into ways of working that fit quite specifically into the cultural contexts within which they have grown.

This brief introduction is based on what Britton, following Bion, might call a *selected fact*; it organizes a complex mass of material around some ideas that stood out in my reading of the contributions. To my mind, this leads to some suggestive possibilities about the ways in which geography and culture affect the deployment of Bion's ideas by analysts

working in different parts of the world. It is, of course, difficult to generalize about this sort of question with any degree of confidence. Rather, my hope is to start a conversation about a perplexing and potentially rich aspect of the development of psychoanalytic ideas.

REFERENCES

- BARANGER, M. (2005). Field theory. In *Truth, Reality, and the Psychoanalyst: Latin American Contributions to Psychoanalysis*, ed. S. Lewkowicz & S. Flechner. London: International Psychoanalysis Library.
- BARANGER, W. & BARANGER, M. (2008). The analytic situation as a dynamic field. *Int. J. Psychoanal.*, 89:795-826.
- BERNARDI, R. (2002). The need for true controversies in psychoanalysis: the debates on Melanie Klein and Jacques Lacan in the Río de la Plata. *Int. J. Psychoanal.*, 83:851-873.
- (2011). The challenge to and of the “outsider”: the reception of Kohut’s ideas by an analyst trained in a different tradition. *Psychoanal. Inquiry*, 31:448-461.
- BION, W. R. (1962a). The psycho-analytic study of thinking. *Int. J. Psychoanal.*, 43:306-310.
- (1962b). *Learning from Experience*. London: Heinemann.
- BRITTON, R. (2013). Commentary on three papers by Wilfred R. Bion. *Psychoanal. Q.*, 82:311-321.
- BROWN, L. J. (2013). Bion at a threshold: discussion of papers by Britton, Casorla, Ferro and Foresti, and Zimmer. *Psychoanal. Q.*, 82:413-433.
- CASSORLA, R. M. S. (2013). When the analyst becomes stupid: an attempt to understand enactment using Bion’s theory of thinking. *Psychoanal. Q.*, 82:323-360.
- FERRO, A. & FORESTI, G. (2013). Bion and thinking. *Psychoanal. Q.*, 82:361-391.
- GROTSTEIN, J. (2007). *A Beam of Intense Darkness: Wilfred Bion’s Legacy to Psychoanalysis*. London: Karnac.
- OGDEN, T. H. (2003). On not being able to dream. *Int. J. Psychoanal.*, 84:17-30.
- (2004). This art of psychoanalysis: dreaming undreamt dreams and interrupted cries. *Int. J. Psychoanal.*, 85:857-877.
- (2005). *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries*. Hove, UK: Routledge.
- ZIMMER, R. B. (2013). Arrogance and surprise in psychoanalytic process. *Psychoanal. Q.*, 82:393-412.

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ON ARROGANCE

BY W. R. BION

In this paper I propose to deal with the appearance, in the material of a certain class of patient, of references to curiosity, arrogance, and stupidity which are so dispersed and separated from each other that their relatedness may escape detection. I shall suggest that their appearance should be taken by the analyst as evidence that he is dealing with a psychological disaster. The meaning with which I wish to invest the term "arrogance" may be indicated by supposing that in the personality where life instincts predominate pride becomes self-respect, where death instincts predominate, pride becomes arrogance.

Their separation from each other and the lack of evidence of any relatedness is evidence that a disaster has occurred. To make clear the connection between these references, I shall rehearse the Oedipus myth from a point of view which makes the sexual crime a peripheral element of a story in which the central crime is the arrogance of Oedipus in vowing to lay bare the truth at no matter what cost.

This shift of emphasis brings the following elements into the centre of the story: the sphinx, who asks a riddle and destroys herself when it is answered, the blind Teiresias, who possesses knowledge and deplors the resolve of the king to search for it, the oracle that provokes the search which the prophet deplors, and again the king who, his search concluded, suffers blindness and exile. This is the story of which the elements are discernible amongst the ruins of the psyche, to which the

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scattered references to curiosity, arrogance, and stupidity have pointed the way.

I said that these references are significant in a certain class of patient; the class to which I refer is one in which psychotic mechanisms are active and have to be analytically uncovered before a stable adjustment can be achieved. In practice, analysis of such a patient may seem to follow the patterns with which we are familiar in the treatment of the neuroses, but with the important difference that improvement in the patient's condition does not appear to be commensurate with the analytic work that is done. To recapitulate, the analyst who is treating an apparently neurotic patient must regard a negative therapeutic response together with the appearance of scattered, unrelated references to curiosity, arrogance and stupidity as evidence that he is in the presence of a psychological catastrophe with which he will have to deal.

It may be supposed that an approach to this problem is provided by the emergence in the analysis of one of these references, and this is in fact the case. It is important that reference to any of these three qualities should be treated by the analyst as a significant event demanding investigation and provoking more than usually stubborn resistances. Unfortunately the problem is complicated by a fact which must be already evident, and that is that the analytic procedure itself is precisely a manifestation of the curiosity which is felt to be an intrinsic component of the disaster. As a consequence, the very act of analysing the patient makes the analyst an accessory in precipitating regression and turning the analysis itself into a piece of acting out. From the point of view of successful analysis, this is a development that should be avoided. Yet I have not been able to see how this can be done. The alternative course is to accept the acting out and regression as inevitable, and if possible to turn it to good account. This, I believe, can be done, but it involves detailed interpretation of events that are taking place in the session. These events are active displays of the mechanisms of splitting, projective identification, and the related subsidiary phenomena of confusional states, depersonalization and hallucination, which have been described by Melanie Klein, Segal, and Rosenfeld as part of the analysis of psychotic patients.

In this phase of the analysis, the transference is peculiar in that, in addition to the features to which I have drawn attention in previous pa-

pers, it is to the analyst as analyst. Features of this are his appearance, and that of the patient in so far as he is identified with the analyst as, by turns, blind, stupid, suicidal, curious, and arrogant. I shall have more to say later about the qualities of arrogance. I must emphasize that at this stage the patient would appear to have no problems other than the existence of the analyst himself. Furthermore that the spectacle presented is one, to borrow Freud's analogy, similar to that of the archaeologist who discovers in his field-work the evidences, not so much of a primitive civilization, as of a primitive catastrophe. In analytic terms the hope must be that the investigations which are being carried out will issue in the reconstitution of the ego. This aim is, however, obscured because this analytic procedure has become an acting out of destructive attacks launched against the ego, wherever it is discerned. That is to say, the ego whether it appears manifest in the patient or the analyst. These attacks closely resemble the description given by Melanie Klein of the infant's fantasied attacks on the breast.

If we turn now to consider what there is in reality that makes it so hateful to the patient that he must destroy the ego which brings him into contact with it, it would be natural to suppose that it is the sexually orientated Oedipus situation, and indeed I have found much to substantiate this view. When reconstitution of the ego has proceeded sufficiently to bring the Oedipus situation into sight, it is quite common to find that it precipitates further attacks on the ego. But there is evidence that some other element is playing an important part in provoking destructive attacks on the ego and its consequent disintegration. The key to this lies in the references to arrogance which I promised to explore further.

Briefly, it appears that overwhelming emotions are associated with the assumption by the patient or analyst of the qualities required to pursue the truth, and in particular a capacity to tolerate the stresses associated with the introjection of another person's projective identifications. Put into other terms, the implicit aim of psycho-analysis is to pursue the truth at no matter what cost is felt to be synonymous with a claim to a capacity for containing the discarded, split-off aspects of other personalities while retaining a balanced outlook. This would appear to be the immediate signal for outbreaks of envy and hatred.

I propose now to devote the remainder of this paper to description of the clinical aspect of the material which I have so far approached theoretically. The patient in question did not at any time behave in a way which in my view would warrant a diagnosis of psychosis; he had, however, displayed the features I have mentioned, namely, scattered references to curiosity, arrogance, and stupidity together with what I felt was an inadequate therapeutic response. At the period with which I deal, the significance of these features had become clear, and I had been able to give him some insight into their relatedness and the increasing frequency with which they appeared in the forefront of his material. He described his behaviour in the sessions as mad or insane, and he showed anxiety at his inability to behave in a way which his experience of analysis had shown him to be helpful in furthering analytic progress. For my part I was impressed by the fact that for several sessions at a time he seemed to be devoid of the insight and judgement which I knew from previous experience that he possessed. Furthermore, the material was almost entirely of the kind with which I was familiar in the analysis of psychotic patients. That is to say, projective identification was extremely active, and the patient's states of confusion and depersonalization easy to detect and frequently in evidence. For a matter of some months sessions were taken up entirely with psychotic mechanisms to an extent which made me wonder how it was that the patient was apparently continuing his extra-analytic life without, as far as I knew, any material change for the worse.

I shall not describe this stage further, as it does not differ from previous accounts of work with the psychotic patient. I wish to concentrate on that aspect of the analysis which relates to a particular form of internal object.

In its simplest form this material appeared in sessions when the patient's associations lacked coherence, and consisted of "sentences" which were remarkably deficient in one or other aspect of the grammar of conversational English. Thus, a significant object might be mentioned, but there would be no pronoun or verb, or a significant verbal form would appear such as "going skating," but there would be no mention of who was supposed to be doing this or where, and so on in an apparently inexhaustible number of variations. The establishment of an analytically potent relationship by means of verbal communication thus seemed to

be impossible. Analyst and patient together formed a frustrated couple. This in itself was not new, and on one occasion, during a relatively lucid session, the patient himself observed that the method of communication was so mutilated that creative work was impossible, and he despaired of the possibility that any cure could come about. He was already quite familiar with the sexual anxiety inherent in such conduct, so it seemed reasonable to suppose that some progress would follow, and it was the more surprising that this did not in fact happen; the anxiety of the patient increased. I was eventually forced to assume, on theoretical grounds, that progress had taken place and that there was a change in his behaviour which I was failing to observe. With this assumption in mind I attempted to cast about for some revealing clue which would indicate what this change might be. In the mean-time the sessions continued much as before. I remained at a loss until one day, in a lucid moment, the patient said he wondered that I could stand it. This gave me a clue: at least I now knew that there was something I was able to stand which he apparently could not. He realized already that he felt he was being obstructed in his aim to establish a creative contact with me, and that this obstructive force was sometimes in him, sometimes in me, and sometimes occupied an unknown location. Furthermore, the obstruction was effected by some means other than mutilation of verbal communications. The patient had already made it clear that the obstructing force or object was out of his control.

The next step forward occurred when the patient said that I was the obstructing force, and that my outstanding characteristic was "that I could not stand it." I now worked on the assumption that the persecuting object that could not permit any creative relationship was one that "could not stand it," but I was still not clear what "it" was. It was tempting to assume that "it" was any creative relationship which was made intolerable to the persecuting object through envy and hate of the creative couple. Unfortunately this did not lead any further because it was an aspect of the material which had already been made clear without producing any advance. The problem of what "it" was still, therefore, awaited solution.

Before I discuss this problem further, I must mention a feature of the material which had led up to this point, because it contributes to an

understanding of the next step. During the whole of this period which I have been describing, references to curiosity, arrogance, and stupidity became more frequent and more obviously related to each other. The stupidity was purposeful, and arrogance, not always called by that name, was sometimes an accusation, sometimes a temptation, and sometimes a crime. The cumulative effect of these references was to persuade me that their relatedness depended upon their association with the obstructive object. Curiosity and stupidity waxed or waned together; that is to say, if curiosity increased, so did the stupidity. I therefore felt some gain in knowledge of the character of the obstructive force. What it was that the object could not stand became clearer in some sessions where it appeared that in so far as I, as analyst, was insisting on verbal communication as a method of making the patient's problems explicit, I was felt to be directly attacking the patient's methods of communication. From this it became clear that when I was identified with the obstructive force, what I could not stand was the patient's methods of communication. In this phase my employment of verbal communication was felt by the patient to be a mutilating attack on *his* methods of communication. From this point onwards, it was only a matter of time to demonstrate that the patient's link with me was his ability to employ the mechanism of projective identification. That is to say, his relationship with me and his ability to profit by the association lay in the opportunity to split off parts of his psyche and project them into me.

On this depended a variety of procedures which were felt to ensure emotionally rewarding experiences such as, to mention two, the ability to put bad feelings in me and leave them there long enough for them to be modified by their sojourn in my psyche, and the ability to put good parts of himself into me, thereby feeling that he was dealing with an ideal object as a result. Associated with these experiences was a sense of being in contact with me, which I am inclined to believe is a primitive form of communication that provides a foundation on which, ultimately, verbal communication depends. From his feelings about me when I was identified with the obstructive object, I was able to deduce that the obstructive object was curious about him, but could not stand being the receptacle for parts of his personality and accordingly made destructive and mutilating attacks, largely through varieties of stupidity, upon his ca-

capacity for projective identification. I, therefore, concluded that the catastrophe stemmed from the mutilating attacks made upon this extremely primitive species of link between the patient and analyst.

CONCLUSION

In some patients the denial to the patient of a normal employment of projective identification precipitates a disaster through the destruction of an important link. Inherent in this disaster is the establishment of a primitive superego which denies the use of projective identification. The clue to this disaster is provided by the emergence of widely separated references to curiosity, arrogance, and stupidity.

ATTACKS ON LINKING

BY W. R. BION

In previous papers (3) I have had occasion, in talking of the psychotic part of the personality, to speak of the destructive attacks which the patient makes on anything which is felt to have the function of linking one object with another. It is my intention in this paper to show the significance of this form of destructive attack in the production of some symptoms met with in borderline psychosis.

The prototype for all the links of which I wish to speak is the primitive breast or penis. The paper presupposes familiarity with Melanie Klein's descriptions of the infant's fantasies of sadistic attacks upon the breast (6), of the infant's splitting of its objects, of projective identification, which is the name she gives to the mechanism by which parts of the personality are split off and projected into external objects, and finally her views on early stages of Oedipus complex (5). I shall discuss phantasied attacks on the breast as the prototype of all attacks on objects that serve as a link and projective identification as the mechanism employed by the psyche to dispose of the ego fragments produced by its destructiveness.

I shall first describe clinical manifestations in an order dictated not by the chronology of their appearance in the consulting room, but by the need for making the exposition of my thesis as clear as I can. I shall

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follow this by material selected to demonstrate the order which these mechanisms assume when their relationship to each other is determined by the dynamics of the analytic situation. I shall conclude with theoretical observations on the material presented. The examples are drawn from the analysis of two patients and are taken from an advanced stage of their analyses. To preserve anonymity I shall not distinguish between the patients and shall introduce distortions of fact which I hope do not impair the accuracy of the analytic description.

Observation of the patient's disposition to attack the link between two objects is simplified because the analyst has to establish a link with the patient and does this by verbal communication and his equipment of psycho-analytical experience. Upon this the creative relationship depends and therefore we should be able to see attacks being made upon it.

I am not concerned with typical resistance to interpretations, but with expanding references which I made in my paper on "The Differentiation of the Psychotic from the Non-psychotic Part of the Personality" (3) to the destructive attacks on verbal thought itself.

CLINICAL EXAMPLES

I shall now describe occasions which afforded me an opportunity to give the patient an interpretation, which at that point he could understand, of conduct designed to destroy whatever it was that linked two objects together.

These are the examples:

i. I had reason to give the patient an interpretation making explicit his feelings of affection and his expression of them to his mother for her ability to cope with a refractory child. The patient attempted to express his agreement with me, but although he needed to say only a few words his expression of them was interrupted by a very pronounced stammer which had the effect of spreading out his remark over a period of as much as a minute and a half. The actual sounds emitted bore resemblance to gasping for breath; gaspings were interspersed with gurgling sounds as if he were immersed in water. I drew his attention to these sounds and he agreed that they were peculiar and himself suggested the descriptions I have just given.

ii. The patient complained that he could not sleep. Showing signs of fear, he said, "It can't go on like this." Disjointed remarks gave the impression that he felt superficially that some catastrophe would occur, perhaps akin to insanity, if he could not get more sleep. Referring to material in the previous session I suggested that he feared he would dream if he were to sleep. He denied this and said he could not think because he was wet. I reminded him of his use of the term "wet" as an expression of contempt for somebody he regarded as feeble and sentimental. He disagreed and indicated that the state to which he referred was the exact opposite. From what I knew of this patient I felt that his correction at this point was valid and that somehow the wetness referred to an expression of hatred and envy such as he associated with urinary attacks on an object. I therefore said that in addition to the superficial fear which he had expressed he was afraid of sleep because for him it was the same thing as the oozing away of his mind itself. Further associations showed that he felt that good interpretations from me were so consistently and minutely split up by him that they became mental urine which then seeped uncontrollably away. Sleep was therefore inseparable from unconsciousness, which was itself identical with a state of mindlessness which could not be repaired. He said, "I am dry now." I replied that he felt he was awake and capable of thought, but that this good state was only precariously maintained.

iii. In this session the patient had produced material stimulated by the preceding week-end break. His awareness of such external stimuli had become demonstrable at a comparatively recent stage of the analysis. Previously it was a matter for conjecture how much he was capable of appreciating reality. I knew that he had contact with reality because he came for analysis by himself, but that fact could hardly be deduced from his behaviour in the sessions. When I interpreted some associations as evidence that he felt he had been and still was witnessing an intercourse between two people, he reacted as if he had received a violent blow. I was not then able to say just where he had experienced the assault and even in retrospect I have no clear impression. It would seem logical to suppose that the shock had been administered by my interpretation and that therefore the blow came from without, but my impression is that he felt it as delivered from within; the patient often experienced what he

described as a stabbing attack from inside. He sat up and stared intently into space. I said that he seemed to be seeing something. He replied that he could not see what he saw. I was able from previous experience to interpret that he felt he was "seeing" an invisible object and subsequent experience convinced me that in the two patients on whose analysis I am depending for material for this paper, events occurred in which the patient experienced invisible-visual hallucinations. I shall give my reasons later for supposing that in this and the previous example similar mechanisms were at work.

iv. In the first twenty minutes of the session the patient made three isolated remarks which had no significance for me. He then said that it seemed that a girl he had met was understanding. This was followed at once by a violent, convulsive movement which he affected to ignore. It appeared to be identical with the kind of stabbing attack I mentioned in the last example. I tried to draw his attention to the movement, but he ignored my intervention as he ignored the attack. He then said that the room was filled with a blue haze. A little later he remarked that the haze had gone, but said he was depressed. I interpreted that he felt understood by me. This was an agreeable experience, but the pleasant feeling of being understood had been instantly destroyed and ejected. I reminded him that we had recently witnessed his use of the word "blue" as a compact description of vituperative sexual conversation. If my interpretation was correct, and subsequent events suggested that it was, it meant that the experience of being understood had been split up, converted into particles of sexual abuse and ejected. Up to this point I felt that the interpretation approximated closely to his experience. Later interpretations, that the disappearance of the haze was due to reintroduction and conversion into depression, seemed to have less reality for the patient, although later events were compatible with its being correct.

v. The session, like the one in my last example, began with three or four statements of fact such as that it was hot, that his train was crowded, and that it was Wednesday; this occupied thirty minutes. An impression that he was trying to retain contact with reality was confirmed when he followed up by saying that he feared a breakdown. A little later he said I would not understand him. I interpreted that he felt I was bad and would not take in what he wanted to put into me. I interpreted in these terms

deliberately because he had shown in the previous session that he felt that my interpretations were an attempt to eject feelings that he wished to deposit in me. His response to my interpretation was to say that he felt there were two probability clouds in the room. I interpreted that he was trying to get rid of the feeling that my badness was a fact. I said it meant that he needed to know whether I was really bad or whether I was some bad thing which had come from inside him. Although the point was not at the moment of central significance I thought the patient was attempting to decide whether he was hallucinated or not. This recurrent anxiety in his analysis was associated with his fear that envy and hatred of a capacity for understanding was leading him to take in a good, understanding object to destroy and eject it—a procedure which had often led to persecution by the destroyed and ejected object. Whether my refusal to understand was a reality or hallucination was important only because it determined what painful experiences were to be expected next.

vi. Half the session passed in silence; the patient then announced that a piece of iron had fallen on the floor. Thereafter he made a series of convulsive movements in silence as if he felt he was being physically assaulted from within. I said he could not establish contact with me because of his fear of what was going on inside him. He confirmed this by saying that he felt he was being murdered. He did not know what he would do without the analysis as it made him better. I said that he felt so envious of himself and of me for being able to work together to make him feel better that he took the pair of us into him as a dead piece of iron and a dead floor that came together not to give him life but to murder him. He became very anxious and said he could not go on. I said that he felt he could not go on because he was either dead, or alive and so envious that he had to stop good analysis. There was a marked decrease of anxiety, but the remainder of the session was taken up by isolated statements of fact which again seemed to be an attempt to preserve contact with external reality as a method of denial of his phantasies.

FEATURES COMMON TO THE ABOVE ILLUSTRATIONS

These episodes have been chosen by me because the dominant theme in each was the destructive attack on a link. In the first the attack was

expressed in a stammer which was designed to prevent the patient from using language as a bond between him and me. In the second sleep was felt by him to be identical with projective identification that proceeded unaffected by any possible attempt at control by him. Sleep for him meant that his mind, minutely fragmented, flowed out in an attacking stream of particles.

The examples I give here throw light on schizophrenic dreaming. The psychotic patient appears to have no dreams, or at least not to report any, until comparatively late in the analysis. My impression now is that this apparently dreamless period is a phenomenon analogous to the invisible-visual hallucination. That is to say, that the dreams consist of material so minutely fragmented that they are devoid of any visual component. When dreams are experienced which the patient can report because visual objects have been experienced by him in the course of the dream, he seems to regard these objects as bearing much the same relationship to the invisible objects of the previous phase as faeces seem to him to bear to urine. The objects appearing in experiences which we call dreams are regarded by the patient as solid and are, as such, contrasted with the contents of the dreams which were a continuum of minute, invisible fragments.

At the time of the session the main theme was not an attack on the link but the consequences of such an attack, previously made, in leaving him bereft of a state of mind necessary for the establishment of a satisfying relationship between him and his bed. Though it did not appear in the session I report, uncontrollable projective identification, which was what sleep meant to him, was thought to be a destructive attack on the state of mind of the coupling parents. There was therefore a double anxiety; one arising from his fear that he was being rendered mindless, the other from his fear that he was unable to control his hostile attacks, his mind providing the ammunition, on the state of mind that was the link between the parental pair. Sleep and sleeplessness were alike unacceptable.

In the third example in which I described visual hallucinations of invisible objects, we witness one form in which the actual attack on the sexual pair is delivered. My interpretation, as far as I could judge, was felt by him as if it were his own visual sense of a parental intercourse; this

visual impression is minutely fragmented and ejected at once in particles so minute that they are the invisible components of a continuum. The total procedure has served the purpose of forestalling an experience of feelings of envy for the parental state of mind by the instantaneous expression of envy in a destructive act. I shall have more to say of this implicit hatred of emotion and the need to avoid awareness of it.

In my fourth example, the report of the understanding girl and the haze, my understanding and his agreeable state of mind have been felt as a link between us which could give rise to a creative act. The link had been regarded with hate and transformed into a hostile and destructive sexuality rendering the patient-analyst couple sterile.

In my fifth example, of the two probability clouds, a capacity for understanding is the link which is being attacked, but the interest lies in the fact that the object making the destructive attacks is alien to the patient. Furthermore, the destroyer is making an attack on projective identification which is felt by the patient to be a method of communication. In so far as my supposed attack on his methods of communication is felt as possibly secondary to his envious attacks on me, he does not dissociate himself from feelings of guilt and responsibility. A further point is the appearance of judgement, which Freud regards as an essential feature of the dominance of the reality principle, among the ejected parts of the patient's personality. The fact that there were two probability clouds remained unexplained at the time, but in subsequent sessions I had material which led me to suppose that what had originally been an attempt to separate good from bad survived in the existence of two objects, but they were now similar in that each was a mixture of good and bad. Taking into consideration material from later sessions, I can draw conclusions which were not possible at the time; his capacity for judgement, which had been split up and destroyed with the rest of his ego and then ejected, was felt by him to be similar to other bizarre objects of the kind which I have described in my paper on "The Differentiation of the Psychotic from the Non-Psychotic parts of the Personality." These ejected particles were feared because of the treatment he had accorded them. He felt that the alienated judgment—the probability clouds—indicated that I was probably bad. His suspicion that the probability clouds were persecutory and hostile led him to doubt the value of the guidance they

afforded him. They might supply him with a correct assessment or a deliberately false one, such as that a fact was an hallucination or vice versa; or would give rise to what, from a psychiatric point of view, we would call delusions. The probability clouds themselves had some qualities of a primitive breast and were felt to be enigmatic and intimidating.

In my sixth illustration, the report that a piece of iron had fallen on the floor, I had no occasion for interpreting an aspect of the material with which the patient had by this time become familiar. (I should perhaps say that experience had taught me that there were times when I assumed the patient's familiarity with some aspect of a situation with which we were dealing, only to discover that, in spite of the work that had been done upon it, he had forgotten it.) The familiar point that I did not interpret, but which is significant for the understanding of this episode, is that the patient's envy of the parental couple had been evaded by his substitution of himself and myself for the parents. The evasion failed, for the envy and hatred were now directed against him and me. The couple engaged in a creative act are felt to be sharing an enviable, emotional experience; he, being identified also with the excluded party, has a painful, emotional experience as well. On many occasions the patient, partly through experiences of the kind which I describe in this episode, and partly for reasons on which I shall enlarge later, had a hatred of emotion, and therefore, by a short extension, of life itself. This hatred contributes to the murderous attack on that which links the pair, on the pair itself and on the object generated by the pair. In the episode I am describing, the patient is suffering the consequences of his early attacks on the state of mind that forms the link between the creative pair and his identification with both the hateful and creative states of mind.

In this and the preceding illustration there are elements that suggest the formation of a hostile persecutory object, or agglomeration of objects, which expresses its hostility in a manner which is of great importance in producing the predominance of psychotic mechanisms in a patient; the characteristics with which I have already invested the agglomeration of persecutory objects have the quality of a primitive, and even murderous, superego.

CURIOSITY, ARROGANCE AND STUPIDITY

In the paper I presented at the International Congress of 1957 (4) I suggested that Freud's analogy of an archaeological investigation with a psycho-analysis was helpful if it were considered that we were exposing evidence not so much of a primitive civilization as of a primitive disaster. The value of the analogy is lessened because in the analysis we are confronted not so much with a static situation that permits leisurely study, but with a catastrophe that remains at one and the same moment actively vital and yet incapable of resolution into quiescence. This lack of progress in any direction must be attributed in part to the destruction of a capacity for curiosity and the consequent inability to learn, but before I go into this I must say something about a matter that plays hardly any part in the illustrations I have given.

Attacks on the link originate in what Melanie Klein calls the paranoid-schizoid phase. This period is dominated by part-object relationships (8). If it is borne in mind that the patient has a part-object relationship with himself as well as with objects not himself, it contributes to the understanding of phrases such as "it seems" which are commonly employed by the deeply disturbed patient on occasions when a less disturbed patient might say "I think" or "I believe." When he says "it seems" he is often referring to a feeling—an "it seems" feeling—which is a part of his psyche and yet is not observed as part of a whole object. The conception of the part-object as analogous to an anatomical structure, encouraged by the patient's employment of concrete images as units of thought, is misleading because the part-object relationship is not with the anatomical structures only but with function, not with anatomy but with physiology, not with the breast but with feeding, poisoning, loving, hating. This contributes to the impression of a disaster that is dynamic and not static. The problem that has to be solved on this early, yet superficial, level must be stated in adult terms by the question, "What is something?" and not the question "Why is something?" because "why" has, through guilt, been split off. Problems, the solution of which depends upon an awareness of causation, cannot therefore be stated, let alone solved. This produces a situation in which the patient appears to

have no problems except those posed by the existence of analyst and patient. His preoccupation is with what is this or that function, of which he is aware though unable to grasp the totality of which the function is a part. It follows that there is never any question why the patient or the analyst is there, or why something is said or done or felt, nor can there be any question of attempting to alter the causes of some state of mind Since “what?” can never be answered without “how?” or “why?” further difficulties arise. I shall leave this on one side to consider the mechanisms employed by the infant to solve the problem “what?” when it is felt in relation to a part-object relationship with a function.

DENIAL OF NORMAL DEGREES OF PROJECTIVE IDENTIFICATION

I employ the term “link” because I wish to discuss the patient’s relationship with a function rather than with the object that subserves a function; my concern is not only with the breast, or penis, or verbal thought, but with their function of providing the link between two objects.

In her *Notes on Some Schizoid Mechanisms* (7) Melanie Klein speaks of the importance of an excessive employment of splitting and projective identification in the production of a very disturbed personality. She also speaks of “the introjection of the good object, first of all the mother’s breast” as a “precondition for normal development.” I shall suppose that there is a normal degree of projective identification, without defining the limits within which normality lies, and that associated with introjective identification this is the foundation on which normal development rests.

This impression derives partly from a feature in a patient’s analysis which was difficult to interpret because it did not appear to be sufficiently obtrusive at any moment for an interpretation to be supported by convincing evidence. Throughout the analysis the patient resorted to projective identification with a persistence suggesting it was a mechanism of which he had never been able sufficiently to avail himself; the analysis afforded him an opportunity for the exercise of a mechanism of which he had been cheated. I did not have to rely on this impression alone. There were sessions which led me to suppose that the patient felt there

was some object that denied him the use of projective identification. In the illustrations I have given, particularly in the first, the stammer, and the fourth, the understanding girl and the blue haze, there are elements which indicate that the patient felt that parts of his personality that he wished to repose in me were refused entry by me, but there had been associations prior to this which led me to this view.

When the patient strove to rid himself of fears of death which were felt to be too powerful for his personality to contain he split off his fears and put them into me, the idea apparently being that if they were allowed to repose there long enough they would undergo modification by my psyche and could then be safely reintrojected. On the occasion I have in mind the patient had felt, probably for reasons similar to those I give in my fifth illustration, the probability clouds, that I evacuated them so quickly that the feelings were not modified, but had become more painful.

Associations from a period in the analysis earlier than that from which these illustrations have been drawn showed an increasing intensity of emotions in the patient. This originated in what he felt was my refusal to accept parts of his personality. Consequently he strove to force them into me with increased desperation and violence. His behaviour, isolated from the context of the analysis, might have appeared to be an expression of primary aggression. The more violent his phantasies of projective identification, the more frightened he became of me. There were sessions in which such behaviour expressed unprovoked aggression, but I quote this series because it shows the patient in a different light, his violence a reaction to what he felt was my hostile defensiveness. The analytic situation built up in my mind a sense of witnessing an extremely early scene. I felt that the patient had experienced in infancy a mother who dutifully responded to the infant's emotional displays. The dutiful response had in it an element of impatient "I don't know what's the matter with the child." My deduction was that in order to understand what the child wanted the mother should have treated the infant's cry as more than a demand for her presence. From the infant's point of view she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not contain. He strove to split it off together with the part of the personality in which it

lay and project it into the mother. An understanding mother is able to experience the feeling of dread, that this baby was striving to deal with by projective identification, and yet retain a balanced outlook. This patient had had to deal with a mother who could not tolerate experiencing such feelings and reacted either by denying them ingress, or alternatively by becoming a prey to the anxiety which resulted from introjection of the infant's feelings. The latter reaction must, I think, have been rare: denial was dominant.

To some this reconstruction will appear to be unduly fanciful; to me it does not seem forced and is the reply to any who may object that too much stress is placed on the transference to the exclusion of a proper elucidation of early memories.

In the analysis a complex situation may be observed. The patient feels he is being allowed an opportunity of which he had hitherto been cheated; the poignancy of his deprivation is thereby rendered the more acute and so are the feelings of resentment at the deprivation. Gratitude for the opportunity coexists with hostility to the analyst as the person who will not understand and refuses the patient the use of the only method of communication by which he feels he can make himself understood. Thus the link between patient and analyst, or infant and breast, is the mechanism of projective identification. The destructive attacks upon this link originate in a source external to the patient or infant, namely the analyst or breast. The result is excessive projective identification by the patient and a deterioration of his developmental processes.

I do not put forward this experience as the cause of the patient's disturbance; that finds its main source in the inborn disposition of the infant as I described it in my paper on "The Differentiation of the Psychotic from the Non-psychotic Part of the Personality" (3). I regard it as a central feature of the environmental factor in the production of the psychotic personality.

Before I discuss this consequence for the patient's development, I must refer to the inborn characteristics and the part that they play in producing attacks by the infant on all that links him to the breast, namely, primary aggression and envy. The seriousness of these attacks is enhanced if the mother displays the kind of unreceptiveness which I have described, and is diminished, but not abolished, if the mother

can introject the infant's feelings and remain balanced (9); the seriousness remains because the psychotic infant is overwhelmed with hatred and envy of the mother's ability to retain a comfortable state of mind although experiencing the infant's feelings. This was clearly brought out by a patient who insisted that I must go through it with him, but was filled with hate when he felt I was able to do so without a breakdown. Here we have another aspect of destructive attacks upon the link, the link being the capacity of the analyst to introject the patient's projective identifications. Attacks on the link, therefore, are synonymous with attacks on the analyst's, and originally the mother's, peace of mind. The capacity to introject is transformed by the patient's envy and hate into greed devouring the patient's psyche; similarly, peace of mind becomes hostile indifference. At this point analytic problems arise through the patient's employment (to destroy the peace of mind that is so much envied) of acting out, delinquent acts and threats of suicide.

CONSEQUENCES

To review the main features so far: the origin of the disturbance is twofold. On the one hand there is the patient's inborn disposition to excessive destructiveness, hatred, and envy; on the other the environment which, at its worst, denies to the patient the use of the mechanisms of splitting and projective identification. On some occasions the destructive attacks on the link between patient and environment, or between different aspects of the patient's personality, have their origin in the patient; on others, in the mother, although in the latter instance and in psychotic patients, it can never be in the mother alone. The disturbances commence with life itself. The problem that confronts the patient is: What are the objects of which he is aware? These objects, whether internal or external, are in fact part-objects and predominantly, though not exclusively, what we should call functions and not morphological structures. This is obscured because the patient's thinking is conducted by means of concrete objects and therefore tends to produce, in the sophisticated mind of the analyst, an impression that the patient's concern is with the nature of the concrete object. The nature of the functions which excite the patient's curiosity he explores by projective identification. His

own feelings, too powerful to be contained within his personality, are amongst these functions. Projective identification makes it possible for him to investigate his own feelings in a personality powerful enough to contain them. Denial of the use of this mechanism, either by the refusal of the mother to serve as a repository for the infant's feelings, or by the hatred and envy of the patient who cannot allow the mother to exercise this function, leads to a destruction of the link between infant and breast and consequently to a severe disorder of the impulse to be curious on which all learning depends. The way is therefore prepared for a severe arrest of development. Furthermore, thanks to a denial of the main method open to the infant for dealing with his too powerful emotions, the conduct of emotional life, in any case a severe problem, becomes intolerable. Feelings of hatred are thereupon directed against all emotions including hate itself, and against external reality which stimulates them. It is a short step from hatred of the emotions to hatred of life itself. As I said in my paper on "The Differentiation of the Psychotic from the Non-psychotic Part of the Personality" (3), this hatred results in a resort to projective identification of all the perceptual apparatus including the embryonic thought which forms a link between sense impressions and consciousness. The tendency to excessive projective identification when death instincts predominate is thus reinforced.

SUPEREGO

The early development of the superego is effected by this kind of mental functioning in a way I must now describe. As I have said, the link between infant and breast depends upon projective identification and a capacity to introject projective identifications. Failure to introject makes the external object appear intrinsically hostile to curiosity and to the method, namely projective identification, by which the infant seeks to satisfy it. Should the breast be felt as fundamentally understanding, it has been transformed by the infant's envy and hate into an object whose devouring greed has as its aim the introjection of the infant's projective identifications in order to destroy them. This can show in the patient's belief that the analyst strives, by understanding the patient, to drive him insane. The result is an object which, when installed in the patient, exercises the function of a severe and ego-destructive superego. This descrip-

tion is not accurate applied to any object in the paranoid-schizoid position because it supposes a whole-object. The threat that such a whole-object impends contributes to the inability, described by Melanie Klein and others (11), of the psychotic patient to face the depressive position and the developments attendant on it. In the paranoid-schizoid phase the bizarre objects composed partially of elements of a persecutory superego which I described in my paper on "The Differentiation of the Psychotic from the Non-psychotic Part of the Personality" are predominant.

ARRESTED DEVELOPMENT

The disturbance of the impulse of curiosity on which all learning depends, and the denial of the mechanism by which it seeks expression, makes normal development impossible. Another feature obtrudes if the course of the analysis is favourable; problems which in sophisticated language are posed by the question "Why?" cannot be formulated. The patient appears to have no appreciation of causation and will complain of painful states of mind while persisting in courses of action calculated to produce them. Therefore when the appropriate material presents itself the patient must be shown that he has no interest in why he feels as he does. Elucidation of the limited scope of his curiosity issues in the development of a wider range and an incipient preoccupation with causes. This leads to some modification of conduct which otherwise prolongs his distress.

CONCLUSIONS

The main conclusions of this paper relate to that state of mind in which the patient's psyche contains an internal object which is opposed to, and destructive of, all links whatsoever from the most primitive (which I have suggested is a normal degree of projective identification) to the most sophisticated forms of verbal communication and the arts.

In this state of mind emotion is hated; it is felt to be too powerful to be contained by the immature psyche, it is felt to link objects and it gives reality to objects which are not self and therefore inimical to primary narcissism.

The internal object which in its origin was an external breast that refused to introject, harbour, and so modify the baneful force of emotion, is felt, paradoxically, to intensify, relative to the strength of the ego, the emotions against which it initiates the attacks. These attacks on the linking function of emotion lead to an over-prominence in the psychotic part of the personality of links which appear to be logical, almost mathematical, but never emotionally reasonable. Consequently the links surviving are perverse, cruel, and sterile.

The external object which is internalized, its nature, and the effect when so established on the methods of communication within the psyche and with the environment, are left for further elaboration later.

REFERENCES

- (1) BION, W. R. (1954). Notes on the Theory of Schizophrenia. *Int. J. Psychoanal.* 35 pt. II.
- (2) ——— (1956). Development of Schizophrenic Thought. *Int. J. Psychoanal.* 37.
- (3) ——— (1957). The Differentiation of the Psychotic from the Non-Psychotic Part of the Personality. *Int. J. Psychoanal.* 38 pts. III-IV.
- (4) ——— (1957). On Arrogance. *Int. Psycho-An. Congress*, 1957.
- (5) KLEIN, M. (1928). Early Stages of the Oedipus Conflict.
- (6) ——— (1934). A Contribution to the Psychogenesis of Manic-Depressive States. 13th *Int. Psycho-An. Congress*, 1934.
- (7) ——— (1946). Notes on some Schizoid Mechanisms.
- (8) ——— 1948 The Theory of Anxiety and Guilt. *Int. J. Psychoanal.* 29.
- (9) ——— (1957). Envy and Gratitude Chap. II. (Tavistock Publications, 1957.)
- (10) ROSENFELD, H. (1952). Notes on the Superego Conflict in an Acute Schizophrenic Patient. *Int. J. Psychoanal.* 33.
- (11) SEGAL, H. (1950). Some Aspects of the Analysis of a Schizophrenic. *Int. J. Psychoanal.* 31 pt. IV.
- (12) ——— (1956). Depression in the Schizophrenic. *Int. J. Psychoanal.* 37 pts. IV-V.
- (13) ——— (1957). Notes on Symbol Formation. *Int. J. Psychoanal.* 38 pt. VI.

THE PSYCHO-ANALYTIC STUDY OF THINKING

BY W. R. BION

II. A theory of Thinking

i. In this paper I am primarily concerned to present a theoretical system. Its resemblance to a philosophical theory depends on the fact that philosophers have concerned themselves with the same subject-matter; it differs from philosophical theory in that it is intended, like all psycho-analytical theories, for use. It is devised with the intention that practising psycho-analysts should restate the hypotheses of which it is composed in terms of empirically verifiable data. In this respect it bears the same relationship to similar statements of philosophy as the statements of applied mathematics bear to pure mathematics.

The derived hypotheses that are intended to admit of empirical test, and to a lesser extent the theoretical system itself, bear the same relationship to the observed facts in a psycho-analysis as statements of applied mathematics, say about a mathematical circle, bear to a statement about a circle drawn upon paper.

ii. This theoretical system is intended to be applicable in a significant number of cases; psycho-analysts should therefore experience realizations that approximate to the theory.

I attach no diagnostic importance to the theory though I think it may be applicable whenever a disorder of thought is believed to exist.

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Its diagnostic significance will depend upon the pattern formed by the constant conjunction of a number of theories of which this theory would be one.

It may help to explain the theory if I discuss the background of emotional experience from which it has been abstracted. I shall do this in general terms without attempting scientific rigour.

iii. It is convenient to regard thinking as dependent on the successful outcome of two main mental developments. The first is the development of thoughts. They require an apparatus to cope with them. The second development, therefore, is of this apparatus that I shall provisionally call thinking. I repeat—thinking has to be called into existence to cope with thoughts.

It will be noted that this differs from any theory of thought as a product of thinking, in that thinking is a development forced on the psyche by the pressure of thoughts and not the other way round. Psychopathological developments may be associated with either phase or both, that is, they may be related to a breakdown in the development of thoughts, or a breakdown in the development of the apparatus for “thinking” or dealing with thoughts, or both.

iv. “Thoughts” may be classified, according to the nature of their developmental history, as pre-conceptions, conceptions or thoughts, and finally concepts; concepts are named and therefore fixed conceptions or thoughts. The conception is initiated by the conjunction of a pre-conception with a realization. The pre-conception may be regarded as the analogue in psycho-analysis of Kant’s concept of “empty thoughts.” Psycho-analytically the theory that the infant has an inborn disposition corresponding to an expectation of a breast may be used to supply a model. When the pre-conception is brought into contact with a realization that approximates to it, the mental outcome is a conception. Put in another way, the pre-conception (the inborn expectation of a breast, the *a priori* knowledge of a breast, the “empty thought”) when the infant is brought in contact with the breast itself, mates with awareness of the realization and is synchronous with the development of a conception. This model will serve for the theory that every junction of a pre-conception with its realization produces a conception. Conceptions therefore will

be expected to be constantly conjoined with an emotional experience of satisfaction.

v. I shall limit the term “thought” to the mating of a pre-conception with a frustration. The model I propose is that of an infant whose expectation of a breast is mated with a realization of no breast available for satisfaction. This mating is experienced as a no-breast, or “absent” breast inside. The next step depends on the infant’s capacity for frustration: in particular it depends on whether the decision is to evade frustration or to modify it.

vi. If the capacity for toleration of frustration is sufficient the “no-breast” inside becomes a thought, and an apparatus for “thinking” it develops. This initiates the state, described by Freud in his “Two Principles of Mental Functioning,” in which dominance by the reality principle is synchronous with the development of an ability to think and so to bridge the gulf of frustration between the moment when a want is felt and the moment when action appropriate to satisfying the want culminates in its satisfaction. A capacity for tolerating frustration thus enables the psyche to develop thought as a means by which the frustration that is tolerated is itself made more tolerable.

vii. If the capacity for toleration of frustration is inadequate, the bad internal “no-breast,” that a personality capable of maturity ultimately recognizes as a thought, confronts the psyche with the need to decide between evasion of frustration and its modification.

viii. Incapacity for tolerating frustration tips the scale in the direction of evasion of frustration. The result is a significant departure from the events that Freud describes as characteristic of thought in the phase of dominance of the reality principle. What should be a thought, a product of the juxtaposition of pre-conception and negative realization, becomes a bad object, indistinguishable from a thing-in-itself, fit only for evacuation. Consequently the development of an apparatus for thinking is disturbed, and instead there takes place a hypertrophic development of the apparatus of projective identification. The model I propose for this development is a psyche that operates on the principle that evacuation of a bad breast is synonymous with obtaining sustenance from a good breast. The end result is that all thoughts are treated as if they were indistinguishable from bad internal objects; the appropriate machinery is felt to

be, not an apparatus for thinking the thoughts, but an apparatus for riding the psyche of accumulations of bad internal objects. The crux lies in the decision between modification and evasion of frustration.

ix. Mathematical elements, namely straight lines, points, circles, and something corresponding to what later become known by the name of numbers, derive from realizations of two-ness as in breast and infant, two eyes, two feet, and so on.

x. If tolerance of frustration is not too great, modification becomes the governing aim. Development of mathematical elements, or mathematical objects as Aristotle calls them, is analogous to the development of conceptions.

xi. If intolerance of frustration is dominant, steps are taken to evade perception of the realization by destructive attacks. In so far as pre-conception and realization are mated, mathematical conceptions are formed, but they are treated as if in-distinguishable from things-in-themselves and are evacuated at high speed as missiles to annihilate space. In so far as space and time are perceived as identical with a bad object that is destroyed, that is to say a no-breast, the realization that should be mated with the pre-conception is not available to complete the conditions necessary for the formation of a conception. The dominance of protective identification confuses the distinction between the self and the external object. This contributes to the absence of any perception of two-ness, since such an awareness depends on the recognition of a distinction between subject and object.

xii. The relationship with time was graphically brought home to me by a patient who said over and over again that he was wasting time—and continued to waste it. The patient's aim is to destroy time by wasting it. The consequences are illustrated in the description in *Alice in Wonderland* of the Mad Hatter's tea-party—it is always four o'clock.

xiii. Inability to tolerate frustration can obstruct the development of thoughts and a capacity to think, though a capacity to think would diminish the sense of frustration intrinsic to appreciation of the gap between a wish and its fulfilment. Conceptions, that is to say the outcome of a mating between a pre-conception and its realization, repeat in a more complex form the history of pre-conception. A conception does not necessarily meet a realization that approximates sufficiently closely

to satisfy. If frustration can be tolerated, the mating of conception and realizations whether negative or positive initiates procedures necessary to learning by experience. If intolerance of frustration is not so great as to activate the mechanisms of evasion and yet is too great to bear dominance of the reality principle, the personality develops omnipotence as a substitute for the mating of the pre-conception, or conception, with the negative realization. This involves the assumption of omniscience as a substitute for learning from experience by aid of thoughts and thinking. There is therefore no psychic activity to discriminate between true and false. Omniscience substitutes for the discrimination between true and false a dictatorial affirmation that one thing is morally right and the other wrong. The assumption of omniscience that denies reality ensures that the morality thus engendered is a function of psychosis. Discrimination between true and false is a function of the non-psychotic part of the personality and its factors. There is thus potentially a conflict between assertion of truth and assertion of moral ascendancy. The extremism of the one infects the other.

xiv. Some pre-conceptions relate to expectations of the self. The pre-conceptual apparatus is adequate to realizations that fall in the narrow range of circumstances suitable for the survival of the infant. One circumstance that affects survival is the personality of the infant himself. Ordinarily the personality of the infant, like other elements in the environment, is managed by the mother. If the mother and child are adjusted to each other, projective identification plays a major role in the management; the infant is able through the operation of a rudimentary reality sense to behave in such a way that projective identification, usually an omnipotent phantasy, is a realistic phenomenon. This, I am inclined to believe, is its normal condition. When Klein speaks of "excessive" projective identification I think the term "excessive" should be understood to apply not to the frequency only with which projective identification is employed but to excess of belief in omnipotence. As a *realistic* activity it shows itself as behaviour reasonably calculated to arouse in the mother feelings of which the infant wishes to be rid. If the infant feels it is dying it can arouse fears that it is dying in the mother. A well-balanced mother can accept these and respond therapeutically; that is to say in a manner that makes the infant feel it is receiving its frightened personality back

again, but in a form that it can tolerate—the fears are manageable by the infant personality. If the mother cannot tolerate these projections the infant is reduced to continue projective identification carried out with increasing force and frequency. The increased force seems to denude the projection of its penumbra of meaning. Reintrojection is affected with similar force and frequency. Deducing the patient's feelings from his behaviour in the consulting room and using the deductions to form a model, the infant of my model does not behave in a way that I ordinarily expect of an adult who is thinking. It behaves as if it felt that an internal object has been built up that has the characteristics of a greedy vagina-like "breast" that strips of its goodness all that the infant receives or gives, leaving only degenerate objects. This internal object starves its host of all understanding that is made available. In analysis such a patient seems unable to gain from his environment and therefore from his analyst. The consequences for the development of a capacity for thinking are serious; I shall describe only one, namely, precocious development of consciousness.

xv. By consciousness I mean in this context what Freud described as a "sense-organ for the perception of psychic qualities."

I have described previously (at a Scientific Meeting of the British Psycho-Analytical Society) the use of a concept of "alpha-function" as a working tool in the analysis of disturbances of thought. It seemed convenient to suppose an alpha-function to convert sense data into alpha-elements and thus provide the psyche with the material for dream thoughts, and hence the capacity to wake up or go to sleep, to be conscious or unconscious. According to this theory consciousness depends on alpha-function, and it is a logical necessity to suppose that such a function exists if we are to assume that the self is able to be conscious of itself in the sense of knowing itself from experience of itself. Yet the failure to establish, between infant and mother, a relationship in which normal projective identification is possible precludes the development of an alpha-function and therefore of a differentiation of elements into conscious and unconscious.

xvi. The difficulty is avoided by restricting the term "consciousness" to the meaning conferred on it by Freud's definition. Using the term "consciousness" in this restricted sense it is possible to suppose that

this consciousness produces "sense-data" of the self, but that there is no alpha-function to convert them into alpha-elements and therefore permit of a capacity for being conscious or unconscious of the self. The infant personality by itself is unable to make use of the sense data, but has to evacuate these elements into the mother, relying on her to do whatever has to be done to convert them into a form suitable for employment as alpha-elements by the infant.

xvii. The limited consciousness defined by Freud, that I am using to define a rudimentary infant consciousness, is not associated with an unconscious. All impressions of the self are of equal value; all are conscious. The mother's capacity for reverie is the receptor organ for the infant's harvest of self-sensation gained by its conscious.

xviii. A rudimentary conscious could not perform the tasks that we ordinarily regard as the province of consciousness, and it would be misleading to attempt to withdraw the term 'conscious' from the sphere of ordinary usage where it is applied to mental functions of great importance in rational thinking. For the present I make the distinction only to show what happens if there is a breakdown of interplay through projective identification between the rudimentary consciousness and maternal reverie.

Normal development follows if the relationship between infant and breast permits the infant to project a feeling, say, that it is dying, into the mother and to reintroject it after its sojourn in the breast has made it tolerable to the infant psyche. If the projection is not accepted by the mother the infant feels that its feeling that it is dying is stripped of such meaning as it has. It therefore reintrojects, not a fear of dying made tolerable, but a nameless dread.

xix. The tasks that the breakdown in the mother's capacity for reverie have left unfinished are imposed on the rudimentary consciousness; they are all in different degrees related to the function of correlation.

xx. The rudimentary consciousness cannot carry the burden placed on it. The establishment internally of a projective-identification-rejecting-object means that instead of an understanding object the infant has a wilfully misunderstanding object—with which it is identified. Further its psychic qualities are perceived by a precocious and fragile consciousness.

xxi. The apparatus available to the psyche may be regarded as four-fold:

(a) Thinking, associated with modification and evasion.

(b) Projective identification, associated with evasion by evacuation and not to be confused with normal projective identification (par. 14 on "realistic" projective identification.)

(c) Omniscience (on the principle of *tout savoir tout condamner*).

(d) Communication.

xxii. Examination of the apparatus I have listed under these four heads shows that it is designed to deal with thoughts, in the broad sense of the term, that is including all objects I have described as conceptions, thoughts, dream thoughts, alpha-elements and beta-elements, as if they were objects that had to be dealt with (*a*) because they in some form contained or expressed a problem, and (*b*) because they were themselves felt to be undesirable excrescences of the psyche and required attention, elimination by some means or other, for that reason.

xxiii. As expressions of a problem it is evident they require an apparatus designed to play the same part in bridging the gap between cognizance and appreciation of lack and action designed to modify the lack, as is played by alpha-function in bridging the gap between sense-data and appreciation of sense-data. (In this context I include the perception of psychic qualities as requiring the same treatment as sense-data.) In other words just as sense-data have to be modified and worked on by alpha-function to make them available for dream thoughts, etc., so the thoughts have to be worked on to make them available for translation into action.

xxiv. Translation into action involves publication, communication, and commonsense. So far I have avoided discussion of these aspects of thinking, although they are implied in the discussion and one at least was openly adumbrated; I refer to correlation.

xxv. Publication in its origin may be regarded as little more than one function of thoughts, namely making sense-data available to consciousness. I wish to reserve the term for operations that are necessary to make private awareness, that is awareness that is private to the individual, public. The problems involved may be regarded as technical and emotional. The emotional problems are associated with the fact that the

human individual is a political animal and cannot find fulfilment outside a group, and cannot satisfy any emotional drive without expression of its social component. His impulses, and I mean all impulses and not merely his sexual ones, are at the same time narcissistic. The problem is the resolution of the conflict between narcissism and social-ism. The technical problem is that concerned with expression of thought or conception in language, or its counterpart in signs.

xxvi. This brings me to communication. In its origin communication is effected by realistic projective identification. The primitive infant procedure undergoes various vicissitudes, including, as we have seen, debasement through hypertrophy of omnipotent phantasy. It may develop, if the relationship with the breast is good, into a capacity for toleration by the self of its own psychic qualities and so pave the way for alpha-function and normal thought. But it does also develop as a part of the social capacity of the individual. This development, of great importance in group dynamics, has received virtually no attention; its absence would make even scientific communication impossible. Yet its presence may arouse feelings of persecution in the recipients of the communication. The need to diminish feelings of persecution contributes to the drive to abstraction in the formulation of scientific communications. The function of the elements of communication, words and signs, is to convey either by single substantives, or in verbal groupings, that certain phenomena are constantly conjoined in the pattern of their relatedness.

xxvii. An important function of communications is to achieve correlation. While communication is still a private function, conceptions, thoughts, and their verbalization are necessary to facilitate the conjunction of one set of sense-data with another. If the conjoined data harmonize, a sense of truth is experienced, and it is desirable that this sense should be given expression in a statement analogous to a truth-functional statement. The failure to bring about this conjunction of sense-data, and therefore of a commonplace view, induces a mental state of debility in the patient as if starvation of truth was somehow analogous to alimentary starvation. The truth of a statement does not imply that there is a realization approximating to the true statement.

xxviii. We may now consider further the relationship of rudimentary consciousness to psychic quality. The emotions fulfil for the psyche a

function similar to that of the senses in relation to objects in space and time: that is to say, the counterpart of the commonsense view in private knowledge is the common emotional view; a sense of truth is experienced if the view of an object which is hated can be conjoined to a view of the same object when it is loved, and the conjunction confirms that the object experienced by different emotions is the same object. A correlation is established.

xxix. A similar correlation, made possible by bringing conscious and unconscious to bear on the phenomena of the consulting room, gives to psycho-analytic objects a reality that is quite unmistakable even though their very existence has been disputed.

COMMENTARY ON THREE PAPERS BY WILFRED R. BION

BY RONALD BRITTON

Keywords: W. R. Bion, psychosis, borderline patients, alpha function, negative capability, thinking, transference-countertransference, arrogance, projective identification, understanding, selected facts, intuition.

At the time of their original publication, I did not hear of or read these three papers: “On Arrogance” (1958), “Attacks on Linking” (1959), and “The Psycho-Analytic Study of Thinking” (1962a). By the time I started my training at the Tavistock Clinic and the London Institute of Psychoanalysis in 1970, they had been published in a book (Bion 1967). This book included a second part, “Commentary,” which was Bion’s own detailed reflections on his 1950s papers in the light of his new ideas on the psychoanalytic process, in practice and in theory.

However, the original dating of these papers is important in understanding the evolution of Bion’s psychoanalytic thought. The first two (Bion 1958, 1959) were the climactic finale of his ’50s clinical papers, based mainly on his application of Klein’s theories to the analyses of psychotic and borderline patients. They are groundbreaking—or ground-seeking—papers.

In “On Arrogance” (1958), we see the genesis of Bion’s concepts of *container/contained* and the *alpha function* in infantile development, on the basis of the analysis of borderline patients. In “Attacks on Linking” (1959), we see his clinical delineation of psychotic intolerance of links to perceptual reality and its internal representatives in psychic reality.

The third paper, “The Psycho-Analytic Study of Thinking” (1962a), is different: it is a condensed account of Bion’s emerging new metapsy-

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chology, and particularly of his notion of preconceptions that have to be realized in experience to become conceptions, and his basic formulation that thinking evolves to deal with already existent thoughts—not to generate them.

Reading *Second Thoughts* (Bion 1967) is like reading the New Testament Bible, with the clinical papers as its Old Testament precursors, which one can only see as leading to the new. A more apposite analogy, since it so clearly influenced Bion, was the shift from classical Newtonian physics to quantum mechanics in the first half of the twentieth century, with the latter built out of the former but deconstructing and transforming it. It is a particularly apposite analogy if we accept Heisenberg's (1958) idea that classical physics is a scientific extension of our natural, perception-based belief systems about the world that shape the structure of our language, whereas quantum mechanics runs counter to these belief systems and can only be expressed in mathematics. We see Bion in his writings of the '60s trying to emancipate psychoanalytic discourse from commonsense language, while simultaneously acknowledging that this language is all we have.

I did not meet Bion in 1970, since he had left London for California in 1968, but I met his ideas through his former patients, students, and colleagues. It was not until 1976 that I met him personally, when he started to give annual seminars at the Tavistock Clinic. Then it was as if Hamlet's father, whose ghost had haunted the place for years, was now returning in the flesh.

My three clinical supervisors—Hanna Segal, Herbert Rosenfeld, and Betty Joseph—were contemporary colleagues of Bion, and both my first and second analysts were admirers of his work. But I would say that the analytic method of my first analyst was not modified by Bion's ideas, whereas my second analyst's whole clinical approach was influenced by his ideas, such as those exemplified in his "Commentary" in *Second Thoughts* (1967). This, I think, is what happens when strong new psychoanalytic ideas are introduced: it is really only the next generation who absorb them in such a way as to incorporate them into their basic approach.

Klein (1946) introduced the concept of projective identification but did not fully adopt its implications into her technique. Bion introduced such ideas as *realistic projective identification*, *reversible perspective*, the *selected*

fact, and *negative capability*—but I wonder if they modified his *modus operandi* as much as those of some of his followers.

When I started to learn about psychoanalysis, Bion's ideas were part of the mix; therefore, I knew his theories before I knew his facts. He would probably have been the first to draw attention to that and to suggest that these theories would very likely be used by me as more comforting alternatives to raw experience; if so, he would have been right. From the outset, I was full of such ideas as those to be found in his books of the 1960s, including those in his "Commentary" (1967).

Nevertheless, it was the two clinical papers reproduced here (1958, 1959) and the summarizing account of his new clinical ideas in the third (1962a) that came to life in my own clinical work when their help was needed. Put another way, it was not until I met and experienced first-hand the sense of catastrophe in the analysis of borderline patients that Bion refers to in "On Arrogance" (1958) that I benefitted from that paper. There are passages there that imprinted themselves on my mind, to be recalled at times when they were badly needed.

Such a passage is this one: "The transference . . . is to the analyst as analyst The patient would appear to have no problems other than the existence of the analyst himself" (1958, pp. 278-279).¹ I would add to this statement its counterpart in the countertransference, when the analyst, at times, feels he has no other problems than the existence of the patient. Indeed, the ineradicable but undigested existence of the other lays on the minds of both patient and analyst like ingested but nonabsorbed food. This I did not fully appreciate until I experienced it in the analysis of a borderline patient; subsequent clinical experience and supervisions of other analysts struggling with such problems persuaded me of its generality. Bion wrote in his notebook in 1967: "I do not think such a patient [psychotic or borderline] will ever accept an interpretation, however correct, unless he feels that the analyst has passed through this emotional crisis as part of the act of giving the interpretation" (1992, p. 291).

Other phrases that recur in Bion's work illuminated for me the transferable nature of characteristics between analyst and patient. The

¹ *Editor's Note:* In this article, page numbers from Bion 1958 refer to the numbering of the republication in this issue, not to that of the original publication.

“[analyst] and . . . the patient in so far as he is identified with the analyst . . . [are], by turns, blind, stupid, suicidal, curious, and arrogant” (1958, p. 279). Similarly, “arrogance, not always called by that name, was sometimes an accusation, sometimes a temptation, and sometimes a crime” (p. 282).

These observations capture the movement of an internal state between the two parties: sometimes in the transference, sometimes in the countertransference, sometimes verbalized, sometimes acted out. In the context of the analysis, arrogance is a crime only if perpetuated by the analyst; accusation is the prerogative of the patient and not of the analyst, even if it is disguised as an interpretation.

It was the atmosphere of this paper and of some of Bion’s other clinical papers that conveyed an approach I could learn to adopt, fortified by an identification with him—that is, with the Bion of the page, since in the early 1970s that was the only place I knew him. I think it was this that accounted for the fact that, when I did meet him, he was not a surprise.

The patient described in “On Arrogance” (1958) was what I would call a borderline case. Bion took the clinical triad of curiosity, stupidity, and arrogance, which recurred in the transference and countertransference, to be the outcome of a psychological disaster. By this he meant that the arousal of curiosity in either party would be followed by stupidity blocking it and an arrogant assumption of omniscience. He postulated that the original disaster occurred when there had been an attempt to form a link through normal projective identification. Instead of a prototype of communicative understanding being established between infant and mother, however, misunderstanding created a primitive superego that was hostile to empathic projective identification.

Bion further developed this in “Attacks on Linking” (1959) and “The Psycho-Analytic Study of Thinking” (1962a), leading up to his formulation of the theory of the container/contained and the transformation of beta elements into alpha elements in psychic development. This transformation of premental sensory and somatopsychic data (beta elements) into thoughts (alpha elements) is necessary; otherwise they spill out into hallucination or incoherent action, such as in a tantrum or in psychosomatic phenomena. If the failure of containment is at this level, it results in psychotic and/or borderline thought disorder. If the failure

of containment is at the level of transforming thoughts into purposeful thinking, neurotic dysfunction is the result.

Later Bion elaborated that *thoughts* (alpha elements) are in turn to be contained by *thinking*. If not, they are liable to be expressed in symbolic as opposed to psychosomatic symptoms, as in hysteria, or enacted in un verbalized dramatic form, as in a particular transference-counter-transference interaction, for example.

The process of transformation from beta to alpha elements Bion sees as resulting initially from a crucial interaction between the infant and the mother, who initially uses her own alpha function to transform the beta elements projected by the child. For example, this transforms the infant's projected but unformed apprehension of annihilation into her fear of the infant's death. If this is not accomplished, the infant reintrojects *nameless dread* (Bion 1962a, p. 307)²—a state found in some analyses in which there is both unspecified terror and a dread of namelessness. This alpha process is itself internalized as a mental function transforming raw psychic experience into thinkable forms.

The articulation of this view not only provided an account that elucidated the analytic phenomena met with in borderline patients; it also offered a new model for analytic therapeutic effect in general. It gave instinctual weight to *the wish to be understood*—or, more accurately, *the need to feel understood*. It is this need that is so desperately and fruitlessly sought in borderline patients. When I say that it gave instinctual weight, I mean that for such a patient it is survival that is at stake, either literally or existentially. If this cannot be achieved, the substitute is often a psychic twinning via projective identification.

On the basis of my clinical experience of such cases, I have produced an applicable formula that seems to give some explanation of why there is unexpected analytic improvement in some cases. My formula was that *the need for agreement is inversely proportional to the expectation of understanding* (Britton 1998, p. 56). That is, where there was no expectation of understanding, there was a need for absolute agreement, and this could only be achieved through tyranny, submission, or projective identification.

² *Editor's Note:* In this article, page numbers from Bion 1962a refer to the numbering of the republication in this issue, not to that of the original publication.

I will briefly refer to a case of more recent times to illustrate my point that an otherwise unexpected improvement can be explained by an increase in the expectation of understanding having diminished the absolute need for agreement.

A young woman who had had a brief and tolerable experience of psychotherapy as an adolescent, Ms. L, now approaching midlife, felt she “needed to understand” in order to decide on anything and everything. She was convinced this could only be found in analysis, but unfortunately she could not bear the analytic attempts that had been made to provide it. I was her fifth attempt. She quickly let me know that she regarded the previous short-lived attempts as failures by the analyst due to stupidity, criminal negligence, or arrogance. This was not communicated in such a way as to encourage any temptation in me to covet exceptionalism, but rather as a warning.

At the heart of this case was a strong, sustained sense of entitlement to understanding that seemed to be unrealizable in practice. Ms. L’s demand for this was belligerent or despairing. Her case reacquainted me with psychoanalytic terrain on which I had lectured, written about, and given much supervision. I found that this terrain had not changed, that my countertransference was unmodified, and that I was as lost in it as I had been in my early days.

We, patient and analyst, exchanged our unarticulated experiences of nameless dread. My prevailing first-order countertransference feeling, between sessions as well as during them, was that I did not understand either Ms. L or the analysis. She herself reiterated constantly, “I don’t understand.” This comment was applied to other people’s behavior, to her own reactions, and to me. In my case, it was applied to whatever ordinary arrangements or small changes I made and to many things I said—that is, not to the meaning of what I said, but to why I said it. Curiosity in either or both of us led to incomprehension, for which my stupidity was usually blamed and arrogant contempt was then the resultant attitude. At times, Ms. L accused herself of stupidity and treated herself with contempt. The unexpected was viewed as inexplicable.

That the incomprehension of ineradicable difference existed not only between us but also within the patient became evident. For quite some time, the sessions were, to use a football cliché, a game of two

halves. In the first half, Ms. L would elaborate indignantly on some other person's unacceptable attitude in relation to her. At about half-time, I would try to incorporate her point of view into a statement of mine meant to clarify her experience. This would lead to a second half, in which the point of view now attributed to me was attacked with contempt, ridicule, or incredulity. It was possible at times to show her that these two opposing, unreconciled points of view existed inside her, but even when acknowledged this usually led to a "So what—you've said that before."

After four years of this mutual labored effort to reach understanding, I *slowly* realized that there was a difference in the sessions. Ms. L occasionally commented that she relied on me to know and understand her. These remarks were usually made to draw a contrast with some part of the world that did not understand her. They were surprising to me, but spoken as if this fact should be totally unsurprising to both of us. It did make me realize that something had changed, that some basic assumption had shifted. There was no longer such a clamorous demand for agreement and for unrealizable, instant understanding. Though this meant I now had space to think and even to communicate my thoughts more freely, it was quite a while before I had any confidence in doing so.

On reflection, in wondering how this development took place, I would say in summary that the expectation of understanding had increased, and therefore the need for absolute agreement diminished. If I were to say how we had survived long enough analytically to allow this, I would suggest it was because we had avoided our lack of understanding becoming the malignant misunderstanding that such patients dread. As an analytic experience, it had the quality of a journey through white-water rocky rapids—certainly not a tranquil search for the source of the river in some imagined, ideal analysis.

In other words, survival was the name of the game, not discovery, and *naming the game* is what it is all about in some analyses. When survival of the subjective self is the uppermost issue for the patient, there is fear of *malignant misunderstanding* (Britton 1998). This requires the analyst's ability to tolerate non-understanding and to exercise negative capability, to use the phrase Bion borrowed from Keats. Understanding in this scheme of things is emergent, evolving from the analysis itself, and since

it is not introduced from some other source, it does not have the foreign feel to it so readily detected by such a patient who has a psychic allergy to the products of other minds.

Keats's phrase (1899, p. 277), taken from one of his letters, has become iconic in some Bion-admiring circles, and by its associations it can give the expectation of an analyst providing non-understanding as a poetic, meditative pause. I would rather illustrate from my own experience the persecutory quality of such a countertransference state by referring to parts of a patient's dream from another analysis, one in which non-understanding prevailed. This patient reported:

I was lost in a very familiar area, recognizing parts of it but unable to locate them in relation to each other and unable to orient myself at all. Then, walking the streets of London and trying to get directions to find transport, I was distressed because everyone spoke Russian and not English. At the hotel where I was staying, the receptionist, who initially seemed promising, failed to sort things out because the telephone in my room had been switched off.

I offer this dream not to provide an opportunity for interpretation (though it certainly looks promising in that way), but to illustrate a state of mind shared by the patient and me in the middle of a long analysis. It is also, I think, a situation in which analytic clarity provided by interpretation of the dream would have nullified the experience it represents—as if I would be providing the dreamer lost in London with a Russian interpreter, or as if giving him a compass would help him find his way when he feels lost in his own home.

As mentioned, I found reading "On Arrogance" (1958) supportive in the difficult days and enlightening in the dark days of my early experiences with borderline patients. But my retrospective theorizing about the repeated clinical phenomena I encountered was influenced by Bion's later writings in his four books: *Learning from Experience* (1962b), *Elements of Psychoanalysis* (1963), *Transformations* (1965), and *Attention and Interpretation* (1970). The influences, mostly extra-analytic, that led to Bion's review of his clinical experiences and his rethinking about how to classify and communicate them can be examined at another time. For

now, suffice it to say that these influences included Heisenberg (1958), Poincaré (1914), and Braithwaite (1953).

Bion was also retrospectively influenced by two of his teachers: philosopher H. J. Paton, who was his tutor at Oxford University, and Wilfred Trotter, the famous surgical chief at University College Hospital, London. Trotter was notable not only as a surgical pioneer; he was also the person who introduced Ernest Jones, his junior colleague, to Freud's earliest writings, and who himself wrote one of the first books on group psychology (Trotter 1915). "Trotter makes observations which remind one strongly of Bion's later views," noted Francesca Bion (1995).

Bion was wary of idolatry, though he was often personally the subject of it. But even he had some heroes, and Trotter was certainly one of them. In his autobiography (1985), Bion described what he saw as the secret of Trotter's well-known skill as a diagnostician:

[Trotter] listened with unassumed interest as if the patient's contribution flowed from the fount of knowledge itself. It took me years of experience before I learned that this was in fact the case No need to ask where does it hurt? . . . The anger that is so easily aroused [in the doctor] is the helper's reaction to an awareness that he does not *understand* the language, or that the language that he *does* understand is not the relevant one It was said that when Trotter did a skin graft it "took"; if Taylor did a skin graft with equal . . . technical brilliance . . . it did not take: the body rejected it; it was sloughed off. [p. 38, italics in original]

Trotter's (1932) comments on the aptitudes necessary to be a good doctor will sound familiar to anyone who has read Bion on the cultivation of an analytic attitude:

The first . . . must always be the power of attention It is an active process, and not either resigned listening or even politely waiting until you can interrupt. Disease often tells its secrets in a casual parenthesis.

The second thing to be striven for is intuition . . . but who can control that small quiet monitor. But intuition is only inference from experience stored and not actively recalled. For that reason we should acquire experience and more experience. Do

not let us submit . . . to the delusion that experience is made up of the events at which we are present An event experienced is an event perceived, digested, and assimilated into the substance of our being. [p. 98]

I regard Bion's cultivation of *negative capability* as the analytic position that one aspires to in the consulting room. I would summarize it as a state of uncertainty without disorientation, doubt without mistrust, naïveté without credulity, and charity without sentimentality. But as I see it, this position is easily lost in the maelstrom of the transference-countertransference and is regained only when one achieves what I have called the *third position* and *triangular space* (Britton 1989).

Bion adopted the concept of the *selected fact* from Poincaré, and I, too, have adopted this concept in analytic practice as well as in supervision. It means that the analyst allows his/her free-floating attention (as recommended by Freud) to be arrested by some particular in the patient's material or in the situation, which then acts like a central organizer of both present and past knowledge of the patient. The hazard is that an overvalued idea of the analyst or the patient will substitute for the intuitively selected fact (Britton and Steiner 1994); therefore, the appropriate use of this concept presupposes negative capability.

Negative capability is an appropriate aspiration for an analyst, but only, I think, in the consulting room. When the philosopher David Hume—whose philosophical rigor so impressed Bion (and the analytic philosophers Bertrand Russell and A. J. Ayer)—left his study, he made it clear that he was abandoning his logical skepticism and resuming what he called his “natural beliefs” (Ayer 1973, p. 140). We analysts should do the same when we leave our consulting rooms. I think that negative capability belongs only in the analyst's analytic chair and not in his or her life outside the consulting room. Outside we can—and perforce will—resume our pleasurable prejudices, domestic certainties, and private beliefs.

This way of functioning may help us preserve an analytic position in our analytic hours and maintain the distinction between ourselves at work and ourselves at home. We are, after all, members of a profession, not of the priesthood.

REFERENCES

- AYER, A. J. (1973). *The Central Questions of Philosophy*. London: Penguin.
- BION, F. (1995). The days of our lives. *J. Melanie Klein & Object Relations J.*, 13(1), <http://www.pschoanalysis.org.uk/days.htm>.
- BION, W. R. (1958). On arrogance. *Int. J. Psychoanal.*, 39:144-146.
- (1959). Attacks on linking. *Int. J. Psychoanal.*, 40:308-315.
- (1962a). The psycho-analytic study of thinking. *Int. J. Psychoanal.*, 43:306-310.
- (1962b). *Learning from Experience*. London: Karnac, 1984.
- (1963). *Elements of Psychoanalysis*. London: Karnac, 1984.
- (1965). *Transformations*. London: Karnac, 1984.
- (1967). *Second Thoughts*. New York: Jason Aronson.
- (1970). *Attention and Interpretation*. London: Tavistock.
- (1985). *All My Sins Remembered: Another Part of a Life and the Other Side of Genius: Family Letters*, ed. F. Bion. Abingdon, UK: Fleetwood Press.
- (1992). *Cogitations*, ed. F. Bion. London, Karnac Books.
- BRAITHWAITE, R. B. (1953). *Scientific Explanation*. Cambridge, UK: Cambridge Univ. Press.
- BRITTON, R. (1989). The missing link: parental sexuality in the Oedipus complex. In *The Oedipus Complex Today*, ed. J. Steiner. London: Karnac, pp. 83-101.
- (1998). *Belief and Imagination*. London: Routledge.
- BRITTON, R. & STEINER, J. (1994). Interpretation: selected fact or overvalued idea. *Int. J. Psychoanal.*, 75:1069-1078.
- HEISENBERG, W. (1958). *Physics and Philosophy*. London: Penguin, 1989.
- KEATS, J. (1899). *The Complete Poetical Works and Letters of John Keats, Cambridge Edition*. Boston, MA/New York: Houghton Mifflin.
- KLEIN, M. (1946). Notes on some schizoid mechanisms. *Int. J. Psychoanal.*, 27:99-110.
- POINCARÉ, H. (1914). *Science and Method*. London: Nelson.
- TROTTER, W. (1915). *Instincts of the Herd in Peace and War*. London: Scientific Book Club, 1942.
- (1932). Art and science in medicine. In *The Collected Papers of Wilfred Trotter*. Oxford, UK: Oxford Univ. Press, 1941.

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WHEN THE ANALYST BECOMES STUPID: AN ATTEMPT TO UNDERSTAND ENACTMENT USING BION'S THEORY OF THINKING

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Keywords: W. R. Bion, thinking, acute enactment, chronic enactment, analytic field, stupidity, arrogance, collusion, trauma, alpha function, dreaming, triangular situation, analytic process.

First I talk to a patient and then I go to sleep. If I dream, I take the patient on. If I don't dream I send him to a scientific medical doctor.

—A Mozambican healer when asked how
he chose his patients (Marinho 2011)

INTRODUCTION

There are clinical situations in which, in the face of the threat of a catastrophic breach in the analytic field (*acute enactment*), the analyst reproaches himself—imagining that, without realizing it, he has invaded the analytic field with aspects of his own. Later he may realize that he has let himself be recruited by aspects of the patient, and he then accuses himself for having been stupid and arrogant. But in going back over the clinical material, the analyst may discover that he and his patient were involved in an unconscious, chronic collusion (*chronic enactment*), which preceded the acute enactment. During this collusion, any realization of triangular reality was blocked.

It becomes clear that stupidity and arrogance did in fact occur during the chronic enactment, and that the stupidity kept it from being noted. Attacks on the perception of reality during the chronic enact-

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ment were aimed at maintaining, in a frozen state, traumatic situations that could be reexperienced in the analytic process.

In this paper, I hypothesize that, in areas parallel to the chronic enactment, the analyst's implicit alpha function sews together traumatic holes. When the capacity to dream (the alpha function) becomes strong enough, the chronic enactment is dissolved. This dissolution emerges as *acute enactment* and includes attenuated reexperiencing of the trauma of becoming conscious of the triangular situation. I will discuss these clinical facts using ideas derived from Bion's earliest works.

BION'S INFLUENCE ON MY THINKING AS AN ANALYST

Bion greatly influenced the Brazilian Psychoanalytic Society of São Paulo, to which I belong, as he did other groups in Brazil and Argentina as well. In rereading transcripts of some of his conferences and supervisory sessions (not many of which have been published), one can easily see how Bion stimulated and challenged Brazilian analysts to rethink their clinical practice. He emphasized the need for analysts to learn how to observe and reflect on their own ways of thinking. For this purpose, he drew up an innovative theory based on the observation of clinical facts. This theory was implicitly present during the conferences he gave in São Paulo, which stirred up his audiences considerably.

According to Bion, the analyst has to bear his unknowing without appealing to known facts and theories, and his intuitive dreaming mind must replace rational functioning. In this way, emotions take center stage in the analytic process, and the analyst must grasp them within himself. There is no doubt that thinking about them is also an emotional process.

My impression is that the psychological catastrophe (Bion 1970) brought about by Bion in São Paulo was more the consequence of his sophisticated theory of observation than specifically of his theoretical abstractions. It was evident that he was being idealized in São Paulo. His stance—both authoritarian and inquisitive—his enigmatic and ironic terms, and his ability to provoke both admiration and aversion made him a fascinating figure. The moment was also propitious for the São Paulo Psychoanalytic Society to accept someone with these characteristics.

The care Bion took to avoid idealization, seen in his portrayal of a type of unconvincing humility, only increased the idealization. There was even a danger that a certain reverential awe would encourage both a pseudoreligious acceptance and an emotional aversion.

I never met Bion personally, and the fact that some of the members of my psychoanalytic institution had placed him on a pedestal made me back off a bit. Little by little, however, my contact with colleagues showed me that they were using Bion's thought without dogmatizing it, and this convinced me of the value of his ideas.

The productive use of his thinking was the best way to fight off its being sidetracked. In fact, his approaches have had a very positive influence on a number of Brazilian psychoanalytic societies, and many of their members are open to developments and contributions from other psychoanalytic currents of thought as well. This fact in itself is very Bionian.

Today some of Bion's ideas are part of my identity as a psychoanalyst. We Brazilians consider ourselves culturally anthropophagic, in the sense that we tend to swallow up anything and everything that comes from outside the country. We digest things and then regurgitate and transform them. This idea, first propounded by the Brazilian writer Oswald de Andrade, resulted from the modernist movement in São Paulo in the 1920s. Thanks to this anthropophagic characteristic, Brazilians are very interested in and tolerant of everything that we can taste, swallow, and digest. In the process, more local blends of thinking often come up. So Oswald de Andrade was an unexpected precursor of Bion's ideas about thinking.

Bion's early papers were based on his work with psychotic patients. In them he drew widely from Klein's ideas of splitting and projective identification. His interest was directed less to internal objects and more to the study of the fragmentation of the mental apparatus and its functions. His observation of these facts in the analytic field led him to formulate his original intersubjective theory on the constitution of the mental apparatus, which was more thoroughly elaborated in "The Psycho-Analytic Study of Thinking" (1962a).

New ideas gradually emerged that broadened the field of observation and understanding of emotional phenomena (Bion 1962b, 1963,

1965, 1967b, 1970, 1977, 1992). The study of his supervisory sessions and clinical seminars (Bion 1974, 1975a, 1979) helped further clarify his ideas, which tend to be difficult for those who are grappling with them for the first time. There is even greater aversion toward Bion's fictional writings (1975b), where he brings us dreams in daring and very particular language. But studying these writings in discussion groups, with different dreamers interacting, has proved to be a fascinating experience.

In this article, I will discuss clinical situations in which the analytic field is taken over by obstructive collusions that involve both members of the analytic dyad but are not perceived by the analyst (chronic enactments). These collusions may be abruptly undone and threaten to destroy the analytic relationship (acute enactments). The analytic field seems to be taken over by stupidity and arrogance (Bion 1958).

This discussion is based on Bion's early writings, later republished in his book *Second Thoughts* (1967a). The reader will recognize Bion's theories but may also be surprised (and perhaps even irritated) with transformations for which I alone am responsible. My initial ideas and their evolution have been previously published (Cassorla 2001, 2005, 2008, 2009, 2012, 2013). Here I show that Bion's early texts envisioned and influenced the developments of contemporary psychoanalysis that stress the importance of the intersubjective relationship between the members of the analytic dyad.

CLINICAL FACTS

The patients discussed here were able to execute verbal thinking. That is, each one possessed a symbolic network that somehow enabled him to communicate facts he had experienced in his internal world. Even though such patients may resist finding out too much about certain aspects of themselves, they seem able to understand the analyst's interpretations and feel understood by him. With such patients, areas that are very difficult to access can be identified and dealt with. In these cases, the analyst imagines that, even if the analytic process is difficult, it is nevertheless moving forward.

Surprisingly, at certain moments, this situation is interrupted by abrupt facts that threaten to destroy the analytic field. This threat, un-

derstood only later, consists of attacks on creative links between the two members of the analytic dyad. The field is taken over by stupidity and arrogance, and the stupidity prevents the analyst from realizing what is happening. The intensity of the situation can unexpectedly shake the analyst out of his calm and assurance and lead him back to his curiosity. His analytic function is thus restored and, little by little, he realizes that the possibility of catastrophe was already present in the previous phase.

These clinical facts will be discussed in the present paper, following a number of theoretical and technical aspects that must be addressed first.

DREAMING EMOTIONAL EXPERIENCES IN THE ANALYTIC FIELD

A biological being becomes a human being when its experiences, which were initially biological, can be transformed into mental facts. This transformation enables one to conceive of reality, that is, to give it meaning. These mental facts become significant thanks to the capacity to symbolize (Langer 1942), which is strongly dependent on emotional factors.

Symbols are artifacts that represent reality when it is absent. Symbols are attracted to one another, and the connections between them establish a network—specifically, the symbolic network of thinking. This network is in constant transformation and expansion, and when new emotional experiences are brought into it, they generate new meanings.

Bion (1962a, 1962b, 1992) proposes that the capacity to think first develops when meaningless emotional experiences (*beta elements*) are transformed by a hypothetical maternal function (*alpha function*) into mental elements (*alpha elements*). The alpha elements, which are symbolic visual images, connect to one another and seek new forms of symbolic representation, especially through words.

In babies, this capacity develops thanks to an intersubjective relationship in which another human being (usually the mother) lends her alpha function to the baby, transforming meaningless elements into ones that can be thought about. Little by little, the baby introjects the mother's alpha function—or, we might say, it internalizes a complex intersubjective relationship between self and mother (Brown 2011).

Alpha elements are constituted as affective pictograms (Barros 2000), which seek to give figurability to emotional experience by rep-

resenting it in expressive and evocative images. These images pressure the mind to amplify its instruments of representation. This migration to figurability is similar to what Freud (1900) described regarding nocturnal dreams. Going back to an idea of Freud's, Bion said that the human being dreams emotional experiences through both daytime and nighttime dreams,¹ and theorizes that this dream work constitutes how thinking first begins.²

This idea of dreaming as a first step to thinking changes our understanding of the functions not only of dreaming, but of analytic techniques as well. The analytic dyad can observe how they dream emotional experiences that take place in the here and now of the session; in other words they come to realize how experiences generate meaning and how the meaning is broadened or restricted. These dreams may be more evident in the patient or in the analyst, but they are always a product of the analytic field.

I see the analytic field as a space–time continuum resulting from the intersubjective relationship between patient and analyst. Nothing takes place for either of the members of the analytic dyad that does not affect or is not affected by the other. The combination of both creates an intersubjective entity (a being) that has characteristics of its own, which go beyond a simple total of the parts. The ways by which unconscious experiences and internal object relations are expressed in the analytic field show the degree of disorder in an individual's capacity to dream and to think.³

DREAMS-FOR-TWO

When patient and analyst are dealing with areas of the mind in which symbolization is possible, strongly visual scenes, plots, and narratives emerge in the field. Both members of the dyad can imagine, each in

¹ The stars we see at night are also there during the day (Freud 1900).

² For a time, Bion (1992) used the term *alpha-dream-work* but later shortened it to *alpha-function*. As the term's sphere of meaning gradually expanded (Bion liked unsaturated terms), it became less associated with dreaming.

³ These ideas were first introduced by the Barangers (1961–1962, 2008) and elaborated by other authors, such as Ferro (1999, 2002, 2009), Ogden (1994, 2005), and Lothane (2009); Brown (2011), too, revises and deepens its meaning.

his own mind, what is being described. The set of scenes narrated to the analyst are transformations in the here and now of dreams that the patient had while either awake or sleeping, and the dreams are affected by the presence of the analyst, who is included in the plot.

The emotional experiences that are dreamed are communicated to the analyst through symbols, especially verbal symbols, and through normal projective identification.⁴ The analyst, using his capacity for reverie, takes in the patient's dream and experiences it, and he is thus able to perceive defenses that mask meaning and deform oedipal conflicts. By calling attention to defenses, the analyst transforms the patient's dream into another dream that thus takes on a broader meaning. In other words, the analyst *redreams* his patient's dream.

The analyst's dream, told to the patient through interpretations, connects to the patient's symbolic network and is redreamed by the patient. The patient's new dream is told to the analyst and so forth. *Dreams-for-two* are developed, thus expanding the thinking capacity and the work of the analytic dyad.

It is important to note that, even though the analyst's dream is part of the *dream-for-two*, it is still a dream of his own. When the analyst recounts this dream to the patient, it is as if he were saying, "Your dream prompted me to have a dream. This dream is the product of my mental functioning (even though it was influenced by your dream) and I can now share it with you in the hope that it will expand the meaning of your dream" (Meltzer 1983). In this model, besides the analytic capacity, the *real person* of the analyst is given great importance (Levine and Friedman 2000).⁵

The symbolic area that allows dreams-for-two in the analytic field corresponds to what Bion (1957) called the nonpsychotic part of the personality. The two types of mental functioning, the symbolic (the non-psychotic part), and the nonsymbolic (the psychotic part) coexist in all human beings.

⁴ Bion (1962a) broadened Klein's concept of projective identification and saw it as a means of emotional communication that fosters empathy in the receiver.

⁵ Several researchers have further developed these ideas (see Cassorla 2009), such as Meltzer (1983, 1986), Grotstein (2000, 2007, 2009), and P. Sandler (2005, 2009), besides Ferro and Ogden, mentioned earlier.

NON-DREAMS

When the analytic field is occupied by nonsymbolic areas, where the dream work/alpha function is weakened, the analyst may encounter difficulties in imagining, that is, in visualizing the images in his mind. When images do arise, they are static and their outline of meaning is not connected to the symbolic network of thought. The patient may describe scenes and plots that are repeated over and over without the meaning becoming any clearer or expanding. At other times, scenes appear that are apparently symbolic, but the symbols have lost their function of expression. The analyst feels the patient as concrete and as unable to create or understand metaphors (Barros 2011).

If the first meanings resulting from the alpha function are not sustained, they are reversed (inversion of the alpha function). These elements, which have little meaning or none at all, are discharged in the form of actions in the body (symptoms or somatization) or transformed into hallucinosis (Bion 1965). These transformations take the form of hallucinations of the senses or disorders in thinking, such as beliefs, fanaticism, omniscience, or delirious ideas. The analytic field is taken over by discharges of beta elements, of deformed or deteriorated symbols, and of debris from mental functions. Such debris may encompass or be encompassed by remains of symbols and concrete objects, thus constituting bizarre objects (Bion 1957).

I refer to the set of phenomena described above as *non-dreams*.⁶ This nomenclature calls attention to a disorder in the capacity to dream. Since non-dreams are not adequately connected to the symbolic network of thinking, they are experienced as foreign bodies and seek to be eliminated through projective identifications, which enter the analyst and stimulate his dream work/alpha function. Using his reverie, he transforms non-dreams into dreams, thus giving them meaning. If the meaning cannot be borne by the patient, the analyst's dream is reversed into a non-dream. The analyst tries to dream the non-dream in other

⁶ Rezze (2001) refers to non-dreams but restricts the term to nighttime dreams. Grinberg (1967) and Segal (1981) use the terms *evacuative dreams*, or *psychotic dreams*, to refer to these same nighttime dreams.

ways, and so forth. When this becomes possible, the alpha function is gradually introjected by the patient until he can dream his own non-dreams.

Non-dreams can be massively projected into the analyst and attack his capacity to think and dream. Such projective identification can become increasingly intense and violent, causing a return to early situations in which the primary object, unable to contain these situations, returns them as *nameless dread* (Bion 1962a, p. 309). The mother's (and the analyst's) possible incapacity may be augmented by destructiveness and primary envy that transform the analyst's dreams and non-dreams into even more terrifying non-dreams (Bion 1959, 1962b).

Non-dreams projected by the patient can become connected to specific aspects of the analyst, thus invading him like "viruses" that attack the functioning of his symbolic network. The analyst, confused and recruited by projected aspects of the patient, fails to realize what is happening. The analytic field is taken over by *non-dreams-for-two*, understood as unconscious collusions in which the dreaming capacity of both members of the analytic dyad is impaired.

The collusions that result from non-dreams-for-two are the raw material for what I have called *chronic enactments*. These are events that occur in the analytic field by which the two members of the analytic dyad experience disorders in their dreaming and thinking capacities, discharging inconceivable elements without being aware of what is happening. I will presently show that chronic enactments can be undone through transformations that start off as *acute enactments*.⁷

DREAMS ↔ NON-DREAMS

We might say that there is a continuum extending from dream areas to non-dream areas, something like a spectrum of colors. At one extreme are ideal areas of full symbolization. Next, one can see areas where sym-

⁷ In Cassorla (2005), I compare enactments to other concepts such as *bastions* (Baranger and Baranger 1961–1962, 2008), *actualizations* (J. Sandler 1976), *parasitic container-contained relationships* (Bion 1970), and *recruiting* (Joseph 1989). Other recent additions to the subject can be found in Cassorla (2009, 2012), Paz (2007), Ivey (2008), Borensztein (2009), and Brown (2011), and in the debate between Steiner (2006) and Levenson (2006).

bols have less capacity for meaning and connection. Then come symbols that have degenerated in varying degrees, followed by fragile connections under constant attack. These in turn lead on to areas where symbolization is precarious or nonexistent, with a predominance of nonsymbolized areas.

Areas with symbolic equations (Segal 1957) also permeate this continuum, where symbol and symbolized run together, and there are areas with apparent symbolization, but where the patient's capacity for abstraction is limited. Rigid organizations (Brown 2005) with apparently intelligible beta elements (P. Sandler 1997) may simulate dreams, but they are *false dreams* (Cassorla 2009) that mask non-dreams. Deformed or fractured symbols mix with split mental functions and are described as bizarre situations.⁸ It should be noted that all the elements in this continuum may be expressed at the same time.

To summarize, we move from more or less symbolic areas to areas that, in varying degrees, are psychotic and traumatic, as well as areas devoid of representation. In traumatized and borderline patients or those with confused functioning, dreams and various types of non-dreams may oscillate rapidly or seem to be mixed together, leaving the analyst confused.⁹

AN ILLUSTRATION FROM CLINICAL SUPERVISION

Anne, a young psychotherapist, is a member of a supervisory group that I coordinate. Two years ago, she brought to the group clinical material about a patient named Paula. This patient was a young lawyer who constantly felt she was the victim of conflictive situations with her family and co-workers. Anne's material indicated that Paula sabotaged her own emotional and intellectual resources by projecting her self-devaluation into the surrounding environment, which she saw as threatening and

⁸ Discharges into acts should not be confused with acts that are thought out. Sapisochin (2007, 2011) uses the notion of a *silent movie* to describe what he calls "psychic gestures," performances of the analytic dyad in search of verbal symbolization.

⁹ Numerous authors have contributed to the long historical debates on representation and symbolization in psychoanalysis, including the Botellas (2003), Marucco (2007), Green (1998), and Barros (2011). Other sources are chapters of books edited by Rose (2007) and by Levine, Reed, and Scarfone (2013).

frustrating. Her misery was also expressed through very serious financial difficulties. It was clear that Paula almost compulsively got herself into situations that accentuated her suffering and her identity as a victim.

Paula complained that Anne ignored her suffering and failed to help her enough. Little by little, Anne began feeling incompetent and guilty, but she was clearly aware that her feelings were intensified by Paula's projective identification. Anne interpreted these facts to Paula and Paula seemed to understand, but she also seemed to absorb interpretations only minimally, and soon she would begin complaining again. However, at several different moments Paula seemed to assume some responsibility for her life.

My impression as supervisor was that, even though the analytic process was difficult, it was moving ahead adequately, and I felt it would become more productive with time. After a few weeks, Anne began bringing other cases to the group, and we heard no more about Paula for the next two years.

Then one day, Anne arrived late, out of breath, and announced that she had some very interesting material on a patient whom we had discussed some two years earlier. The treatment was going along very well but, even so, Anne decided to talk to the group about a particular session with this patient. She was sure that I, the coordinator, would find something new to consider (though I felt uncomfortable about this remark).

Anne reminded the group about Paula, the patient who was always "on the border." Anne noted that, in the past, we had been confused about this patient and never knew whether she lived in R or in S, whether she was married, whether she was actually working as a lawyer, or whether she helped support her parents financially. Paula had come from a very poor family, Anne reminded us, and was unable to make use of her emotional resources. She complained about her financial situation and was constantly threatening to leave analysis.

Then Anne described to the group a recent session she had had with Paula, as follows:

Paula came into the consulting room with a happy expression on her face and told me [Anne] that she [Paula] had gone with her whole family to an event at the company where her father worked. She was pleasantly surprised to discover that her

father was greatly admired and respected by his superiors and co-workers.

At this point, a member of the group interrupted Anne to ask what profession Paula's father practiced, and Anne answered that he held an important administrative position. I was surprised because I remembered him as having very limited schooling and being an alcoholic, but I kept this to myself.

The account of the session continued:

At the company party, Paula's father had proudly introduced his lawyer daughter to his fellow workers, and she had felt warmly received. Even her mother, who was continually depressed, said how happy she was to have such a beautiful and intelligent daughter.

I continued to seriously wonder about what I was hearing. I remembered sessions of two or more years earlier when Paula had complained bitterly about her parents. I noted that other members of the group were also uncomfortable about something that was hard to define.

Anne went on: "Paula said that her sister was also at the event and that the sister was going to take a trip abroad. There were a number of children at the party and Paula had a good time playing with them." After the party, the family went back to their car and headed home. Paula's husband was at the wheel and her sister-in-law sat in the back seat. By coincidence, they passed an obstetrician friend of theirs in another car, and Paula told her husband that, when she got pregnant, she would like this doctor to deliver the baby.

At this moment Anne interrupted her account and stated that, earlier, Paula had been terrified at the idea of getting pregnant and having children. Then Anne went back to her account:

Paula complained that her husband made no comment about this remark. Then Paula asked her sister-in-law in the back seat what she thought about her getting pregnant. The sister-in-law simply said to Paula's husband, "It's getting hot in here. Could you turn down the air conditioner?"

Anne once again interrupted her account and, referring to Paula's desire to get pregnant, delightedly told the group that this meant Paula was progressing. I felt irritated at this superficial comment about Paula's "progress." At the same time, I noticed that Anne's joy contrasted with the apparent mood of the rest of the group. We were uninterested, tired, and restless, and I realized this was because Anne's account was boring and unappealing, and included too many details. It was clear that we were anxious for the supervisory session to be over.

But there came a point when my sleepy disinterest was replaced by a feeling of alertness. Anne was describing an intense discussion between Paula and herself: "Paula complained that her mother did not back up her desire to get pregnant," she said. Anne then told Paula that she (Paula) always wanted everyone to agree with her. Paula disagreed, but Anne insisted that she (Paula) always had to be right.

The climate in the analytic session had become tense and aggressive. Paula angrily said that Anne did not understand her. Anne reminded Paula about situations in which she (Paula) always wanted to be right, both at work and with her husband. Then Paula said that she was afraid her husband would leave her because of their financial problems. Anne made no further comments, and the session ended.

As I (the supervisor) listened to Anne, I realized how disappointed I was with her work. She had not listened to Paula and had wanted Paula to agree with her (Anne) and her own (Anne's) theories. It was clear that Anne had stepped out of her analytic function. I imagined that Paula's last words, about being afraid her husband would leave her, reflected the situation of helplessness she was experiencing due to her analyst's lack of understanding.

Trying not to show my disappointment, I said that what had most strongly caught my attention was the climate at the end of the session. Anne became quiet and serious and, after a time, she said she had just remembered how uncomfortable she had felt at that moment. She had noticed her attacks on Paula and felt embarrassed and guilty. And she felt it strange that she did not remember this fact when she decided to bring the session to the group, nor as she was recounting it.

Then Anne spontaneously told us more about this analysis. She remembered that some time earlier, Paula had missed three consecutive

sessions without calling. Anne had become concerned but waited to hear from her. When Paula did come back, she said casually that she had missed her sessions because she was having an expensive aesthetic treatment. Then Anne told us that Paula had traded in her old car and was now driving a sophisticated and expensive new model. Anne said that only at that moment in supervision had she become aware that Paula had been taking advantage of her financially; she said, "I only realized it just this minute, as I told you about it."

As Anne gradually became aware of her feelings, the group and I sat in silence. Anne remembered that, at the end of the analytic session, Paula had paid for all her previous sessions. Anne then said that she had been surprised because Paula had not complained about the cost. Up until then, whenever Paula paid for her sessions, she insisted on reducing their number or threatened to halt the treatment.

In the group, Anne then vacillated and became embarrassed as she told us that she had charged Paula a lower price—far below what she usually charged patients—since she had felt moved by Paula's financial problems. Finally, Anne told us that as soon as Paula left, she, Anne, decided to raise the price starting with their next session.

DREAMING THE CLINICAL MATERIAL

In a supervisory process, through realistic projective identification and verbal symbols, the analyst communicates to the supervisor how he is dreaming the patient's dreams and non-dreams. The analyst hopes that the supervisor will redream these dreams from other angles, thus expanding the analyst's capacity to think.

But the supervisor's capacity to think can also be attacked through non-dreams discharged by the analyst. The supervisor does not always realize what is happening and, if this is the case, he, too, runs the risk of getting involved in non-dreams-for-two with the analyst being supervised. This situation constitutes what Brown (2011) called *non-dreams-for-three*. When there are several different persons in the clinical discussion, as in the situation described here, this risk is lower but not eliminated.

The Session and Acute Enactment

As mentioned, there was a two-year period in which Anne did not bring any clinical material about Paula to the supervisory sessions. When she finally did come rushing into the meeting that day, out of breath, she may have been discharging her non-dreams. But she may also have been trying, through actions, to represent her uneasiness related to the fact that she was “late” or “behind” in her analytic capacity. As long as these actions had no meaning, they consisted of non-dreams in search of dreamers.

Anne came in with the expectation that I, her supervisor, would find new elements in the material. Something was making me uncomfortable, and it continued to bother me all during her account. I felt an emotional experience whose meaning was escaping me. Only an outline of meaning came to me: I felt threatened by Anne’s expectations of me. My dream could not seem to get beyond this point.

As Anne went on talking, I continued to visualize Paula at the party, enjoying her emotional resources. My visualization, consisting of my experience with dreams-for-two that occur in the analytic field, was a mixture of facts as they had been told by Anne and other facts from my own personal history. But images and ideas related to poverty and scarcity also came to mind, related to earlier sessions and to personal experiences of mine. The contrast surprised me.

When Anne expressed her satisfaction at Paula’s wanting to have a baby, I could not agree that this in itself should be considered a sign of “improvement.” I felt that Anne’s analytic function was out of kilter. In fact, I was disappointed with her. When it became clear to me that Anne’s and Paula’s desires were coinciding, I hypothesized that they might be operating in an idealized relationship. In what follows, we will be able to confirm that non-dreams-for-two were giving rise to chronic enactment of mutual idealization. Anne’s participation was obvious in her belief that the analytic work was “coming along very well.”

My dream, which gave some meaning to the hypothesis of mutual idealization, was pressuring my mind to broaden this meaning, like a conception in search of realization (Bion 1962a). A step further may

have helped me realize that the collusion of idealization between Anne and Paula was being repeated in the supervisory field, but I noted this only later.

Other, more basic affects were also demanding dream work at the same time. The climate in the supervisory group was one of restlessness and disinterest, and the participants were hoping that Anne's account would soon be over. In other words, there was something uncomfortable (beta elements) going on, something that sought to be eliminated through the bodies of the participants of the group (indicated by the unrest and boredom) and through projection into the outside world (a hope that the meeting would soon be over).

My sleepiness had the same function of getting me away from this frustrating reality, but it also revealed my reverie. Suddenly I was warned by the absurd discussion I was hearing about between Anne and Paula. Anne was being stupid and arrogant, and my disappointment with her was growing. I had two alternatives: I could either get away from the frustration or put up with it until it took on some meaning (Bion 1962a, 1962b). At this crucial moment, I became aware that my disappointment with Anne was related to the idealization I had set up about her in the past and that was being abruptly and traumatically de-idealized. Again, I had two alternatives: to run away from this traumatic realization or include it in my symbolic network of thinking.

One possible defense against frustrating reality is omniscience.¹⁰ It is accompanied by the splitting and projection of the perception of traumatic reality into the object. Since this perception threatens omniscience, it is moralistically censured. Discrimination between true and false, true reality and omniscient invention, is replaced by the dictatorial assertion that something is either right or wrong.¹¹

¹⁰ "If intolerance to frustration is not so great as to activate the mechanisms of evasion and yet is too great to bear dominance of the reality principle, the personality develops omnipotence as a substitute for the mating of the pre-conception, or conception, with the negative realization. This involves the assumption of omniscience as a substitute for learning from experience by aid of thoughts and thinking" (Bion 1962a, p. 305). *Editor's Note*: In this article, page numbers from Bion 1962a refer to the numbering of the republication in this issue, not to that of the original publication.

¹¹ "Omniscience substitutes for the discrimination between true and false a dictatorial affirmation that one thing is morally right and the other wrong. The assumption of omniscience that denies reality ensures that the morality thus engendered is a function

In the situation described above, it seems that I was moralistically reproaching Anne for my own disappointment (a moralistic position of the superego), but this constituted an inversion of truth and falsehood. In fact, both the idealization and the disappointment were products of my own mind, and I was fully responsible for them. This moralistic reproach could have made me stupid and arrogant.

Freed from the moralistic moment, I returned to my function as supervisor and accepted getting closer to reality, that is, to Anne's shortcomings (and my own as well). I was led to wonder how her analytic capacity had been attacked.

Let us go back to the discussion between Anne and Paula. They had had conflicting ideas and were rejecting each other's positions. It was clear that, in this moralistic dispute, they both wanted to be right. We cannot rule out the possibility that each one wanted to think with her own mind, but the mutual criticism (especially Anne's of Paula) indicated resentment over their being in opposite camps, and this resentment reflected their disappointment with the destruction of the idealized dyadic relationship.

At this point my perception of reality was broadened. If Anne had indeed lost her analytic function, this was the result of the power of this same function. This apparent paradox could be seen in the following way:

1. At the start Anne and Paula were in chronic enactment, that is, an idealized dual relationship (a *non-dream-for-two*). But since there was no dream, Anne was not aware of this.
2. The discussion indicated that the idealized relationship had been undone. Once they began to disagree, Anne and Paula became aware of the triangular reality, i.e., that they were separate human beings.

I assumed that this perception of the triangular reality had resulted from the analytic work, but this hypothesis awaited confirmation. And, since their perception was traumatic, Anne and Paula tried to return to their idealized dual relationship.

of psychosis. Discrimination between true and false is a function of the non-psychotic part of the personality and its factors. There is thus potentially a conflict between assertion of truth and assertion of moral ascendancy. The extremism of the one infects the other" (Bion 1962a, p. 305).

In my view, the configuration expressed in the discussion between the two women should be classified as *acute enactment*. This means that the *chronic enactment* has been dissolved, and contact with triangular reality has begun. The trauma that accompanies this contact is highlighted, as well as the attempt to return to the dual relationship.

Acute enactment involves a mixture of facts all taking place at the same time:

1. Beta elements, non-dreams, are being discharged (through emotions, acts, and speech);
2. Non-dreams are looking for dreamers;
3. Non-dreams are being dreamed;
4. Recently dreamed dreams are converting back into non-dreams;
5. Dreams are seeking to be included in the symbolic network.

These new facts show that a double *reversion of perspective* had occurred (Bion 1963).¹² The apparent failure in Anne's analytic function during the acute enactment was in fact a return of this function. And the analytic process that had taken place before—a process that was apparently productive—had in fact been dominated by obstructive dual relationships that had gone unnoticed.

The consequences of acute enactment depend on which of two forces is predominant. The first includes trauma, psychological catastrophe, and the threat of destruction of the analytic field, while the second incorporates dream work and contact with reality. Since this contact is traumatic, it stimulates destructive forces. The second force, dream work, has the purpose of neutralizing the destruction by trying to give meaning to the trauma. From this perspective, three possibilities arise:

1. The traumatic situation gets out of hand and the analytic process is destroyed;
2. The dual relationship is returned to, thus reestablishing the chronic enactment; or

¹² *Reversion of perspective* refers to the classical experiment of Gestalt psychology in which a view of a vase can be reversed to two faces in profile and vice versa.

3. The dream work of the analyst and the analytic dyad generates meaning, and thus brings the trauma into the symbolic network of thinking.

As we saw, the analytic session ended with Paula feeling depressed and worried about the possibility that her husband (who in the session represented Anne) might leave her because of their financial problems. Paula's sensitivity will become evident in what follows.

After the Session with Acute Enactment

At the end of the analytic session, Anne was feeling guilty about the discussion they had had, but she soon attacked her own perception of this guilt. The feeling was unconscious but it continued to pressure her mind to search for broader meaning. This compelled her to seek other dreamers in the supervisory group.

After describing the session, and encouraged by the group's containing attitude, Anne was able to link her experiences with elements in her symbolic network of thinking. She remembered the strangeness and guilt she felt over the discussion with Paula and realized that she had tried to forget this fact by escaping from reality.

As Anne shared her feelings in the group, she also expanded her overall ability to dream. She remembered situations in which she had felt disrespected, and she gradually realized that she had attacked her own perception of the fact that Paula had caused her to feel uncomfortable. As soon as she became aware of her feeling that Paula had taken advantage of her financially, she moved into a moment of depression, forced to admit that she had charged Paula much less than her other patients.

Now Anne realized that she had set up a sadomasochistic collusion. Paula had attacked her and had even cheated her financially and made her envious. In return, Anne attacked Paula for having blocked her from using her analytic capacity. Anne's stupidity had transformed violence into submissive idealization, but the submission had gone unnoticed. That is, the analytic dyad defended itself from the persecutory collusion through manic defenses.

When Paula paid Anne what she owed without complaining and without threatening to leave analysis, Anne then thought about upping Paula's fees. What might have precipitated this action and reaction? Either:

1. Paula was frightened by the fact that her analyst lost her temper and tried to calm her down in order to maintain the dual idealized relationship; or
2. The acute enactment was the first result of the dream work/alpha function, that is, of a trial contact with reality. The continuation of this dream work could expand the capacity to think.

The sequence of events indicates that the second hypothesis is the correct one. In later sessions, when Paula showed that she was resentful, there could be a creative return to this discussion. Paula talked about her fantasies and recollections of early traumatic situations. Among them was a probably very intense depression suffered by her mother, and situations of helplessness that left her with a sense of abandonment—the perception of which she had denied. These situations may well have been reminiscences of other, even earlier scenes that would never be consciously remembered, but that had been relived in the analytic relationship. The traumas, which had been non-dreamed up to that point, took on figurability.

At the same time, hypothetical constructions filled in lacunas in the symbolic network. For her part, Anne honed her listening to be able to hear possible early warning signs of a return to dual collusions. In short, the dyad's capacity to dream and to think had been strengthened.

Before the Acute Enactment

By the end of the supervisory session, we realized that Paula and Anne were living in an idealized collusion, alternating with or covering up a sadomasochistic collusion. We were led to suspect that this collusion might have been present before the analytic session but had gone unnoticed. Bion (1965) stirred up some curiosity when he stated that, once a psychological catastrophe is over, invariants that were already present in the precatastrophic phase can be identified.

When we reviewed the material brought to the group before the acute enactment had occurred, including facts that had come up as long as two years earlier, we noted that Anne and Paula had been working in both symbolic and nonsymbolic areas. Paula brought in dreams that Anne redreamed and non-dreams that Anne tried to dream. Through them, Paula revealed her misery and attacked Anne by making her feel powerless, unhappy, and guilty. Anne realized what had taken place and continued to move on patiently.

At the same time, in a nonsymbolic area, Anne had been pulled in to participate in a *sadomasochistic chronic enactment* that she was not aware of. Anne's analytic capacity had been neutralized by Paula's attacks and by the fear that Paula might abandon her. The fantasy of the dual relationship was reinforced by the constant reduction of fees. The patience that Anne needed had been transformed into masochistic patience. By idealizing her patience and denying Paula's destructiveness, Anne had become involved in a collusion of idealization that covered up and alternated with sadomasochistic collusion.

When Anne presented this material in supervision two years earlier, I was not able to realize what had happened. The fact that Anne had not told me about her fear of losing Paula nor about her having lowered the price of the sessions simply made things worse. I do not discard the possibility that my perception also failed due to my initial idealization of Anne. In what follows, I will discuss the factors related to this idealization in both areas, analysis and supervision.

WHAT HAPPENS DURING CHRONIC ENACTMENT

As we saw in the session described earlier, clinical observation has shown that acute enactments indicate the beginning of contact with triangular reality. The fact that Anne and Paula had undone the idealized dual relationship led us to suppose that, during the obstructive collusion, an implicit development of the symbolic network in areas parallel to the obstruction occurred. The acute enactment followed due to this development.

My experience indicates that, during chronic enactment, an analyst can realize what is going on in areas parallel to the dual collusion and try to dream non-dreams. Many dreams are converted into non-dreams and the analyst continues to try to dream them. The dream work may not be apparent because it is covered over by chronic enactment. The patient fantasizes that he controls the analyst through the dual relationship, "but at the same time and on another level" (Grotstein 2009), implicit alpha function work is taking place, which covers over the traumatic holes in the symbolic network.

When triangular reality takes over, two possibilities come up. In one scenario, there is still not enough capacity to dream, and therefore the dual collusion is maintained or reestablished. The other possibility is that, as of a certain moment, the patient can live in reality. In this case the trauma is attenuated, but it continues to have traumatic effects. It emerges in the analytic field as acute enactment and may continue to be dreamed then and there by the analytic dyad.

As we saw, Anne and Paula had set up a persecutory/idealized chronic enactment, at the same time that the explicit and implicit alpha function wove itself over traumatic areas. In the session described, Paula showed that she was then able to dream the triangular reality, making the best of her resources. This fact made clearer the collusion of victimization and financial damaging that was being experienced at this moment, especially by Anne. The risk of discrimination and of contact with reality had become greater.

Anne recognized Paula's development but, in a parallel area, she was blind to her own feeling of having been taken advantage of financially. She also failed to perceive that envy had taken over the analytic field. The fact that Paula had clearly brought emotional and financial resources of her own to the session might have led us to think that she had induced Anne to become aware of the financial disadvantages involved. The discussion between them, which constituted the acute enactment, happened after they had realized that enough of a symbolic network had been constituted to run the risk of coming into contact with triangular reality. This contact was sustained and the dream work was broadened. If this had not been possible, the dyad would have returned to a dual relationship.

Anne later confessed to me that her happiness with Paula's possible pregnancy had covered up her own sadness. Anne had postponed her own wedding because of financial problems. Paula's complaint that others had not supported her in becoming pregnant called to mind Anne's own conflicts, since she herself had had to sacrifice her wishes without complaining. At another level, Anne complained about the fact that she had submitted to Paula's dictates.

Clinical experience leads me to think that chronic and acute enactments are part of the work with some patients, such as borderline patients, who experience reality as traumatic. To escape from this reality, the patient enters the analyst and takes him as a protective shield. The dual relationship protects the patient from contact with triangular reality at the same time that it enables the action of implicit alpha function.

Acute enactments become evident in a vaguer form when traumatic areas are less intense and there is more capacity for working through, such as when these enactments appear as micro-enactments. This is the case with certain interpretive enactments (Steiner 2006) in which the analyst is surprised by his own tone of voice or by certain terms he would not normally use. These micro-enactments are easily identified and, in general, have no serious consequences, but they run the risk of being repeated, of becoming chronic.

The model proposed can help us understand events that take place in areas that are predominantly nonpsychotic. Transference relationships with neurotic patients involve a certain degree of undifferentiation between patient and analyst, but a dual relationship can quickly be undone through an interpretation that reintroduces the patient into a triangular relationship. This contact with reality is traumatic, even if only slightly so. Therefore, there would seem to exist a basic traumatic situation in any analytic relationship (Hartke 2005). The analyst's difficulty in making a mutative interpretation (Caper 1995; Strachey 1934) is related to this risk. In the model proposed, these situations involve normal (Cassorla 2001, 2005, 2012), or minimal, enactments (Friedman 2008).

Neurotic areas can sufficiently bear and dream reality, thus making mutative interpretations possible. But this is contraindicated in psychotic and traumatic areas, as long as a symbolic network has not yet been created that can bear the trauma of the contact with triangular reality.

BORDERLINE CONFIGURATIONS

We understand chronic enactment as a means for avoiding contact with triangular reality. The psychotic part of the personality cannot bear reality and attacks the perception of it through omniscience. This is accompanied by splitting and massive projective identifications of internal objects and mental functions, the intensity of these mechanisms being proportional to the degree of the disorder.

Patients who defend themselves through borderline configurations experience the terror of annihilation, and this has its roots in very early traumas. Due to constitutional and environmental factors, these traumas cannot be dreamed and must look for dreamers, such as the patient's analyst. Two possibilities arise:

1. Reality is overly traumatic and therefore cannot be symbolized; and
2. The apparatus for dreaming and thinking reality is not sufficiently established.

These two possibilities nurture one another; that is, intense traumas prevent the mind from setting up a mental apparatus that can symbolize, and the absence of such an apparatus makes the traumas unbearable.¹³

In Bion's model, these situations are related to innate difficulties in withstanding frustration, and to adult containers that are unable to use their alpha function to detoxify the baby's beta elements. The projective identifications that the baby discharges return as nameless dread (Bion 1962a). In addition, the container/contained relationship is disturbed and can even be destroyed.

In view of the dread of annihilation, projective identifications become increasingly intense, and the baby, in fantasy, imagines itself protected inside the mother. There is little possibility of mitigating the dread because the mother is felt as deadly, but being separate from her can be just as threatening. Since contact is alternately increased and reduced, replacement objects for the mother are sought.

¹³ It is possible that primitive and transgenerational microtraumas influence the repetitive "normal" way in which individuals live their lives—what we call *character*.

The attempt to live in this unstable configuration results in defenses that are manifest as pathological organizations (Rey 1994; Steiner 1993). The patient, in fantasy, becomes fused with the object, but the dual relationship is constantly threatened by reality because the object has a life of its own. This is the origin of sadomasochistic plots in which the subject desperately seeks to control the object through threats, blackmail, resentment, and guilt. When the object becomes identified with projected aspects, it contributes to the maintenance of the dual collusion. The contents of the plots may change from persecution to submission, on the one hand, or can involve mutual idealization, on the other. When the idealization is undone, the sadomasochistic plot moves in and these configurations are brought into the analytic field and recruit the analyst's participation.¹⁴

Phenomenologically, a break in a dual relationship can be seen through symptoms or behavior that lead the patient to seek professional help. Panic over contact with reality is handled through desperate resumptions of dual relationships. Besides this reckless search for new objects (an analyst, for example), idealized fusion may be sought through death (such as suicide attempts or accidents). Society also offers addictions as ways to deal with emptiness, such as to alcohol or other substances, or to sex, work, the Internet, games, consumption, ideologies, or fanatic religion. Another very particular but frequent maneuver is teenage pregnancies, in which a young woman fantasizes a dual relationship with her baby as protection against contacts with reality (Cassorla 1985).

How might an analyst fail to realize that he is involved in chronic enactment? As mentioned above, I suggest that there are three factors involved here:

1. the massive character of the patient's projective identification attacks the analyst's capacity to think;
2. such projective identifications are connected to traumatic situations of the analyst himself; and
3. the analyst is afraid to undo the dual relationship because he realizes that this step would be highly traumatic for the patient (or for both of them).

¹⁴ In my view, these configurations describe—in another way—the *thin-skin defenses* (idealization) and *thick-skin defenses* (persecution) discussed by Rosenfeld (1987).

Fortunately, analysts are now able to talk or write about their own involvement in analytic impasses, freed as they are from moralistic self-recrimination, and this allows psychoanalytic knowledge to advance.¹⁵ Anne, for example, noted the similarities between certain aspects of her life and Paula's, since they had both come from poor families and had struggled hard to move beyond this. Anne knew what it meant to have financial problems, so her identification with Paula made her feel happy with "[her] patient's progress." But the idealized relationship kept Anne from seeing that she was not taking care of herself, in that envious attacks by Paula and the action of internal objects of her own were ignored. Positively, Anne's personal analysis was certainly deepened.

The supervisor, in turn, knew that he was identifying with both Anne and Paula because he, too, came from a family that had had many financial difficulties during his childhood and youth. In fact, he was able to become an analyst only because, at a certain stage in his life, he found an analyst who charged him what he was able to pay.

STUPIDITY, ARROGANCE, AND CURIOSITY

Bion (1958) wrote that allusions to stupidity, arrogance, and curiosity are indications of psychological catastrophe. In this article, I am dealing with less disturbed patients in which borderline configurations are covered over. The triad appears when we come close to the psychotic (non-symbolic) area, and it becomes evident through enactments.

Patients express *curiosity* through a wish to continue their analyses, but the wish may mean running a serious risk of being unable to constantly maintain a fantasized fusion with the analyst. The risk of retraumatization, or of destruction of the dual relationship, is similar to the risk run by Adam and Eve when they listened to the serpent, and that of Oedipus when he consulted the oracle and Tiresias.¹⁶

¹⁵ Analysts' self-revelations to their readers can be found in, for example, Levine and Friedman (2000), Jacobs (1986, 2001, 2006), Cassorla (2001, 2005, 2008), Sánchez Grillo (2004), Hartke (2005), Orbach (2009), Calich (2009), and Schreck (2010).

¹⁶ The serpent, the oracle, and Tiresias can be understood as equivalent to the realization of the oedipal preconception (Bion 1962a). The traumatic becoming aware of triangular reality, including an awareness of death (Link K), is the result of disobedient curiosity (Cassorla 2010a).

The necessary fusion is accompanied by *curiosity* about the analyst, who is known through his reaction to the projective identifications that the patient massively throws into him. This knowledge has the purpose of paralyzing the analyst, but the patient will be frustrated if the analyst holds his ground too insistently. The patient then runs the risk of being “expelled from the dual paradise” and having to face traumatic reality.¹⁷

Arrogance joins the omniscience and moralistic evaluation that replace the perception of reality with condemnatory judgment. Undifferentiated from the object, the patient dictatorially condemns everything that threatens the dual relationship. Any fact that might indicate the existence of the other, of triangular reality, is omnisciently considered bad and wrong, and what an observer might call arrogance is seen by the patient as the legitimate use of his rights.

Stupidity has to do with the patient’s difficulty in keeping contact with reality, and also involves failures in the capacity to symbolize, dream, and think. The patient therefore replaces these operations with discharge. The indiscrimination and deformation of reality, and a position of condemning anything that is frustrating, indicates that stupidity is close to arrogance.¹⁸

The analyst can experience, signify, and transform the emotional experiences that the patient brings to the analytic field only if the analyst is able to identify with the patient. The analyst must *become* the patient. But at the same time, or soon after, the analyst must watch what happens to himself, and then transform his *becoming the patient* into dream thoughts that can be communicated to the patient.

But as we have seen, the analyst runs the risk of being recruited by the patient’s non-dream and of *becoming* an aspect of the patient’s psychotic part. In this case, prevented from dreaming, the analyst cannot be aware of what is going on. He thus becomes stupid, arrogant, and morbidly curious, like the patient. In this case, we are in an area of non-dreams-for-two.

Bion (1961) described situations of this type as follows:

¹⁷ In this situation, the patient is expelled from paradise and thrown down into hell. If this hell can be dreamed, it becomes the earth—reality—but infernal devils and idealized gods continue to haunt the patient (Cassorla 2010b).

¹⁸ In a previous article (Cassorla 1993), I associated stupidity with *turning a blind eye*.

[The analyst] does not notice that his mind is numbing, and takes as reality what is the result of massive identifications . . . [that] I can only call a temporary loss of insight, a sense of experiencing strong feelings and at the same time a belief that their existence is quite adequately justified by the objective situation without recourse to recondite explanations of their causation. [p. 149]

Later, Bion attributed this numbing to the action of the beta screen that stirs up in the analyst what the patient wants.¹⁹

In "On Arrogance" (1958), Bion discusses facts similar to those I have discussed. I may have swallowed up his ideas and then regurgitated them transformed, so to speak, without my being aware of it.

The intersubjective component and the inevitability of chronic enactment can be deduced from the following description:

The very act of analyzing the patient makes the analyst an accessory in precipitating regression and turning the analysis itself into a *piece of acting out*. From the point of view of successful analysis, this is a development that should be avoided. *Yet I have not been able to see how this can be done. The alternative course is to accept the acting out and regression as inevitable, and if possible to turn it to good account.* This, I believe, can be done, but it involves detailed interpretation of events that are taking place in the session. [Bion 1967a, p. 87, italics added]

Morbid curiosity and mutual stupidity are related to the transference, but in fact take place in both members of the dyad:

The transference is peculiar in that, in addition to the features to which I have drawn attention in previous papers, it is to the analyst as analyst. *Features of this are his appearance, and that of the patient in so far as he is identified with the analyst as, by turns, blind, stupid, suicidal, curious, and arrogant.* [Bion 1967a, pp. 87-88, italics added]

¹⁹ Pioneering authors in the study of the action of pathological projective identifications include Bion (1961, 1962a, 1962b, 1974), Grinberg (1957), Rosenfeld (1965, 1987), J. Sandler (1976, 1988), Grotstein (1981), Ogden (1982), and Joseph (1989). All these authors show how the analyst is led and recruited to become an aspect of the patient. Grotstein (2005), dissecting the concept, proposed the term *projective transidentification* for the situations described here.

The trauma of the contact with triangular reality and the reversion from a possible acute enactment to a chronic enactment can be inferred from the following statement by Bion (1958):

If we turn now to consider what there is in reality that makes it so hateful to the patient that he must destroy the ego which brings him into contact with it, it would be natural to suppose that it is the sexually orientated Oedipus situation, and indeed I have found much to substantiate this view. *When reconstitution of the ego has proceeded sufficiently to bring the Oedipus situation into sight, it is quite common to find that it precipitates further attacks on the ego.* [p. 279, italics added]²⁰

Bion also referred to idealized and persecutory situations that can be described as enactments:

These common-sense interpretations have a common characteristic in that all *are accusatory, or, alternatively, laudatory* as if far-fetched with intent to reassure the patient of his goodness in the teeth of the evidence. This is not fortuitous; it would be difficult in the face of the evidence to maintain that it was. One is forced to a conclusion that is unexpected and surprising, namely, that the beta-element screen—I shall call it beta-screen for short in the future—has a quality enabling it to evoke the kind of response the patient desires, or, alternatively, a response from the analyst which is heavily charged with counter-transference. Both possibilities require examination for their implications. [1962b, p. 23, italics added]

DREAMING THE SESSION AS ANALYTIC TECHNIQUE

In the epigraph to this article, a witch doctor in Mozambique explains in his own way how he uses his capacity to dream his patients' dreams and non-dreams. This practice taught him that an impossibility of dreaming indicates that the patient is suffering from some somatic disorder that should be treated by scientific medicine.

²⁰ *Editor's Note:* In this article, page numbers from Bion 1958 refer to the numbering of the republication in this issue, not to that of the original publication.

Brown (2011) discusses in detail how the study of intersubjective processes has been implicitly and explicitly developing since Freud wrote his papers on technique. The process has continued until today, having progressed through Klein, Bion, and ego psychology. In earlier days, it was not considered appropriate to imagine that an analyst's counter-transference would inevitably suffer the inductive action of aspects belonging to the patient. The admission of this fact and the broadening of our comprehension of it are important advances in contemporary psychoanalysis (Gabbard 1995). These facts have contributed to a greater acceptance of the term *enactment*, which brings together phenomena that are already well known but whose description and understanding have been dispersed among groups of analysts of various theoretical orientations.

The understanding that analyst and patient constitute an intersubjective field, in which both unconsciously seek to know themselves and both unconsciously respond to this knowledge, brings up the need to investigate how these unconscious facts can be detected, understood, and transformed. A number of authors have equated Freud's concept of free-floating attention to a dream state (Brown 2011). Bion's dream work/alpha function, for example, is related to an actively altered state of consciousness known as reverie. Ogden (1997) proposes to extend the notion to everything that is felt and experienced by the analyst while in this state.

Bion (1967b) advises analysts to work actively without memory, without desire, without the intention to understand. This rule facilitates reverie and, at the same time, is its outcome. In this state of mind, the analyst can consciously and unconsciously go through emotional experiences that take place in the here and now and transform them into dreams. This state goes far beyond a supposed understanding of the experiences themselves; in fact, the important thing is for the analyst to *become* the experience. In other words, the analyst should be *at-one-ment* with the patient (Bion 1970).

In various places in his works, Bion uses other models to explain his technical ideas, also related to his theory of thinking. Dream work/alpha function is related to the capacity of the container to bear frustrations and attacks from the patient while remaining alive and thinking. Bion

suggests that the analyst develop his *negative capability*, an expression taken from an 1817 letter by the romantic British poet John Keats, who referred to a moment “when man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (1899, p. 277). The notion of bearing the capacity not to know is reinforced by Maurice Blanchot’s idea (borrowed from André Green) that *la réponse est le malheur de la question*.

Bion (1970) also uses the term *intuition* to refer to the instrument that is able to grasp emotional phenomena. Intuition should operate above observations made by the sense organs. Bion reminds us of Freud’s letter to Lou Andreas Salomé in which he suggests that the analyst should artificially blind himself to better see the light.

Basing himself on this same theory, Bion urges that the analyst bear the chaos until a *selected fact* arises. The selected fact gives meaning to the chaos that is related to facts of the paranoid-schizoid (PS) position. The organization of the chaos is related to facts of the depressive position (D). The analyst should move back and forth between the two positions, bearing the chaos and, at the same time, not sticking too rigidly to the depressive position. This transiting back and forth between PS ↔ D depends on the caliber of his analytic capacity (and his capacity to think).

Bion recommends adopting *patience* during PS, while the unconscious dream work is taking place, until some *security* is attained, at which point the chaos can be organized in D. The security should then be loosened in order to make room for the new experience. Bion feels that the analyst should have *faith* that, at some point, his unconscious dream will give meaning to the non-dreams.

When the analyst’s mind is numbed, affected by a patient’s non-dreams, he does not know he is dealing with events that are unknown or meaningless. Faced with any indication of not knowing, the analyst replaces this not knowing with omniscience and omnipotence. This control may be seen in technical procedures: instead of being without memory and without desire, the analyst may become saturated with memories, desires, theories, and presumed knowledge. He may be convinced that he “knows” what is going on with his patient, based on facts, desires, theories, or expectations from his own experience. Interpretations of this type imply that adaptive suggestions are going on instead

of psychoanalysis. Rational or theoretical interpretations are employed to label the patient, whose development may consequently be arrested.²¹

If chronic enactment is inevitable, it can be diagnosed early on, provided that the analyst keeps an eye on himself. The realization that his mind is operating predominantly on the basis of memories, theories, and desires indicates that his analytic capacity is being obstructed. The analyst might then question his impression that the analytic process is going well. He might also wonder whether he is fatigued. He may be proud of the vivacity of his own analytic capacity (in the first case), or his patience and capacity to contain (in the second case), with the result that he tends to be unaware of his arrogance and stupidity.

Irritation with patients or constant self-admiration are other indications. The analyst should overcome any laziness related to resistance when he feels compelled to write down the clinical material, even though he might not know exactly why. This fact indicates the need for a *second look* (Baranger, Baranger, and Mom 1983)—for *listening to listening* (Faimberg 1996). Countertransference nighttime dreams and intuitions in daytime dreams can give us other clues.

Analytic work, especially with patients who have serious disorders, stimulates the analyst's acquisition of self-knowledge. He comes into contact with some of his own traumatized areas. An analytic process fosters development in both members of the dyad. It is hoped that the patient can profit more than the analyst, but a lack of development in the analyst forces him to suppose that there is also something wrong going on in his own processes.

The topic of unconscious communication has been worked on in detail by a number of authors. Brown (2011), for example, first based himself on Freud's ideas on telepathy, later conducting a thorough review of this topic.

²¹ The joke that an analyst without desire and without memory must be a victim of Alzheimer's disease indicates a misunderstanding of Bion's technical recommendations. He is simply against active searching for memories, expectations, and theories to fill in for the empty space of not knowing. Bion proposes that if the analyst uses his capacity for reverie, he will spontaneously be taken over by images and ideas. Such dreams of the analyst may include dream-memories and dream-desires, the understanding of which expand the capacity to think.

Stern et al. (1998) brought forward a number of creative hypotheses concerning implicit intersubjective movements that coexist with explicit understanding of transferential relationships. These movements result in what these authors call *moments of meeting*, which occur when each participant (but particularly the analyst) manifests "something unique and authentic of his or herself as an individual" (p. 913), beyond his routine therapeutic roles. These moments of meeting alter the intersubjective context and open up new space for rearranging the defensive processes.

These ideas are very close to what I assume occurs during *chronic enactment* and that results in *acute enactment*. Grotstein (2000, 2007) suggests that there is a rudimentary alpha function in the baby that can send messages to the mother. The baby can also grasp the mother's resonance beyond verbal communication. Grotstein supposes that this is similar to a *deep structure*, such as that which predetermines the learning of language, according to Chomsky.

Broader knowledge about the factors involved in unconscious communication between human beings should also help us better understand group and social situations in which human beings are incited and controlled by perverse leaders, becoming stupid and arrogant. Prejudice, persecutions, bloodbaths, and wars are all influenced by these factors.

Naturally, my comments are not intended to justify errors committed by analysts, but rather to understand these errors when they are part of intersubjective processes. We must recall that taking a moralistic stance will block any such understanding. Obviously, an analyst can make mistakes of omission or of excess in terms of intersubjective influence, sometimes going beyond the limits of what would be appropriate or correct analytic treatment. But intolerant accusations would prevent analysts from ever learning from their mistakes.

REFERENCES

- BARANGER, M. & BARANGER, W. (1961-1962). La situación analítica como campo dinámico. *Revista Uruguaya de Psicoanálisis*, 4:3-54.
- (2008). The analytic situation as a dynamic field. *Int. J. Psychoanal.*, 89:795-826.
- BARANGER, M., BARANGER, W. & MOM, J. (1983). Process and non-process in analytic work. *Int. J. Psychoanal.*, 64:1-15.

- BARROS, E. M. R. (2000). Affect and pictographic image: the constitution of meaning in mental life. *Int. J. Psychoanal.*, 81:1087-1099.
- (2011). Reflections on the clinical implications of symbolism. *Int. J. Psychoanal.*, 92:879-901.
- BION, W. R. (1957). Differentiation of the psychotic from the non-psychotic personalities. *Int. J. Psychoanal.*, 38:266-275.
- (1958). On arrogance. *Int. J. Psychoanal.*, 39:144-146.
- (1959). Attacks on linking. *Int. J. Psychoanal.*, 40:308-315.
- (1961). *Experiences in Groups*. London: Routledge, 2001.
- (1962a). The psycho-analytic study of thinking. *Int. J. Psychoanal.*, 43:306-310.
- (1962b). *Learning from Experience*. London: Heinemann.
- (1963). *Elements of Psycho-Analysis*. London: Heinemann.
- (1965). *Transformations*. London: Heinemann.
- (1967a). *Second Thoughts*. London: Heinemann.
- (1967b). Notes on memory and desire. In *Cogitations*. London: Karnac, 1992.
- (1970). *Attention and Interpretation*. London: Tavistock.
- (1974). *Brazilian Lectures I*. Rio de Janeiro: Imago.
- (1975a). *Brazilian Lectures II*. Rio de Janeiro: Imago.
- (1975b). *A Memoir of the Future*. Rio de Janeiro: Imago.
- (1977). *Two Papers: The Grid and Caesura*. Rio de Janeiro: Imago.
- (1979). *Bion in New York and São Paulo*. Perthshire, Scotland: Clunie Press.
- (1992). *Cogitations*. London: Karnac.
- BORENSZTEJN, C. L. (2009). El enactment como concepto clínico convergente de teorías divergentes [Enactment as a clinical concept converging from different theories]. *Revista de Psicoanálisis*, 46:177-192.
- BOTELLA, C. & BOTELLA, S. (2003). *La figurabilidad psíquica*. Buenos Aires: Amor-ortu.
- BROWN, L. J. (2005). The cognitive effects of trauma: reversal of alpha function and the formation of a beta screen. *Psychoanal. Q.*, 74:397-420.
- (2011). *Intersubjective Processes and the Unconscious: An Integration of Freudian, Kleinian and Bionian Perspectives*. New York: Routledge.
- CALICH, J. C. (2009). What do our patients think when we do not think? Paper presented at International Psychoanalytical Association Congress, Chicago, IL, July.
- CAPER, R. A. (1995). On the difficulty of making a mutative interpretation. *Int. J. Psychoanal.*, 76:91-101.
- CASSORLA, R. M. S. (1985). Depression and suicide in adolescence. In *The Health of Adolescents and Youths in the Americas*, ed. Pan Amer. Health Orgn./World Health Orgn. Washington, DC: Pan Amer. Health Orgn., pp. 156-169.
- (1993). Complexo de Édipo, vista grossa, curiosidade e catástrofe psicológica [Oedipus complex, to turn a blind eye, curiosity and psychological catastrophe]. *Revista Brasileira de Psicanálise*, 27:607-626.

-
- (2001). Acute enactment as resource in disclosing a collusion between the analytical dyad. *Int. J. Psychoanal.*, 82:1155-1170.
- (2005). From bastion to enactment: the “non-dream” in the theatre of analysis. *Int. J. Psychoanal.*, 86:699-719.
- (2008). The analyst’s implicit alpha-function, trauma and enactment in the analysis of borderline patients. *Int. J. Psychoanal.*, 89:161-180.
- (2009). Reflections on non-dreams-for-two, enactment and the implicit alpha-function of the analyst. In *Growth and Turbulence in the Container and Contained*, ed. H. B. Levine & L. J. Brown. London: Taylor & Francis/Routledge, 2013.
- (2010a). A leste do Éden: loucura, feitiço e suicídio [East of Eden: madness, fetish, and suicide]. *Revista Brasileira de Psicanálise*, 44:147-157.
- (2010b). Édipo, Tirésias, o oráculo e a esfinge: do não-sonho às transformações em sonho [Oedipe, Tiresias, the Oracle and Sphinx: from non-dream to transformations in dreaming]. In *Psicanálise: Bion. Teoria e Clínica*, ed. C. J. Rezze, E. S. Marra & M. Petriccioni. São Paulo: Vetor, pp. 110-131.
- (2012). What happens before and after acute enactment? An exercise in clinical validation and broadening of hypothesis. *Int. J. Psychoanal.*, 93:53-89.
- (2013). In search of symbolization: the analyst’s task of dreaming. In *Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contributions*, ed. H. B. Levine, G. S. Reed & D. Scarfone. London: Karnac, pp. 202-219.
- FAIMBERG, H. (1996). Listening to listening. *Int. J. Psychoanal.*, 77:667-677.
- FERRO, A. (1999). *Psychoanalysis as Therapy and Storytelling*, trans. P. Slotkin. Hove, UK: Routledge, 2006.
- (2002). Some implications of Bion’s thought: the waking dream and narrative derivatives. *Int. J. Psychoanal.*, 83:597-607.
- (2009). Transformations in dreaming and characters in the psychoanalytical field. *Int. J. Psychoanal.*, 90:209-230.
- FREUD, S. (1900). *The Interpretation of Dreams*. S. E., 4/5.
- FRIEDMAN, L. (2008). Is there life after enactment? The idea of a patient’s proper work. *J. Amer. Psychoanal. Assn.*, 56:431-453.
- GABBARD, G. O. (1995). Countertransference: the emerging common ground. *Int. J. Psychoanal.*, 76:475-485.
- GREEN, A. (1998). The primordial mind and the work of the negative. *Int. J. Psychoanal.*, 79:649-656.
- GRINBERG, L. (1957). Perturbaciones en la interpretación por la contraidentificación proyectiva. *Revista Psicoanalisis*, 14:23.
- (1967). Función del soñar y clasificación clínica de los sueños en el proceso analítico. In *Psicoanalisis-Aspectos teóricos y clínicos*. Buenos Aires: Alex Editor, 1976, pp. 187-208.

- GROTSTEIN, J. S. (1981). *Splitting and Projective Identification*. New York: Jason Aronson.
- (2000). *Who Is the Dreamer Who Dreams the Dream? A Study of Psychic Presences*. Hillsdale, NJ: Analytic Press.
- (2005). Projective transidentification: an extension of the concept of projective identification. *Int. J. Psychoanal.*, 86:1051-1068.
- (2007). *A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanalysis*. London: Karnac.
- (2009). ". . . But at the Same Time and on Another Level . . .": Vol. 1, *Psychoanalytic Theory and Technique in the Kleinian/Bionian Mode*. London: Karnac.
- HARTKE, R. (2005). The basic traumatic situation in the analytical relationship. *Int. J. Psychoanal.*, 86:267-290.
- IVEY, G. (2008). Enactment controversies: a critical review of current debates. *Int. J. Psychoanal.*, 89:19-38.
- JACOBS, T. J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.
- (2001). On misreading and misleading patients: some reflections on communication, miscommunication and countertransference enactments. *Int. J. Psychoanal.*, 82:653-669.
- (2006). Reflexões sobre o papel da comunicação inconsciente e do enactment contratransferencial na situação analítica [Reflections on the role of unconscious communication and countertransferential enactment in the analytic situation]. In *Contratransferência: teoria e prática clínica*, ed. J. Zaslavsky & M. J. P. Santos. Porto Alegre: Artmed, pp. 81-97.
- JOSEPH, B. (1989). *Psychic Equilibrium and Psychic Change: Selected Papers of Betty Joseph*, ed. M. Feldman & E. B. Spillius. London: Routledge.
- KEATS, J. (1899). *The Complete Poetical Works and Letters of John Keats, Cambridge Edition*. Boston, MA/New York: Houghton Mifflin.
- LANGER, S. K. (1942). *Philosophy in a New Key: A Study in the Symbolism of Reason, Rite and Art*. Cambridge, MA: Harvard Univ. Press, 1979.
- LEVENSON, E. A. (2006). Response to John Steiner. *Int. J. Psychoanal.*, 87:321-324.
- LEVINE, H. B. & FRIEDMAN, R. J. (2000). Intersubjectivity and interaction in the analytic relationship: a mainstream view. *Psychoanal. Q.*, 69:63-92.
- LEVINE, H. B., REED, G. S. & SCARFONE, D., eds. (2013). *Unrepresented States and the Construction of Meaning. Clinical and Theoretical Contributions*. London: Karnac.
- LOTHANE, Z. (2009). Dramaturgy in life, disorder and psychoanalytic therapy: a further contribution to interpersonal psychoanalysis. *Int. Forum Psychoanal.*, 8:135-148.
- MARINHO, F. (2011). Personal communication.
- MARUCCO, N. C. (2007). Between memory and destiny: repetition. *Int. J. Psychoanal.*, 88:309-328.
- MELTZER, D. (1983). *Dream-Life: Re-Examination of the Psycho-Analytical Theory and Techniques*. Strath Tay, Scotland: Clunie.

- (1986). *Studies in Extended Metapsychology: Clinical Application of Bion's Ideas*. Strath Tay, Scotland: Clunie Press.
- OGDEN, T. H. (1982). *Projective Identification and Psychotherapeutic Technique*. New York: Jason Aronson.
- (1994). *Subjects of Psychoanalysis*. London: Karnac.
- (1997). Reverie and metaphor: some thoughts about how I work as a psychoanalyst. *Int. J. Psychoanal.*, 78:719-732.
- (2005). *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries*. Hove, UK: Routledge.
- ORBACH, S. (2009). Enactment and informative experience in the light of the analyst as a new object. Paper presented at International Psychoanalytical Studies Organization Congress, Chicago, IL.
- PAZ, C. A. (2007). Del "Agieren" al "Enactment," un siglo de cambios y avances [From Agieren to enactment, a century of changes and advancement]. *Revista de Psicoanálisis de la Asociación Psicoanalítica de Madrid*, 50:59-71.
- REY, H. (1994). *Universals of Psychoanalysis in the Treatment of Psychotic and Borderline States*. London: Free Association.
- REZZE, C. J. (2001). O sonho, o quase sonho e o não sonho. In *Transformações e Invariâncias: Bion ↔ SBPSP, Seminários Paulistas*, ed. M. O. A. França, M. C. I. Thomé & M. Petriccioni. São Paulo: SBPSP-Casa do Psicólogo, pp. 97-116.
- ROSE, J., ed. (2007). *Symbolization: Representation and Communication*. London: Karnac.
- ROSENFELD, H. (1965). *Psychotic States: A Psychoanalytical Approach*. New York: Int. Univ. Press.
- (1987). *Impasse and Interpretation*. London: Tavistock.
- SÁNCHEZ GRILLO, M. R. (2004). Juego y "enactment" en psicoanálisis de niños [Play and "enactment" in child psychoanalysis]. *Psicoanálisis*, 26:407-419.
- SANDLER, J. (1976). Countertransference and role-responsiveness. *Int. Rev. Psychoanal.*, 3:43-47.
- (1988). *Projection, Identification, Projective Identification*. London: Karnac.
- SANDLER, P. C. (1997). The apprehension of psychic reality: extensions in Bion's theory of alpha-function. *Int. J. Psychoanal.*, 78:43-52.
- (2005). *The Language of Bion*. London: Karnac.
- (2009). *A Clinical Application of Bion's Concepts, Vol. 1: Dreaming, Transformation, Containment, and Change*. London: Karnac.
- SAPISOCHIN, S. (2007). Variaciones post-freudianas del "Agieren": sobre la escucha de lo puesto en acto [Post-Freudian variations of Agieren: on listening to what is acted]. *Revista de Psicoanálisis de la Asociación Psicoanalítica de Madrid*, 50:73-102.
- (2011). La escucha de la regresión en el proceso analítico [Listening to regression in the analytic process]. *Revista de Psicoanálisis de la Asociación Psicoanalítica de Madrid*, 62:30-85.

- SCHRECK, A. (2010). Eugenia: la “puesta en acto” en el proceso analítico [Eugenia: acting in the analytic process]. Paper presented to the Instituto de Psicoanálisis, Asociación Psicoanalítica Mexicana, México.
- SEGAL, H. (1957). Notes on symbol formation. *Int. J. Psychoanal.*, 38:391-397.
- (1981). The function of dreams. In *The Work of Hanna Segal—A Kleinian Approach to Clinical Practice*. New York: Jason Aronson.
- STEINER, J. (1993). *Psychic Retreats: Pathological Organizations in Psychotic, Neurotic and Borderline Patients*. London: Routledge.
- (2006). Interpretive enactments and the analytic setting. *Int. J. Psychoanal.*, 87:315-320.
- STERN, D. N., SANDER, L. W., NAHUM, J. P., HARRISON, A. M., LYONS-RUTH, K., MORGAN, A. C., BRUSCHWEILER-STERN, N. & TRONICK, E. Z. (1998). Non-interpretative mechanisms in psychoanalytic therapy: the “something more” than interpretation. *Int. J. Psychoanal.*, 79:903-921.
- STRACHEY, J. (1934). The nature of the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 15:127-159.

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BION AND THINKING

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Keywords: W. R. Bion, projective identification, psychosis, apparatus for thinking, ideas, conceptions, dreaming, waking dream thought, alpha function, beta elements, pictograms, narrative derivatives, reverie.

INTRODUCTION

In “The Psycho-Analytic Study of Thinking” (1962a), Bion offers an avowedly provisional summing up: in our view, he recapitulates what he feels he has understood from the study of psychotic thought and combines it with the results of his work with groups. Everything contained in this essay can be found in various forms, addressed in greater or lesser depth, in almost all his writings. He states that his system has a practical purpose and hence implications on the level of knowledge and technique. Like a good interpretation, this perspicuous summing up was to drive analysis forward, paving the way for the full flowering of Bion’s ideas in the ensuing years.

The issue considered in our paper can be summarized in a simple question: how is it that, half a century after its publication, this contribution, just a few pages long, is still one of the ten most frequently accessed articles in the psychoanalytic literature?¹

¹ Our source for citation frequency is the 2011 version of the electronic database Psychoanalytic Electronic Publishing.

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To help us understand the reason for this, we reread the 1962(a) essay and compared it with the version published in Bion's 1967 book. In addition, we took account of the fact that the essay was written in parallel with *Learning from Experience* (Bion 1962b), shortly after the decision to republish the papers on group functioning that had appeared earlier (e.g., Bion 1961).

As noted, "The Psycho-Analytic Study of Thinking" is a reworking of the ideas developed by Bion on psychotic thought (as well as on the study of dysfunctions in the analytic community—hence also the epistemological notions of subsequent years) while also drawing on those evolved in his work with groups (the development of which he had had to give up when he embarked on analytic training; see Bion Talamo [1987]).

From this point of view, the essay of 1962(a)/1967 constitutes a summing up that plays a key role in the conceptual economy of Bion's ideas: it summarizes and reinterprets the preceding phases of his thought and opens the way for psychoanalysis to move on to the subsequent conceptions of Bion himself and of others (Eisold 1985, 2005; Ferro 2008; Grotstein 2007; Ogden 2005).

"THE PSYCHO-ANALYTIC STUDY OF THINKING": A HISTORICAL PERSPECTIVE

Bion's "The Psycho-Analytic Study of Thinking" (1962a) was read for the first time at the 1961 Congress of the International Psychoanalytical Association in Edinburgh and published a year later in the *International Journal of Psychoanalysis*. The part played by this text in the overall development of Bion's oeuvre will be more readily understood if it is borne in mind that the author decided to republish it at the end of the book in which he gathered together his writings on schizophrenia from the 1950s: *Second Thoughts* (Bion 1967). "The Psycho-Analytic Study of Thinking" thus marks the end, both chronologically and conceptually, of the decade described as the *psychotic period* of Bion's thought (Bléandonu 1994) and represents the beginning of the most productive and original phase in its author's life—which many see as the *epistemological* or *metatheoretical* phase of his thought (Civitarese 2011; Ferro 2008; Grotstein 2007; Sandler 2005).

To understand the impact of reading “The Psycho-Analytic Study of Thinking,” it will be helpful to approach the text by first distinguishing its formal container from its theoretical postulates. The first aspect, the container, immediately strikes the reader as a bewildering innovation.

The article is singularly short, composed of only five pages and amounting to 3,400 words divided into paragraphs of just a few sentences each. As published in 1962(a), the text is arranged in twenty-nine paragraphs indicated by small roman numerals, whereas in the 1967 version these are combined into eight sections numbered in accordance with the volume’s overall sequence (from 100 to 107). This compositional device allows Bion to write a concluding commentary, from which the title of the book *Second Thoughts* (1962b) is derived, and in which the original texts are referred to by their identifying section numbers (running from 1 to 107).

The reader’s bewilderment at this arithmetical formatting may be lessened if the philosophical precedents of this kind of style of composition are borne in mind. In 20th-century thought, the most celebrated analogue is surely Ludwig Wittgenstein’s *Tractatus Logico-Philosophicus* (1921), the book that inaugurated the tradition of logical positivism and so-called analytical philosophy. One’s immediate association, however, may be to William of Ockham’s “Octo Quaestiones de Potestate Papae” (c. 1344), the numbering of whose paragraphs offers as orderly as possible a progression of its author’s political and theological dialogue so as to avoid accusations of heresy.

Besides Bion’s section numbering, other aspects of the textual container, such as sentence structure and choice of language, also seem to have a nominalistic aim. The prose of “The Psycho-Analytic Study of Thinking” is elegant but highly austere. The sections are short and seek to express their ideas with apodictic clarity. “In this paper,” Bion writes in the first section, “I am primarily concerned to present a theoretical system” (1962a, p. 301).² In his next point, he comments: “This theoretical system is intended to be applicable in a significant number of cases; psycho-analysts should therefore experience realizations that approximate to the theory” (p. 301).

² *Editor’s Note:* In this article, page numbers from Bion 1962a refer to the numbering of the republication in this issue, not to that of the original publication.

Aware as he is of the aura of associations created by words, Bion therefore seems to be making a particular effort to illuminate the language he uses: "With this illumination he could use the term with the meaning he wished to convey," writes Sandler (2005, p. 564). Other aspects of this emphasis on clarity are Bion's recourse to geometrical images (the analogy of the mathematical notion of a circle, compared with a circle physically drawn on paper); the emotional meaning of numerical symbols (the "twoness" of the breast and of the primal me/not-me relationship); and the repeated reference to mathematical logic (philosophical theory is stated to bear the same relationship to psychoanalytic thought as that borne by pure mathematics to applied mathematics).

Another passage that illustrates the choices underlying this use of metaphor and language is to be found in the introduction to *Learning from Experience* (Bion 1962b):

It may seem that I am misusing words with an established meaning, as in my use of the terms function and factors. A critic has pointed out to me that the terms are used ambiguously and the sophisticated reader may be misled by the association of both words with mathematics and philosophy. I have deliberately used them because of the association, and I wish the ambiguity to remain. I want the reader to be reminded of mathematics, philosophy and common usage, because a characteristic of the human mind I am discussing may develop in such a way that it is seen at a later stage to be classifiable under those headings—and others. Nevertheless I am not discussing whatever it is that the function may become; my use of the term is intended to indicate that whether the person observed is performing a mathematical calculation, a walk with a peculiar gait, or an envious act, all are for me functions of the personality. If I concern myself with the accuracy of his mathematics it is not because I am interested in his mathematics but because his mathematics, and the accuracy of his performance, are functions of his personality and I want to know what the factors are. [p. vi]

KEY CONCEPTS

A brief summary of what seem to us to be Bion's (1962a) main points now follows. Thinking is the successful outcome of two mental processes

(1967, section 101): *the formation of thoughts and the evolution of the apparatus required to cope with them*. Thinking thus results from the demands made by the existence of thoughts. Thoughts are classified as *ideas* (what he calls *pre-conceptions*), conceptions or *thoughts*, and *concepts*.

Ideas (pre-conceptions) are connected with an experience of satisfaction (when the inborn idea of a breast comes into contact with the fact of reality that best corresponds to it, or with the actual breast), thus giving rise to *conceptions* (or thoughts). It is the idea of the breast (an empty thought) rather than its realization that is the determinant of the conception.

The term *thought* is reserved for the conjunction of a pre-conception and a frustration. The expectation of a breast is mated with a realization of the nonavailability of a gratifying breast—the *no-breast*. If the newborn's capacity to tolerate frustration is sufficient, a thought arises instead of the no-breast, thus giving rise to the *apparatus for thinking*. If the capacity to tolerate frustration is inadequate, the mind has to choose between *evasion of frustration and its modification*. In the former case, the result is evacuation and excessive development of the apparatus for projective identification; however (1967, section 102), if the inability to tolerate the state of frustration is not too great, *modification will become the governing aim of the apparatus*.

Conceptions (the outcome of the conjunction between a pre-conception and the corresponding realization) repeat the genesis of a pre-conception in a more complicated way. It is not necessary for the conception to come into contact with a strictly corresponding realization if the newborn can tolerate a certain degree of frustration.

In the event of an inability to tolerate frustration that is not so pronounced as to trigger the mechanism of evacuation, omnipotence will develop (1967, section 103); relevant factors are then the newborn's personality and the vicissitudes of the newborn's projective identifications and the mother's reverie. The latter is perhaps the aspect most thoroughly developed in later psychoanalysis, with all the possible oscillations between the various gradients of reverie (R) and negative reverie (−R).

The *alpha function* (1967, section 104) is therefore required to supply dream thoughts on the basis of sensory input (section 106)—just

as sense data must be processed by the alpha function in order for them to be used by dream thoughts in the same way as thoughts are subjected to certain operations (transformation into public form, communication, and consensus) so that they can be translated into action.

Grotstein (2007) reminds us that Bion's texts can be *dreamed*, and we will now present our own dreams of the last few years in relation to Bion's theses as outlined above.

WAKING DREAM THOUGHT AND NIGHT DREAMS

In our opinion, Bion's most important contribution is his hypothesis of the existence of *waking dream thought*. He considers that a dream is constantly unfolding in our minds. This dream is the result of the operations carried out by the *alpha function* on all the perceptual and sensory data in which we are normally immersed.

The sensory and perceptual data—for the sake of simplicity called *beta elements*—are transformed by the alpha function into *alpha elements*, or emotional pictograms, which syncretize instant by instant all the beta elements present, regardless of their origin in the soma, our own mind, others' minds, or the environment. (Again, for the sake of simplicity, we shall consider the visual aspect only, although we are aware that the same could be said of all the other senses.)

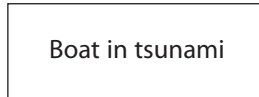
Consider a sense datum whose outcome is fear; the corresponding pictogram might be:

Trembling child

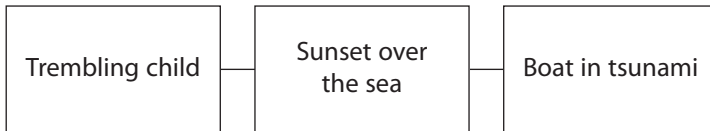
If a sense datum connoting tranquility then follows, the pictogram might be:

Sunset over the sea

The possible pictogram for an ensuing intense emotional wave might be:



All these pictograms, which form continuously without our knowledge, when linked together make up the waking dream thought referred to above. This is normally inaccessible by direct means, but the hypothetical sequence of . . .



. . . can yield narrative derivatives, in which words—a narration—replace the image. It is rather like the fabula and the plot: the fabula, or dream thought, can be narrated in an infinite number of plots, or narrations.

These derivatives may be expressed, for example, by the following plots and literary genres:

1. *A report from childhood* (such reports are congenial to analysts because they are more immediate and consistent with the waking “film” that is projected and normally remains inaccessible): “I remember how terrified I was by the fifth-grade exam until I saw my teacher come in with a smile on her face; but then I walked the principal, and I knew that nothing good would come of it.”
2. *A report involving sexuality* (these, too, are appreciated both because of the historical significance of sexuality in psychoanalysis, and because they usually refer to something intimate): “The first time my boyfriend touched my private parts, I held my breath; then I felt a glow of pleasure spreading through me, until I saw that horrible, enormous thingamabob bearing down on me.”

3. *A diary-like genre* (many analysts find it less easy to deduce the communication inherent in this genre than in the case of other narrations): "Finding myself alone in the street at night, I was really scared, but then I noticed that my boyfriend—the one my father hates—had turned up unexpectedly."
4. *A film or television program* (these, too, are not particularly well appreciated, as if they were less valuable as an Ariadne's thread than other genres): "A little boy down at the bottom of a well was terrified [in the film I saw yesterday on TV], but then he heard noises that he thought meant that help was coming. Only it was actually a huge spider advancing inexorably on him."
5. *A narrative derivative* (these may also take the form of a dream because they are "hooked" onto that moment and place in the session): "I dreamed I had a high fever and was lying in the dark when I heard footsteps. I thought it was my mother coming, but then I realized in horror that it was Frankenstein's monster."

As stated, one plot or narrative genre is as good as another; what matters are the alpha elements they convey.

It should be borne in mind that a locus of creativity in the mind is one that leads from beta to pictograms (alpha); another locus is the narrative development (in all possible genres and plots) of *waking dream thought* and its derivatives. We normally have no possibility of direct contact with waking dream thought or pictograms. Two important exceptions are *visual flashes* and *reverie phenomena*. The former occur when a patient whose capacity to contain is somewhat deficient, or when one who is under exceptionally high pressure "fires off" a pictogram (Rocha Barros 2000), which is a little piece of the sequence of waking dream thought.

A female patient, upon hearing that the analyst wished to increase his fees, answered in confusion: "I see a chicken being plucked on the wall opposite." Here the alpha function did its work and produced alpha elements, but the apparatus for thinking thoughts did not (Bion 1962a).

The container/contained system failed and the alpha elements were evacuated (Ferro 2002a). Such a dreamlike fragment can be considered and interpreted as if it were the fragment of a nighttime dream.

Reverie phenomena, which can also provide direct contact with waking dream thought, are observed when there is a capacity (which ought to be more on the analyst's side) to come into contact with a pictogram inside one's own mind. The work done on this pictogram, which could be regarded as a countertransference microdream, often permits contact with something hitherto unknown.

A third, more loosely connected phenomenon is transformation into hallucinosis, when fragments of dream thought are projected into the other's mind and then "seen" as actually belonging to the person into whom they have been introduced.

On the basis of this approach to psychic material, in which central importance is attached to *waking dream thought*, the concept of the analytic field (Ferro and Basile 2009) has been defined as the space-time in which all the narrative derivatives mentioned above come to life and develop. In the historical and reconstructivist model, the characters of each session are deemed to be historical and real; and in the model that concentrates on the internal world, the characters—internal objects—contain and sum up the patient's emotional and relational history with his or her caregivers and their qualities or deficiencies. In the model we are concerned with here, however, the characters are "affective holograms of the functioning of the couple" (Bezoari and Ferro 1992, p. 109). Considering the characters of the clinical material in this way, it is easier for the analyst to deconstruct, deconcretize, and redream the characters.

Let us now consider some clinical material.

VIGNETTES

Heidi and Mrs. Rottenmeier

In the previous session, the patient, a student, had asked the analyst to give her a medical certificate. The present session comes just before a week's break in which the patient will miss four sessions.

PATIENT: Today I called Sofia to see if she would agree to swap classes with me so I could get away from that bossy teacher of mine.

ANALYST: Like the dreaded Mrs. Rottenmeier.

PATIENT: That's exactly right! In the book, poor Heidi came down from the mountains, was eating her ham, perhaps, with her hands, and that bitch Rottenmeier was always telling her off, sucking the life out of her.

ANALYST: I was wondering who this bossiness might really belong to—me or you? Maybe it's you: you don't want to have anything to do with me because if you pay me, that obviously proves that we are completely alien to each other, so you can't tell me anything personal, anything that has to do with your emotions.

PATIENT: Yes, that's it—you *are* alien to me. But I had a dream I want to tell you: someone warned me that I was being followed, and I was afraid; then the dream continued with my four dogs running away, taking risks and crossing the road. They went into a campsite and I followed them; I was afraid that something nasty would happen.

ANALYST: Does it remind you of anything?

PATIENT: Only of being afraid.

ANALYST: Someone following you isn't necessarily a criminal or a stalker; it could be a bodyguard—someone who is interested in you.

PATIENT: Ah, so you mean it's you!

ANALYST: Not only that, but I might also be the dog you're fond of (the sessions you're fond of), and now that we're going camping—on vacation—you are worried in case something happens to me. So you follow the dogs to protect them . . . Following might also take place out of fondness.

PATIENT: (Silence)

ANALYST: Do you know the story of the *Snark*?

PATIENT: No, what is it?

ANALYST: It's a story set in the era of sailing ships. The captain of the *Snark* is terrified by an enormous fish that follows his ship. Whenever he sees the fish, he flees and hides from it, hoping he has gotten rid of it, but each time he sets sail he catches sight of a fin following the ship. To cut a long story short, he finally discovers that the fish is following him to give him a letter from his father containing a treasure map.

PATIENT: Theoretically, there's some truth in that. Will you give me the medical certificate?

ANALYST: (Handing it to her) Perhaps it's true on a practical level, too, because I'm giving you a piece of paper, like in the story.

The characters constantly cast in their roles by the patient or the analyst are seen to be transformed in the present situation of the session, so as to allow the expression of what progressively becomes thinkable and expressible in the session. It is not a matter of historical facts or the bringing of historical situations into the present; the focus instead is on the attempt to develop the patient's capacity to think (to dream)—or example, by way of the ongoing transformation of the patient's communications into a dream.

Let us now turn to night dreams.

The Architect

A gifted young analyst presents a case to his supervisor concerning a young architect who suffers from a kind of nervous irritation, like a fire burning within her. The analyst involuntarily jokes that the patient had the smell of "smoke" about her, and tells the supervisor of an intervention of his in which he suggested to the patient the image of a seething volcano about to belch forth magma. At that point, after a moment's silence, the patient said that she had just recalled a nightmare she had had at the age of sixteen: she was sitting quietly in her room when some plants came alive and began to sprout at such a rate that she was afraid they would suffocate and imprison her.

This dream was obviously a narrative derivative of the relational instant in which it was brought up: "Look what your interpretation has dredged up in me!"

Night dreams proper are made up of all the pictograms formed and stored during waking life. A kind of *super alpha function*—that is, a further metabolization of dream material that has already been partly metabolized—that is simply an editing or directing process (Ferro 2008; Grotstein 2007, 2009) may be responsible for the dream, which proves to be a mental creation with a greater wealth of alpha elements. Hence a genuine night dream can be seen as belonging to the genre of what we might call poetry of the mind, and as such need not be interpreted, but only, as Meltzer (1984) suggested, apprehended intuitively.

Here one is reminded of a poem entitled "Soldiers" in which the subject is likened to leaves on trees, as likely to fall as are leaves in autumn:

Si sta
come d'autunno
sugli alberi
le foglie
[Ungaretti 1918, p. 630]

[One is
like leaves
on trees
in autumn]

Mario

Mario is thirty years old when he requests analysis for a serious existential problem: he suffers from constant, severe tics, compulsive winking, and has for some time found himself making improper comments aloud, which he would never before have dared to utter. Neurological pathology has been ruled out.

Mario reports that he lives with a male roommate who is a very proper and rational tax accountant, but that their cohabitation has become impossible since Mario has been seized by these bizarre mental "loops." He has had a number of intimate relationships with persons of both sexes, each of which came to a miserable end. A depressive aspect

clearly emerges from all the maneuvers that he deploys to turn himself on sexually.

One day Mario brings in a dream in which the officers in charge of a spaceship are gradually replaced by a mutinous crew, but roles are constantly being exchanged, although it seems that, once they arrive in a new galaxy, the real commander, Agnel, may prevail. At this point it is not difficult to guess at Mario's psychodynamics. "Agnel" and "Lup"³ alternate at the helm of his mental life, and a possible solution must be found that will enable him to move on from mediation to integration or something else: "It's all right so long as it works."

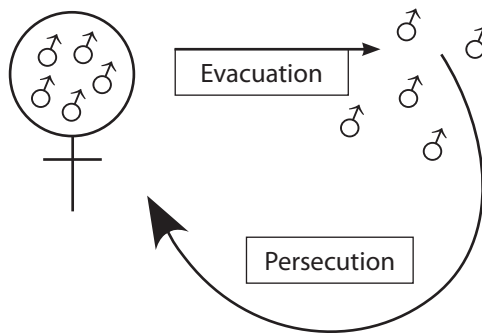
In the next session, Mario reports a dream in which a cockroach has built a nest in his head and, despite the use of an insecticide called "By-gone" ("be gone!" or "beat it!"), the roach showed no sign of budging. Mario then reports hearing "a hoarse voice inside me that makes comments and distracts me from what I am doing."

The voyage will be prolonged, but we will wait and see how the situation develops on board the spaceship *Head* that appears in another dream.

Sonia

Sonia asks for help because her "impulsiveness" makes her keep acting out thoughtlessly even though she has reached the age of twenty-three, and her incontinence begins to affect her body, too, with the onset of a secondary enuresis. Sonia really cannot hold herself in.

Sonia's situation could be represented diagrammatically as follows:



³ *Agnel* means *lamb* in Italian, while *Lup* means wolf; the latter name relates to the mental "loops" mentioned above.

The container (♀ her capacity for containment) is quite inadequate to withstand the pressures to which she is subjected, and only the evacuation of protoemotional states (♂) can afford a modicum of relief. Whenever these ejecta cannot find an “Ideal Standard toilet-mind,” they return to base with increased kinetic energy and give rise to a constant sense of persecution. Sonia has not the slightest awareness of a name to give to the “protoemotional blob” that rises up within her and that she continuously evacuates; she does not know when it stems from rage, jealousy, disappointment, and so on. It goes without saying that Sonia also suffers from panic attacks.

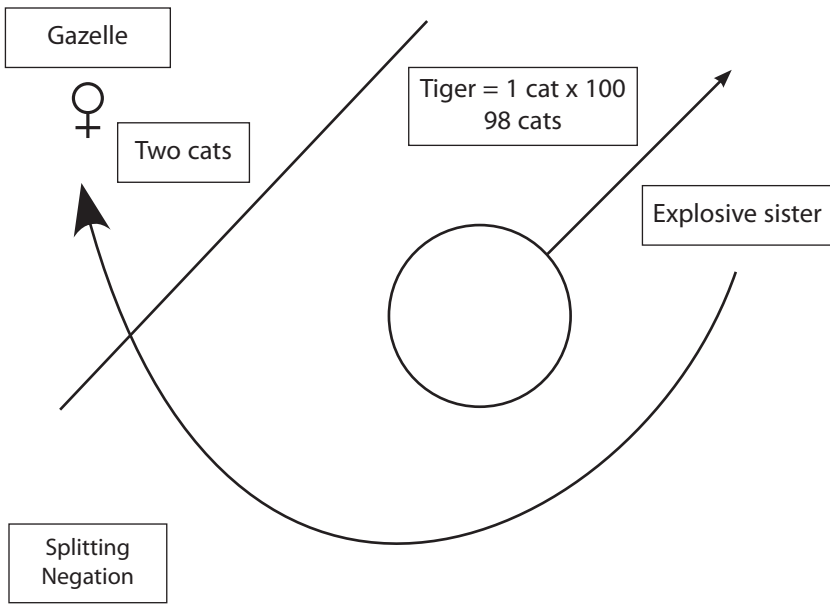
In a dream, she sees a crowd of Native Americans of all tribes pouring out of a reservation in which there is no longer any place for them to attack the home of some peaceful settlers, which they then set on fire. Her need, probably, is to be able to distinguish the Cheyennes from the Apaches and the Mohicans, to give each a name and a space where they can hunt bison, and to alphabetize them to the point of “taming” wild thoughts. However, it is impossible to predict whether the narrative development will take this form or one of thousands of other possible forms.

Tina

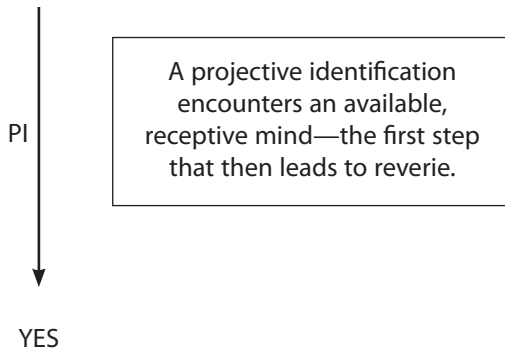
Tina is a biology graduate student who is terrified of being judged and found to be ignorant and stupid. She approaches any test in a state of panic. In her very first interview, she mentions an “explosive sister” of hers (♂ hypercontent), with whom she has no contact, nor does she have an intention to establish any. She then says that she has two cats, one of which is very affectionate, while the other is wary and sometimes wild.

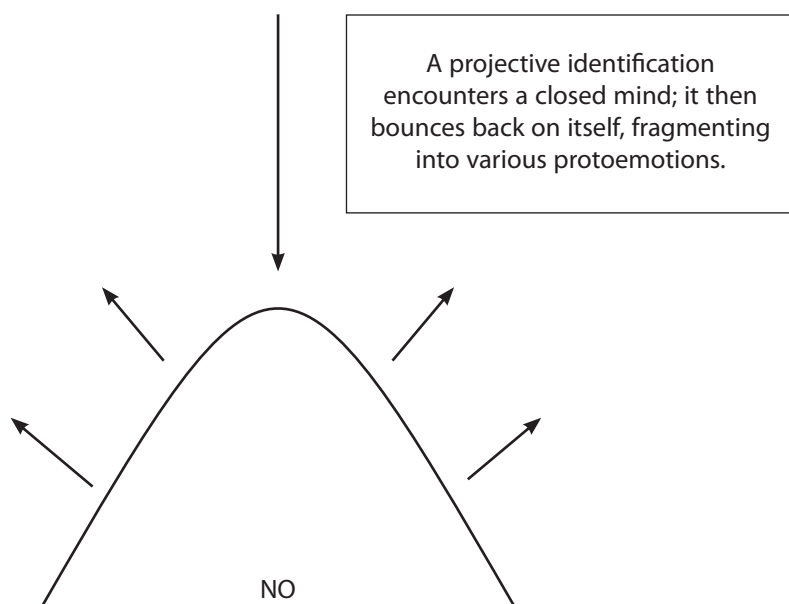
Tina’s existential strategy seems to be to act like a “gazelle” in the world and to have nothing to do with the tigerish aspects of herself, about which she wants to know nothing. Splitting and negation seem to have been her predominant strategies, but have now become inadequate.

A possible diagram of this situation follows:

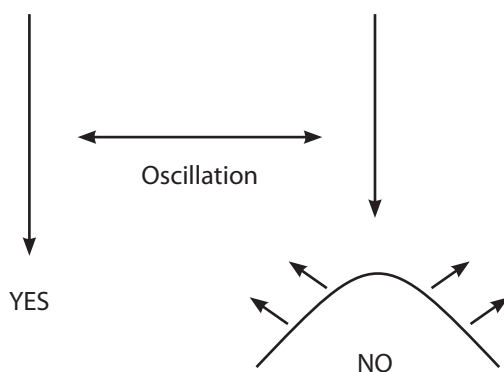


The foundation of mental life is the receptivity of the other's mind or capacity for reverie—or, as the case may be, the nonreceptivity or incapacity for reverie of the other's mind. Our entire mental life is based on this binary code:





The possibility for development of a basic emotional grammar will depend on the oscillation between these two mental states; that is to say, this oscillation will lay the foundations of the early mental functioning that will form the basis of all possible future development.



All this takes place—even if it goes unrecognized in many analytic sessions—when these levels of functioning are accessible. This is the case not only with psychotic or borderline patients and with children but, in certain circumstances, with all patients.

From this perspective, the two key points involved in the development of the mind are the development of the container and that of the dreaming ensemble made up of all the dreaming functions of the mind—the alpha function, reveries, transformation in dreaming, talking as dreaming, night dreams, and the super alpha function (Grotstein 2007, 2009). Ogden (2009) sees symptoms of any kind as the results of a dream not dreamed, or of a scar-like accumulation of beta elements that must be kept in check by various defense mechanisms (and hence symptoms) until they can be deconcretized and finally dreamed. The dream corresponds to a process of digestive metabolization that gives rise to the rudiments of thought and emotion by way of the formation of unconscious images (pictograms).

The problem thus concerns the *development of the container*, which will be considered as a function of the analyst and patient together that is gradually introjected and is mediated by moments of unison between the members of this couple—and, dare one say, perhaps also by moments of disruption of unison—provided that analyst and patient are able, by using the signals furnished by the field, to stitch it back together.

The figures that come into being in the field are signals constantly generated by the waking dream thought of the field. It should be noted that these signals are not necessarily linear in form ($A \rightarrow B \rightarrow C \rightarrow D$), but may assume any other type of expression, including nonlinear and nonlogical forms.

At this point, we are introducing a further element (which will not be considered in depth here)—namely, that in a field all phenomena oscillate between the field itself and the individual while belonging to both, just as light may present itself in the form of particles or of waves. Hence allowance must always be made for an oscillation between the alpha function of the field and the field's waking dream thought or its alpha elements, on the one hand, and the corresponding phenomena in the individual, on the other. (However, further elaborations of these phenomena are beyond the scope of this contribution.)

Let us return to the development of the container. We must now examine what is, in effect, a network of emotional threads between analyst and patient, which expands upon each experience of unison or in accordance with the capacity to reinstate a lost state of unison. This calls for further consideration of two factors of mental growth: development of the container and development of a dreamlike climate (including the alpha function).

(I) The *development of the container* (which takes place through introjection of emotional threads created in the analytic couple) proceeds according to the capacity for unison, in which at least four levels can be distinguished:

(A) **Laser-type unison**, in which understanding or lack of understanding—YES or NO—exist on a scale not of micrometers but of fractions of a nanometer.

Salvatore and the Peanuts

Four-year-old Salvatore says that his father gave him a bag of seventy peanuts. The father then took away three. So the communication was 67/70; for Salvatore this was already an interruption in their communication, which was no longer 100%. This for him was equivalent to a “NO,” which was overly frustrating and unleashed intolerable emotional voltages. As a result, a fit of rage was followed by his entry into life-saving mode, which then precluded any possibility of communication.

Saverio and Music

In the third year of his analysis, Saverio reports that his girlfriend gave him a present of an iPod with a few preloaded tracks. This triggered a fit of furious anger in him because “the music stopped me from studying,” and he smashed everything to pieces. The introduction of an “emotional” element could not be tolerated by his robotlike, affectless mental functioning.

Both the removal of peanuts with the consequent impairment of communicative perfection (either “on” or “off”), and the introduction

of an excess of emotion, caused the laser-type unison system to break down. *Laser-type* communication involves a kind of allergy to rejection, to a “NO,” for a mind that is seemingly open but actually has a *trompe l’oeil* character, so that any event whereby just one peanut out of a hundred of shared meaning is removed triggers an anaphylactic response that can be extinguished only by the cortisone of total evacuation of any proto-emotion and the extinction of the very apparatus for thinking, which is at risk of meltdown. This extinction sometimes takes place preventively—for instance, after a number of emotional tsunamis (cf. Meltzer’s [1984] description of *dismantling*).

At this point, it should be noted that “YES” and “NO” situations (received or rejected projective identifications) are equally important: a huge excess of “YES” leads to symbiotic modes of mental functioning and of “NO” to autistic ones. The same applies to unison, whose existence and nonexistence are equally important. Situations of relational microfailure serve as activators of the reverie function, provided that this function has been brought to life by phases of reception of quanta of projective identifications.

Other levels of unison are as follows:

(B) **Linear unison** (when only emotional sharing without any addition can be tolerated):

PATIENT: Yesterday I was bitten by a dog.

ANALYST: What a terrible experience!

(C) **Unison with a narrow tolerance range** (when a discrepancy in communication is acceptable, so that something can be added without evaporation of the experience of unison):

PATIENT: Yesterday I was bitten by a dog.

ANALYST: What a terrible experience, especially if it was a dog you trusted!

(D) **Unison with a wide tolerance range** (in the case of significant tolerance to frustration that does not fully coincide with the patient’s statement and involves an expansion of meaning), as follows.

PATIENT: Yesterday I was bitten by a dog.

ANALYST: What a terrible experience, especially if it was a dog you trusted, and maybe what I told you yesterday made you bleed!

Hence there are levels of acceptance that can be regarded as further gradients of toleration of frustration. We disagree strongly with Bion on one point: namely, that the capacity to tolerate frustration is inborn. In our opinion, it is co-constructed by the mother's (analyst's) capacity for unison, in the sense of a mother who is capable of attunement to the child's (patient's) tolerable level, and her capacity for reverie, as well as the permeability of her mind.

(II) Another key point is *recognition of all the forms in which dreaming is manifested in an analytic session* (the "apparatus for producing/dreaming thoughts"). These forms can be summarized as follows:

(A) **The basic dreaming level:** from beta to subliminal alpha. Projective identification is a natural attempt to relieve the burden on the mind by projecting disturbing states of fragments of sense data into the other's mind. If that mind is receptive, it will not only be permeable to these, thus affording a sense of dimensionality (depth) as well as a sense of temporality, due to the relatively predictable alternation of concave and convex sequences; receptivity will also be supplemented by the capacity for transformation and progressive alphabetization of the (beta) elements projected—which, when transformed (alpha), will become the building blocks of thought. A major change in psychoanalytic thinking in the last few years has been the transition from a concentration on mental contents to an attention to the development of instruments that permit weighing, feeling, and dreaming.

(B) **Reverie, of which various types can be distinguished:** *flash-type* reverie, when it is instantaneous; *feature-length* reverie, when it arises from a connection between various moments of reverie; and the continuous process of assumption and transformation that takes place without any awareness whatsoever. Then there are *reverie phenomena proper*, in which we are conscious of the image that forms in the mind in response to the

patient's evacuation of sense impressions. These have been described splendidly by Grotstein (2007), Ogden (2005), and Botella and Botella (2005), with memorable examples. The image that then forms within us is precious because it illustrates the way that something not yet thought or thinkable enters the analysis or the analytic field, through the mind.

We can have visual or auditory reveries, of course, or in fact reveries based on any sense organ. Reveries, in our view, differ greatly from free associations. Whereas the former are characterized by direct contact with an image (which will of course be communicable to the patient only in exceptional cases), the latter arise in the midst of what have been called *narrative derivatives* (Ferro 2002b, 2005, 2009, 2011). Reveries involve direct contact with the pictograms that make up waking dream thought.

Let us now consider what we call *flash-type* or *short-film-type* reveries on account of their instantaneous nature.

(C) **Transformations in dreaming** (in which the magical filter "I had a dream that . . ." is applied in listening to any narration by a patient).

The Mafia and Saviano

A patient has been talking for some time about the Mafia and Mafia collusion, and it has become clear that she is supported by her "Mafia family," by which she obviously means a mutually parasitic relationship in which each of the two members "pays protection money" to the other. The daughter pays protection money to the mother by forgoing her independence and freedom, and in return the mother takes care of everything—financial matters, shopping, cooking, and so on. However, the Mafia situation is mutual: by means of her favors ("protection money"), the mother, too, buys her daughter's presence for any need she may have. This symbiotic relationship seems to be structured in such a way as to preclude emergence from it.

One day, the patient unexpectedly announces: "The whole area around your office today was full of police; when I asked what was up, they told me that last night Roberto Saviano⁴ was presenting one of his books at Feltrinelli's bookshop."

⁴ Roberto Saviano is a noted writer and journalist on the Mafia and criminal themes.

I ask her what this would mean if it were a dream. She is astonished: "Saviano—I don't know; I like him. He is against the Mafia."

I add: "I wonder if this might be a way of telling me that Saviano's voice has arrived, telling you about the need for freedom and independence. And, instead of the safety of the Mafia pact with the protecting family—where you have only to pay the protection money—a new, unforeseen voice is making itself heard."

(D) **Talking as dreaming** (in which one discovers after the event that a shared dream has been co-constructed outside of awareness, as splendidly described by Ogden [2005]).

Gaber⁵ Helps Out

Someone comes along for a consultation. Hearing the bell, the analyst buzzes open the door to his office but cannot see anyone. He leans out of the window and sees with surprise a very tall woman shrunk into herself, who says in the softest of voices: "I hid in this corner because I heard a loud voice inside and was afraid someone was there."

The analyst asks her to come in, and throughout the interview she continues to talk in the same ultrasoft voice, scarcely more than a whisper and barely intelligible. The contents are varied and masked, and the analysts finds that they trigger nothing in him.

When paying the analyst's fee, the woman asks, still in a barely audible voice: "Should I put your name on the check?"

The following slips out from the analyst: "No, put Cerutti Gino, who was called the dragon."⁶

The giant who had come up the stairs faster than the patient—the giant whose loud and frightening voice she had heard—had taken his time in coming out of hiding, but then emerged at my remark that recovered, through *Nachträglichkeit*, the split-off part of the patient that so terrified her—namely, the dragon!

⁵ Gaber was a rock star popular in Italy whose best-known song was "The Ballad of Cerutti the Dragon."

⁶ These are the famous words of Gaber's song: "His name was Cerutti Gino, but he was called Dragon . . ."

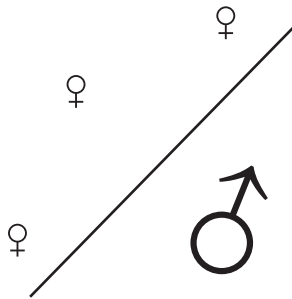
(E) The **night dreams** mentioned earlier.

We can now take stock by considering four essential points to better understand how Bion's model can be developed. It is a model that, by its very nature, requires us to avoid upholding excessive certainty between light and shadow. It also requires interpretive cooperation between the individual reader and the text.

(1) *Intrapsychic Diagrams and Relational Diagrams*

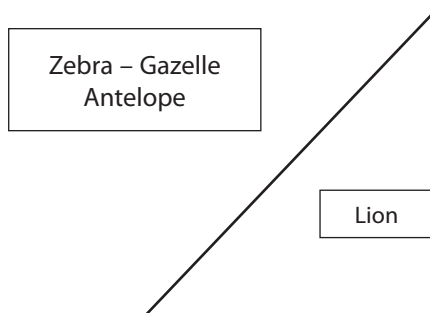
Let us now attempt some exercises using diagrams (the container and contained model used by Bion to refer to the capacity to contain emotions, on the one hand, and possible emotional gradients, on the other).

For example, Mirna immediately brings up her problem: whereas on the one hand, she has a highly satisfactory relationship with two gay girlfriends, on the other, she has to cope with her father's violence, which occasionally bursts into her life quite savagely. A possible diagram might be as follows, considering what she says in terms of what her words tell us about her mental functioning:



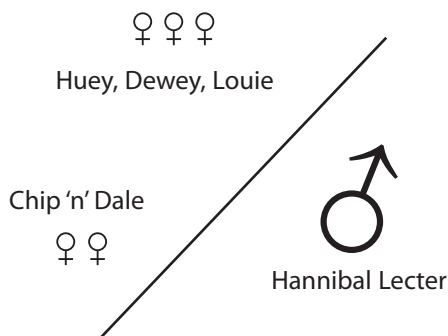
This depicts a kind of functioning without friction or emotional penetration, but then hypercontent bursts in on her.

The next diagram shows a more representational image of what this structure might be.



This illustrates the presence of "herbivorous" emotions alongside others, on the other side of the fence, that tear her apart with their uncontainability and violence.

Another possible description, involving a mixture of literary genres, is as follows:



On the one hand, then, there are ducklings and squirrels, standing for undifferentiated and easily manageable emotions, and, on the other, emotions capable of "biting" and devouring. This diagram could also be seen as a depiction of the field, which includes a combination of tenderness, affects, complicity, and extreme violence. At any instant or in any place in the field, the violence may belong to one or the other of the participants in the field, but cannot exist in pure form.

Of course, if the diagram is considered to belong to the relationship, it will be easier to attribute the violence to one or the other participant in

that relationship at different times. A different diagram could be drawn to illustrate beta elements, alpha elements, and the alpha function.

(2) *Persons, Internal Objects, and Characters (Functions and Affective Holograms)*

A fairly quick way of identifying the theoretical allegiance of an analytic interlocutor is to consider his or her approach to the “presences” that appear in sessions.

In some models, the persons mentioned in a session are actual “persons,” with mental lives of their own, albeit experienced in a distorted way, but having their own historical, factual reality. “My father,” “my uncle’s Doberman,” or “my sister’s celiac disease” will have a predominantly reality-based status.

In other models, however, the characters mentioned will belong almost entirely to the patient’s internal and fantasy world, even if there are connections with external reality.

In these two initial models, it is the urgency of narrating the fantasy that will determine the choice of narrative theme, which will be the place or time of the repressed elements, of the trauma, or of split-off contents, and the transference will be the means used to confer visibility and existence in the present on problems originating in a “before” and an “elsewhere” (frequently in infancy and often involving a sexual element).

An additional step is represented by models in which the person or thing mentioned is deemed to be a character of the session. Here we might say that the predominant motivation for the appearance of the character is reversed; in other words, the character about whom something in the present-day relationship or in the field urgently needs to be said undergoes a continuous process of casting.

These latter ways of listening to characters can be further subdivided. First, the function performed by the character within the narrative plot may be considered; second, more attention may be devoted to the character as the expression of a means of communicating a feeling and experience aroused by what is happening in the analytic field; and third, the field itself is functioning in a dreamlike way. Depending on its

nature, the dream thought—which is co-formed in the field—may attain visibility, expression, and narration through the characters successively appearing on the stage.

Whereas the persons of the first two models described were real, historical, flesh-and-blood individuals who then became internal objects, they are now holographic images of a concealed dream of the field originating in the projective identifications to which meaning must be assigned. The sets and screenplays involved may be extremely diverse but will inform us in the session of the mental functioning of the field (a new entity that comes into being in every analytic encounter). Each field will be specific to the couple, as will be the hologram-type characters and narrations arising.

In the first two models mentioned, the seeds of recovery are represented by removal of the veil of repression, making the unconscious conscious, putting the patient on the path to the depressive position, and demonstrating the distortion effected by unconscious fantasies. In subsequent models, however, recovery is mediated by the development of instruments capable of performing a narrative, dreamlike, and micro-mythopoietic function.

Considered in these terms, the “celiac disease,” for example, might indicate an intolerance of certain elements in the field; “my uncle’s Doberman” might appear after an interpretation felt to be “biting”; or “my abused cousin” might indicate a gulf somewhere in the field, between the intensity of an emotion and the inability to contain or metabolize it. If a patient were to say, “I don’t use my right eye,” he might be trying to tell us that he tends to see things in a sinister light.⁷

In other words, characters are continuously summoned onto (or to leave) the stage, in accordance with whatever must come be brought to life in the narration jointly created by four, eight, sixteen, or thirty-two hands. The narration comes into existence when all the characters, including the patient’s potential characters, mate with all the analyst’s possible characters, including the analyst’s potential characters. These forms of mental mating can be said to be linked to the primal scene.

⁷ The Italian word *sinistro* means both *left* and *sinister*.

(3) *Evacuative Phenomena*

The model described above points clearly to the problem of evacuation, which may occur on various levels—for instance, those of hallucination or of dreamlike flashes. The first of these levels corresponds to a hurricane situation that gives rise to a huge tsunami with flooding, smashed boats, houses, and trees: all meaning is shattered by the resulting inundation. Fragments of dream thought, functions, and apparatuses are violently evacuated.

The second level corresponds to the situation of an intense storm that causes limited flooding; some dykes have not held and discrete fragments of dream thought have been evacuated, although the possibility of assigning meaning remains.

Of course, these phenomena may involve any sense organ. Hallucinations and dreamlike flashes may be visual, auditory, gustatory, cenesthetic, or olfactory. In this model, there may be evacuative “rivals,” as in the case of physical tics or phenomena such as enuresis or the various forms of incontinence that may be expressed in different ways, albeit more “contained” in the choice of symptoms.

(4) *Development of the Instruments for Thinking*

Development of the instruments for thinking is no less important than their contents (history, reconstruction, traumas, memories, or infantile sexuality). Indeed, the more serious the pathology, the more important the development of tools for thinking proves to be.

CONCLUDING REMARKS

Ogden (2009) writes that reading Bion is difficult because the ideas from the first phase of his production are taken up again and transformed in the texts of his second and last phase. Thus, “Bion’s life work as a psychoanalytic theorist was the formulation of a theory of thinking” (p. 11).

To understand the importance of “The Psycho-Analytic Study of Thinking” in the psychoanalytic ideas of Bion and those of later authors, we reread that contribution, published in 1962(a) and republished in

1967, and compared it with observations derived from a variety of standpoints. Our two chosen perspectives are history and biography, on the one hand, and theory and technique, on the other.

To understand this text, it is helpful to bear in mind that Bion was sixty-five years old in 1962 and that the preceding years had seen the deaths of his first analyst, John Rickman, and his second analyst, Melanie Klein. Having reached the summit of his analytic career and now at a crucial stage of his life, Bion revisited his contributions from the period of his work on groups, as well as those on the psychoses, and combined them into an original and fruitful theory of thought.

By deconstructing the activity of thought through his distinction between thinking and thoughts, Bion was able to conceive analytic technique in a new way and to take advantage of the more immediate and elementary derivatives of the alpha function—namely, protothoughts, fantasies, images, and reveries. On the basis of his experience of the simultaneous presence of basic assumptions and the work group, of primary and secondary processes, of waking conscious thought and dream-like unconscious thought, he developed the theory of thinking outlined in “The Psycho-Analytic Study of Thinking” (1962a) that subsequently made it possible to conceive the symbolic function in a new way: as an unstable, twofold entity, the container/contained. Reconsidered as a process that has the effect of the containment of thoughts, the thought of the analytic couple sparked a resumption of clinical research on the part of psychoanalysts, as well as a radical review of analytic technique, which is one of the principal fields of contemporary clinical research.

Let us now consider the form in which the system of the contained is presented by Bion. At the beginning of paragraph iii (section 101 in the 1967 edition), he sets out the hypothesis that appears to constitute the foundation of his entire theoretical edifice. He states that, in order to understand the functioning of thought, the traditional perspective must be reversed, so that thoughts are distinguished from the processes of thinking. The former are not the products of the latter, as is usually considered to be the case; instead, the opposite is true—in other words, thinking is a set of mental events produced in the mind as a result of the demands imposed by the existence of thoughts.

This idea is expressed in one of the most felicitous sentences of this entire text: "It will be noted that this differs from any theory of thought as a product of thinking, in that thinking is a development forced on the psyche by the pressure of thoughts and not the other way round" (Bion 1962a, p. 302).

The distinction postulated—"It is convenient to regard thinking as dependent on the successful outcome of two main mental developments" (p. 302)—lies between processes that lead to the emergence of thoughts and those that develop the capacity to make use of thoughts—that is, literally, to *think thoughts*.

The distinction between the contained and the container is useful not only to describe the structure of the text that illustrates Bion's theory of thinking, but also to interpret the conceptual perspective presented here and to understand its subsequent theoretical developments. The notion of the container was to be made explicit in *Learning from Experience* (1962b); it is used here both to organize the text and to pave the way for the development of its most vital theoretical nucleus, the alpha function and the later hypothesis of waking dream thought.

The distinction between thoughts and thinking makes it possible to conceive of thought as a construction of links between thoughts that are to a greater or lesser degree vital, and to a greater or lesser degree capable of further development. Thoughts can be correlated either to learn from experience, and hence to develop the container and to grow (+K), or to avoid frustration and to achieve the consolation of omnipotence (-K).

In this context, Bion may be said to regard thoughts as groups of subjects that the thinker must correlate in order to increase their working capacity (as in the work group). For in describing the difference between K and -K, Bion is utilizing his experience of group functioning: "In K," he writes, "the group increases by the introduction of new ideas or people. In -K the new idea (or person) is stripped of its value and the group in turn feels devalued by the new idea" (1962b, p. 99).

Bion's hypothesis that has undergone the greatest conceptual development in later clinical research concerns the processes whereby thoughts are elaborated—that is, the alpha function, which is the name Bion gives to an unknown variable that must be studied in depth in clin-

ical reality if it is to be possible to understand the birth of thoughts correlated with emotional experiences.

REFERENCES

- BEZOARI, M. & FERRO, A. (1992). From a play between "parts" to transformations in the couple: psychoanalysis in a bipersonal field. In *Shared Experience: The Psychoanalytic Dialogue*, ed. L. Nissim Momigliano & A. Robutti. London: Karnac.
- BION, W. R. (1961). *Experiences in Groups and Other Papers*. London: Tavistock.
- (1962a). The psycho-analytic study of thinking. *Int. J. Psychoanal.*, 43:306-310.
- (1962b). *Learning from Experience*. London: Tavistock.
- (1967). *Second Thoughts*. London: Heinemann.
- BION TALAMO, P. (1987). Perché non possiamo dirci bioniani: appunti sulla vita e sull'opera di W. R. Bion. *Gruppo e Funzione Analitica*, 3, pp. 279-285.
- BLÉANDONU, G. (1994). *Wilfred Bion: His Life and Works*. London: Free Association Books.
- BOTELLA, C. & BOTELLA, S. (2005). *The Work of Psychic Figurability: Mental States Without Representation*, trans. A. Weller. Hove, UK: Brunner-Routledge.
- CIVITARESE, G. (2011). *La violenza delle emozioni: Bion e la psicoanalisi post-bioniana*. Milano: Raffaello Cortina Editore.
- EISOLD, K. (1985). Recovering Bion's contributions to group analysis. *Amer. J. Psychoanal.*, 45:327-340.
- (2005). Using Bion. *Psychoanal. Psychol.*, 22:357-369.
- FERRO, A. (2002a). Some implications of Bion's thought: the waking dream and narrative derivatives. *Int. J. Psychoanal.*, 83:597-607.
- (2002b). In *the Analyst's Consulting Room*, trans. P. Slotkin. Hove, UK: Brunner-Routledge.
- (2005). Bion: theoretical and clinical observations. *Int. J. Psychoanal.*, 86:1535-1542.
- (2008). *Mind Works: Technique and Creativity in Psychoanalysis*. London/New York: Routledge.
- (2009). Transformations in dreaming and characters in the psychoanalytic field, trans. P. Slotkin. *Int. J. Psychoanal.*, 90:209-230.
- (2011). *Avoiding Emotions, Living Emotions*, trans. I. Harvey. London: Routledge.
- FERRO, A. & BASILE, R., eds. (2009). *The Analytic Field*. London: Karnac.
- GROTESTEIN, J. S. (2007). *A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanalysis*. London: Karnac.
- (2009). "... But at the Same Time and on Another Level . . .": Vol. 2, *Clinical Applications in the Kleinian/Bionian Mode*. London: Karnac.
- MELTZER, D. (1984). *Dream Life: A Re-Examination of the Psycho-Analytic Theory and Technique*. Perthshire, Scotland: Clunie Press.

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- OGDEN, T. H. (2005). *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries*. Hove, UK: Routledge.
- (2009). *Rediscovering Psychoanalysis: Thinking and Dreaming, Learning and Forgetting*. London/New York: Routledge.
- ROCHA BARROS, E. (2000). Affect and pictographic image: the constitution of meaning in mental life. *Int. J. Psychoanal.*, 81:1087-1099.
- SANDLER, P. C. (2005). *The Language of Bion: A Dictionary of Concepts*. London/New York: Karnac.
- UNGARETTI, G. (1918). Soldati. In *Storia e Antologia della Letteratura Italiana, III—II: Il Novecento*, ed. A. Gianni. Messina/Firenze, Italy: Casa Editrice G. d'Anna, 1997.
- WILLIAM OF OCKHAM (c. 1344). Octo quaestiones de potestate papae. In *Opera Politica, Vol. 1*, ed. H. S. Offler. Manchester, UK: Manchester Univ. Press.
- WITTGENSTEIN, L. (1921). *Tractatus Logico-Philosophicus*, trans. F. P. Ramsey & C. K. Ogden. London: Kegan Paul, 1922.

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ARROGANCE AND SURPRISE IN PSYCHOANALYTIC PROCESS

BY RICHARD B. ZIMMER

Keywords: W. R. Bion, arrogance, surprise, analytic process, curiosity, associations, stupidity, analytic understanding, hubris, projective identification, metaphor.

When something new, not yet understood by either patient or analyst, begins to emerge in the course of psychoanalytic treatment, a particular set of tensions arises in the analytic couple. At times, this may manifest in a growing, subtle—or not so subtle—mutual contempt between patient and analyst. Moments of surprise may be the point of entry to the newly emerging material. I will illustrate this observation with detailed clinical material, place it in relation to Bion's paper "On Arrogance" (1958), and discuss some of its technical implications.

In the situation I am describing, each member of the analytic pair retreats into a state of arrogant self-satisfaction, ensconcing him- or herself in an internal relation with what is known, excluding and condescending to the other member of the pair, as a way of retreating from the anxiety and frustration of being in contact with the other, and from the unknown contents that threaten to erupt within that contact; and the familiar Bionian triad of *arrogance*, *stupidity*, and *curiosity* (Bion 1958) comes to the fore. Each element is embodied in, projected onto, and provoked in each member of the psychoanalytic couple in a fluid, rapidly shifting way, as both members simultaneously try to come to understand the newly emerging contents and to evade their manifestations in the transference-countertransference matrix. Both parties are also trying to maintain a sense of the psychoanalytic enterprise as simultaneously a

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lively and productive process of exploration, and a reassuring ritual that serves to maintain a sense of omniscience, either individual or shared.

The asymmetry between patient and analyst manifests in the difference in the internal relations to which each retreats, but both sets of relations serve the purpose of clearly defining the retreating person as separate and distinct from the other member of the pair. For the analyst, the retreat is often to a relation with analytic theory, including the analyst's personal theory of technique, and to his or her (henceforward his) current theoretical model of the patient's inner world, particularly those aspects of the model that he has not yet shared with the patient. For the patient, the retreat is to the sense of him- or herself as the ultimate expert on his or her (henceforward his) own experience of his inner world, his own theoretical model of that inner world, and to unspoken experiences of the analyst's shortcomings as analyst.

To the elements of arrogance, stupidity, and curiosity, I add a fourth that is important in the phenomenon I am describing; that of surprise. The experience of surprise may occur in patient, in analyst, or between the two; but it is the signal of, and point of access to, what is newly evolving in the analysis.

Surprise may spring from a variety of sources: the impact of insights gained from the analysis, together with pressures from the external world or shifts in the transference, may bring to the fore new adaptive strategies or defensive constellations in the patient that surprise the analyst; the analyst's evolving theoretical construction of the patient's inner world may manifest in shifts in his behavior or reactions to the patient's material that surprise the patient; or their mutual responses to events between them may disrupt a shared fantasy of the analytic couple (Baranger and Baranger 1964), surprising both patient and analyst.

Whatever the source of surprise, the analytic couple's capacity to embrace surprise rather than evade it, to maintain an attitude of shared curiosity, and to tolerate the frustration of what is manifest but insufficiently understood are crucial to the unfolding of the analytic process.

CLINICAL EXAMPLE

My patient, Daniel, about whom I have previously written in a different context (Zimmer 2010), suffers from claustrophobia. Daniel had a suc-

cessful and lucrative career for many years, but a recent economic downturn brought massive layoffs to his industry. Though Daniel landed on his feet, he suffered something of a loss of both prestige and income, and it gradually became clear he would have to cut back significantly on his lifestyle. The following material occurs in that context. After several years of four-times-per-week analysis, Daniel had, with considerable ambivalence, cut back to two sessions weekly several months before these sessions occurred, though he remained on the couch.

In Daniel's Monday session, he reported feeling quite despondent. His boss had assigned him some new responsibilities that had been done by lower-level employees before the cutbacks. He felt demeaned. He began to think about taking a vacation, and wondered whether he could take a full month off and merely keep in touch by phone and e-mail. He was looking for a new job, hoping to recoup some of the losses in power and salary he had sustained, but the search was frustrating. He went on to talk about an argument he had with an old friend and decided he needed to take a break from the relationship, to get a little distance. In general, he felt he had nothing to look forward to. As he left the session, I felt a sense of despair. Daniel would feel better only with a dramatic reversal of the national economic situation, or with an increased ability to adapt to adversity—I could not decide which was more unlikely.

Daniel began his Thursday session by reporting that he felt in a better frame of mind since we had met on Monday. He had thought better of taking a month's vacation—a friend's wedding was coming up in a couple of weeks, which he would not want to miss. Maybe he would still take the month after the wedding. He had had a job interview the day before, and at first it seemed to be going well; then the interviewer told him they were meeting with a number of other people in similar situations to his own, and his spirits had plummeted. No one wanted him and no one ever would.

Daniel had thought he had a lunch meeting later that day with Edgar, the head of a competing agency with whom he had been negotiating in a desultory way for many weeks; it turned out that the meeting was to have been the previous day. Daniel said he did not think he was acting out by missing the appointment. Maybe the mishap had even sent a positive message to Edgar; they immediately rescheduled the lunch for the following week.

He paused for a moment before continuing, then wondered aloud what it was that was putting him into a better state of mind. Perhaps it had been a recent accomplishment in some charitable work he was doing. But no, there were too many discouraging events for that to have been so important. There was something that was buoying him up, elating him—maybe the idea that he could afford to take a month off and that his boss was too dependent on him now to fire him, or maybe just the knowledge that he had that potential escape, at least for a while.

I commented that lately he had been feeling enslaved at his job, and that any prospect of liberation or realization that he had some measure of power was pleasurable and exciting for him.

Daniel paused again and then responded: “Enslaved. Yes. I feel trapped by the entire situation—the implicit demotion, the pay cut, the terrible job market. I feel like they’ve put me in chains or in a cage, no way out.” He paused again briefly. “You know, I was realizing that, for me, despair and claustrophobia are two sides of the same coin.”

I commented that it seemed that focusing on events going on inside his mind also made him feel claustrophobic, and that focusing on events outside his mind felt like an escape, maybe both from the despair of being inside his own mind and from feeling trapped inside my way of thinking about his mind.

Daniel’s response was rapid. “That’s certainly a bridge too far! Claustrophobia is the feeling of no exit from a place. Despair is the feeling of no exit from a *situation*. I’m trapped in a place, trapped in a situation, trapped in a state of mind . . . Does that make sense? What do you think?” He went on to complain about the bitterness of the winter in New York, and to extol the appeal of escaping to a warm place for a month.

I considered interpreting his wish to escape from me and my coldness and bitterness, but felt it was too close to the interpretation he had just dismissed, and decided to bide my time.

He went on to further contemplate his vacation and all the unpleasant circumstances from which it would offer respite. “You’re right about the feeling of slavery, for sure. I am enslaved! Enslaved to the circumstances of my life.” He began to contemplate selling his house and renting out the vacation home he owned in a nearby resort area for

the summer. "I still haven't given up on the prospect of finding a new job—but in my dark moments, I feel it's never going to happen. That's a piece of the despair. I've really been giving serious thought to selling my house. [Daniel lives in a sprawling, luxurious house in a very desirable location.] I could live in my summer place for a while, and then there are plenty of perfectly acceptable houses I could have here for less than half of what my place would bring."

I felt somewhat thrown off balance by this line of association. I could certainly maintain a feeling of sympathy for Daniel's plight, though the realization that it was occurring in the context of a national economic downturn of historic proportions with widespread unemployment, and the complete absence of this fact from Daniel's associations, pressed on my awareness with growing insistence. Daniel's tone conveyed a demand that I assure him that he was likely to soon find a better job, and that he should not give any credence to his thinking in his "darkest moments."

I felt that his contemplating the sale of his house was being branded almost as a threat to me, as if he were holding a gun to his own head; there was little sense that a painful but potentially realistic course of action was being considered. I now began to feel that I was trapped inside Daniel's mind, struggling to escape from a particular role he was assigning to me, as well as a particular vision of external reality and of the essential invulnerability of Daniel's position in the world that went along with that role.

Without quite knowing my own rationale for the intervention, I reminded Daniel of a house he had looked at and reported on with excitement just a few weeks before. In the next town over from his current location, almost equally fashionable though a bit less exclusive, the house was slightly smaller than his own, but boasted particularly beautiful grounds and a commanding view of the river. It had indeed been on the market for less than half the price of what Daniel's house would likely fetch.

"*That* house? You've got to be kidding! I wouldn't dream of living that far from the city!"

I felt quite taken aback, not only by the vehemence of Daniel's response, but also by the discontinuity of his reaction with his feelings a few weeks earlier. What had previously seemed almost irresistibly tempting

and desirable to him was now apparently beneath contempt, and I was contemptible for imagining he might want it.

I found myself pulling back emotionally from Daniel in a self-protective way, and as I did so, an image formed in my mind of a map of the area that Daniel was now demarcating as minimally acceptable to him as an accommodation to his reduced circumstances. It was a narrow corridor, perhaps half a mile wide and three miles long. I had the thought that it was coffin-shaped.

I said to Daniel that it seemed he was taking a situation that might offer him considerable freedom and flexibility and setting conditions on it so that he would ultimately wind up feeling impossibly constrained and confined yet again. It was as if he were constructing a very tight box for himself to be closed up in.

Daniel fell silent for a moment; when he spoke again, there was something of a shift in his tone. "Of course, I see what you're saying. But I'm really just thinking about the options. Nothing is graven in stone."

DISCUSSION

The analytic process to which we ordinarily attend—the patient's associations, the analyst's reactions to and theoretical musings about those associations, the analyst's subsequent interventions, and the patient's subsequent associations—is intimately interwoven with another process: that of both patient and analyst trying to understand what is happening, with each moving back and forth between seeking private understanding and mutual understanding, while at times fleeing from private understanding and throwing up roadblocks to both mutual understanding and the understanding of the analytic partner. As my aim in this paper is to shed some light on the vicissitudes of the latter process, I will, somewhat artificially, separate out these two interwoven processes in the discussion that follows.

The "Traditional" Process

Daniel began this session by reporting that his despondent mood from the previous session had lifted, though as he continued his associations, I had the sense that the improvement in his mood was due to his

having acted out in a potentially provocative and self-defeating way, and that he was contemplating doing more of the same. He seemed out of touch with the aggression in his actions, and I interpreted his feeling of enslavement in his current circumstances and the sense of relief he got from actions, actual or imagined, that carried the meaning of escape from that slavery.

Daniel picked up on the theme of enslavement; his associated fantasy of being in chains or a cage brought us back to the familiar territory of his claustrophobia. He added that he had noticed that claustrophobia was closely connected for him with feelings of despair.

Picking up on Daniel's spontaneous, explicit rejection of an idea that would have been a commonplace assumption in our usual discourse—that is, that his missing his lunch appointment was an instance of unconsciously motivated acting out—as well as on the generally externalizing tone of the session thus far, I interpreted that Daniel felt confined in the claustrum of our ordinary discourse, particularly with the focus of that discourse on his inner world.

Daniel rejected this interpretation, though his associations continued in the direction of fantasies of escape, explicitly from confining life circumstances and implicitly from the analysis. As he thought more about his circumstances, he began to discuss thoughts about selling his house. I felt his tone conveyed that he was hoping I would treat this as a fantasy born of unrealistic despair and try to dissuade him.

At this point, though not without reservations, I decided to back off from interpreting the transference and joined Daniel momentarily in contemplating his external circumstances, reminding him of a desirable house he had looked at recently. We both understood from previous discussions that making a “trade down” would enable him to reorganize his finances in such a way that he would no longer be living beyond his currently reduced means. But Daniel vehemently and haughtily rejected the implicit suggestion in my comment—that there were solutions to his dilemma that were relatively close at hand and, from his own previous assessments, might not even involve such terrible sacrifice. The rationale for the rejection, made on geographical grounds, brought to my mind a constraining, coffin-shaped swath of real estate, and I interpreted to Daniel that, even as he sought escape from the confines of his current

circumstances, he was busily constructing a new set of confining conditions for that escape. This interpretation seemed to touch him, and when the session ended he appeared able to think about his situation from a different perspective and with somewhat greater equanimity.

A Closer Look at the Session: The Vicissitudes of the Collaborative Quest for Understanding—Arrogance, Stupidity, Curiosity, and Surprise

Daniel's first session of the week (preceding the one I have presented in detail) was typical of his sessions for several weeks leading up to it. There was a repetitive, despairing, self-pitying quality that seemed to lead nowhere. I had a growing sense of despair about the analysis being able to help him through this rough patch in his life. Session after session, I felt unable to come up with anything helpful or even interesting to say. Not only did I *feel* stupid, but to some extent I was *rendered* stupid by the leaden, repetitive, wheel-spinning, externalizing quality of Daniel's discourse.

Then, as he began to talk about his lightening mood in the session I have described, he confidently asserted that his missed lunch appointment the previous day (a piece of behavior he would ordinarily have immediately recognized as unconsciously motivated) was *not* acting out. This seemed to me to be a retreat on his part to omniscience (the possibility of unconscious motivation did not even need to be entertained) and a contemptuous dismissal of the work we had done together in the past. My internal response was one of counter-contempt; after years of treatment, it now seemed that Daniel was a man who still approached his inner life in a psychologically dense, stupid way.

As he continued, though, Daniel began to express some curiosity about why his mood was lifting. I joined Daniel in his curiosity, but in a somewhat false way—I felt, perhaps with an arrogant sense of certainty, that I knew the answer to the question, and my interpretation about his sense of enslavement was an effortless one that neither introduced nor sought new understanding, but rather covered old ground familiar to us both.

Daniel continued, picking up on my enslavement metaphor and, with the addition of his spatial metaphor ("in a cage"), moved the dis-

course into the realm of his claustrophobia, which seemed consistent with his fantasies of escape. He added, in what seemed to me a spirit of collaborative exploration, that he had realized there was a connection between his feelings of despair and his claustrophobia.

My curiosity was piqued by Daniel's observation, and it set me to thinking in a less omniscient way. I drew on my observations of what had been said and what had happened in the hour, as well as on my understanding of analytic theory, to try to come up with some *new* idea that I might offer Daniel in hopes of further opening up collaborative exploration of his observation, in the spirit of shared curiosity that seemed to now be emerging. I suggested that perhaps he felt despairing because he felt trapped both within his own mind and within the discourse about it framed by my thinking, and that looking to the outside rather than the inside was his mode of escape.

Daniel's rapid response to this interpretation *enacted* the interpretation rather than incorporating it, but there was more to it than that. His tone was contemptuous and didactic, and it revealed that his curiosity about his observation was actually pseudocuriosity—meant, perhaps, to stir *in me* a sense of curiosity, while he himself had a feeling of omniscience about the question, so that any thought he had not already had about it was extraneous. (Of course, our respective thoughts about the link between despair and claustrophobia—his that the link was metaphorical, and mine that there was some causal link yet to be understood—were not mutually exclusive.) I, in turn, felt secretly contemptuous of Daniel's contribution, seeing it as “just defensive,” rather than in any way pointing in a direction that my own contribution might have overlooked.

Daniel's next line of association moved tentatively in the direction of beginning to contemplate potential solutions to his difficult external circumstances. But as he did this, the complicated mix of his musings—his simultaneous embracing and rejection of my enslavement interpretation (his insistence that he was *actually being* enslaved, rather than *feeling* enslaved) and his focusing on a solution in external reality to his problems, while at the same time trying to manipulate me into reassuring him it was not really necessary to do so—again temporarily overwhelmed my

capacity to think about what he was saying in an integrative way and to come up with a useful intervention.

I felt a strange combination of stupidity, omniscience, and defeat as I joined Daniel in contemplating concrete solutions to his external circumstances, evading any attempt to unravel his complex communication, departing from my position of curiosity, and simply stating something I knew: my recollection of his earlier reaction to the house with the river view.

His response to this statement took me by surprise and, though he did not say so, I had the sense that there was something about the immediate interaction and its intensity that took Daniel himself by surprise as well. Most superficially, the surprise was about the total turnaround in his feeling about the house. But it called attention to a process that had been brewing in Daniel over the preceding weeks, and perhaps right before our eyes in the session.

This, then, was a session in which Daniel and I were feeling our way, trying to decide between us, with many false starts, what we were going to talk about and how we were going to talk about it. As we were doing this, there was a particular issue pressing to be considered and a particular line of discourse that this issue would call forth, but neither of us was sufficiently aware of this. Tensions about knowing and not knowing were manifest in a process in which arrogance (characterized by omniscience and mutual contempt) waxed and waned in both partners; along the way, each of us contemptuously attributed stupidity to, and through projective identification, engendered stupidity in, the other. Curiosity was embodied in one partner or the other, sometimes falsely stirred by the other partner in order to bolster his own sense of omniscience, while at the same time we struggled to establish the sense of shared curiosity necessary for collaborative work.

In the end, it was a moment of surprise that provided a point of access to the pressing contents. The work that ensued, which I will describe presently, led—though not without difficulty—to further understanding of the link between despair and claustrophobia in Daniel.

The Ensuing Weeks

After this session, Daniel wavered for weeks over whether to sell his house. His depression continued, and his sessions were filled with anger

toward people who were unempathic to him or not as helpful as he hoped in practical ways. At the same time, fears of loss became a more dominant theme in his sessions—the narcissistic blow not so much of selling the house, but of having to sell it for financial reasons, and the ultimately inevitable loss of his aging parents. He decided to take a vacation after his friend's wedding, though for only two weeks rather than the month he had contemplated, and went to a tropical island that he habitually visited in the winter.

Daniel returned from his vacation in an exuberant frame of mind. While there he had looked at available real estate on the island, and had happened on a perfect condominium. It was a spacious penthouse, with a vast outdoor terrace and an expansive view of the harbor and ocean beyond it. He could buy it for a fraction of what he would realize from the sale of his house, and looking forward to having it would completely mitigate the feeling of loss.

Daniel quickly decided to try to buy the apartment. It was a once-in-a-lifetime opportunity; no comparable home at this price would come his way again.

As he threw himself into the practical details of the purchase, I had a growing sense of dismay. Was he planning to retire? He was less likely to find work on the island than in New York. But if he was planning to stay in New York, where would he live?

What was even more dismaying was that I could not seem to engage Daniel in thinking about these questions in his sessions. The more curious and concerned I became about the practicalities of the plan, the more cavalier and unconcerned he seemed to be. Of course he would continue to work in New York! He could always find a cheap rental, or spend down some capital for a year.

As he looked down on me from the height of his imagined penthouse, I could see that my concerns seemed petty and lacking of grander vision. Yet, as I imagined him actually living out the life he was setting up, I could only envision him soon feeling more closed in than ever. He would own two vacation homes but spend the bulk of his time in a cramped, dismal apartment. The need to support both the apartment and the island condo would erase any improvement in his cash flow that he might realize from the sale of his house; he would still be living beyond his means, and he could afford to do so for only a limited time.

As Daniel single-mindedly pursued the purchase of the condo, boldly overcoming a series of frustrations and obstacles, I had a growing awareness that in all his negotiations, he was taking great pains to present himself as having a considerably larger income than he currently had, despite the fact that his ability to obtain financing for the condo would not be a relevant consideration in the transaction. While clearly aware of this, Daniel became more and more anxious that his ruse would break down and his current circumstances would be exposed.

At one point, convinced that Daniel understood the ruse was primarily of narcissistic value, and of minimal, if any, practical benefit, and also that he was paying a growing emotional price to maintain it, I asked him whose benefit, exactly, the ruse was being carried out for.

In the context of the ordinary discourse between Daniel and me, this was a somewhat disingenuously asked, leading question, rather than one born out of genuine curiosity on my part. So again I felt a sense of surprise when Daniel gave a soft, almost imperceptible but clearly contemptuous laugh before responding, in all seriousness, "Why, for the seller and the broker, of course."

As the impact of this response began to sink in, I became aware of a feeling that I was coming up against a rigid psychological wall. It also struck me that part of what was projected onto the broker and seller was the rigidity itself: Daniel seemed certain that, no matter how advantageous the deal might be for them, they would not agree to it if they knew he would be making the purchase as a solution to a situation of financial duress, rather than as an easily afforded luxury.

I commented that, even as he negotiated for this luxurious space, he seemed to feel hemmed in by what he saw as the attitudes of the other principals involved.

He laughed. "Without question," he answered, "I feel in a tight space, and I won't feel I'm out of it until the deal is done."

"But it seems," I said, "that while you're trying to deal with the practicality of having sustained some losses, you're also trying to build a wall of illusions, both for yourself and for others, that no loss has been sustained at all, and then you feel yourself trapped and closed in by having to maintain those illusions." Daniel remained silent for a moment. "And

maybe," I added, "it's how you try to avoid the feeling of despair that sustaining a loss creates for you."

"I see," Daniel responded softly, and then there was another silence. "I see what you're saying." Then his tone shifted from somber to somewhat joking. "Somehow it seems unfair that it's not possible to engineer a world completely without loss."

I laughed. "I suppose it does," I said, "but in the world we live in, you rarely get to move on to anything new without sustaining some losses along the way."

Discussion: Curiosity and Pseudocuriosity

The topic of his despair temporarily dropped out of our discourse as he drowned it in the excitement of buying a spacious penthouse with an expansive view. My efforts to discuss with him the practical considerations of this plan made me aware both of his escalating contempt for my concerns and input about the plan, and of how he seemed to again be actively setting up a situation in which he would feel constrained, both literally and metaphorically. Curiosity on his part about either his own motivations or what I was thinking as I listened seemed to evaporate. I remained curious about the link between despair and claustrophobia, but felt alone with this curiosity.

In this context, I raised a somewhat contemptuous and pseudocurious question ("let's return to the basics . . . external or projected?"), intended to elicit Daniel's curiosity about a query to which I believed I already knew the answer. His response took me by surprise—I had not expected him to be so rigidly externalizing—but, as in the session in which he scorned a house he had previously desired, the surprise set me to thinking in a more *genuinely* curious way about what was happening in Daniel's inner life at this very moment.

I understood that Daniel was desperately trying to deal with a devastating narcissistic loss, both ongoing and impending. But now I could see how, over and over, his efforts to minimize or deny the losses led him to actively construct situations in which his options—or his interpersonal experiences, or his actual living situation—would feel rigidly constrained and constraining. My interpretation of this led to a significant change

in the tone of the session and to the reinstatement of a sense of mutual curiosity about this way of dealing with loss, its workings, and its broader implications. These questions were fruitfully explored in the ensuing months.

BION'S "ON ARROGANCE": ARROGANCE, CONTEMPT, AND HUBRIS; ARROGANCE, STUPIDITY, CURIOSITY, AND THEIR INTERRELATION

Bion, in "On Arrogance" (1958), describes a constellation of psychic manifestations in a particular kind of patient who, though otherwise seemingly neurotic, uses psychotic mechanisms in the realm of thought, particularly about his or her inner life and his or her relation with certain aspects of reality. Central to this constellation is the presence of widely dispersed, seemingly unrelated references to arrogance, stupidity, and curiosity in the analytic sessions. There is a transference to the analyst as variously blind, stupid, suicidal, curious, and arrogant, and the patient identifies with these qualities, so that at any given moment these attributes may be seen to be variously distributed between patient and analyst.

Bion attributes this syndrome to a *psychic disaster* involving the patient's relation with an early object who rejects and denies the infant's use of projective identification as a form of communication. This results in the establishment of a primitive superego that essentially forbids a potentially fruitful, creative link between objects in which communication may occur through projective identification. Curiosity—the wish to obtain both knowledge and understanding, which is the impetus for, and the main operative connection between, patient and analyst in the analytic procedure—is seen as intrinsic to the disaster.

In depicting the triad of arrogance, stupidity, and curiosity and the essential connection among them, Bion alludes to aspects of the Oedipus myth that are more about the quest to "lay bare the truth at any cost" than about incestuous desires toward the mother and their dangers. For Bion, this aggrandized search for truth regardless of the consequences is the embodiment of arrogance in Oedipus, and seems to serve as a

prototype for the concept of arrogance. Bion notes that pride becomes arrogance under the dominance of the death instinct.

To me, it seems that what Bion focuses on here is more accurately termed *hubris*, which, while perhaps a part of arrogance, does not capture the full meaning of *arrogance*—either as it is commonly understood or as it is encountered in the clinical situation, in which two individuals come together in the service of a shared search for knowledge and understanding. In this situation, the aggression that might be turned against the self through obliviousness to the consequences of the quest for truth in hubris is turned against the other, and a presumption of authority or superior knowledge on the part of one member of the dyad is accompanied by a projection of ignorance and lack of understanding onto the other, often with aggressive attacks on the other's actual capacities for thought.

The members of the analytic couple are particularly vulnerable to such attacks because the analytic situation requires that each member move up and back between thinking together with the other, which requires some measure of agreement on the rules and processes of thought, and thinking independently. The contemptuous attribution to the other of ignorance, stupidity, or lack of understanding readily engenders a relation of mutual contempt, though this may be unconscious in one partner or both. The shared curiosity that is the engine for the analytic process can easily be subverted by either member of the analytic couple and turned into a device for the simultaneous assertion of omniscience and projection of nonknowing and nonunderstanding into the other, through the pseudocurious maneuver of disingenuously raising a question to which one believes one already knows the answer.

The contemptuous arrogance I am talking about here and the hubristic arrogance emphasized by Bion may be two sides of the same coin, two different ways of dealing with the inherent pain and frustration of not knowing—the former through omniscience (Bion 1958, 1962a, 1962b) and the latter through denial of the potential pain of knowledge and idealization, and/or intensified instinctualization of the quest for knowledge. Each of these defensive maneuvers establishes its own particular interrelation between arrogance, stupidity, and curiosity, and

both constellations may be seen in the same patient, or the same analyst, or between the same analytic couple, at different times.

I would add that neither is peculiar to the situation of psychic disaster described by Bion in "On Arrogance" (1958), though the presence of the projective-identification-rejecting early object and the resulting primitive, link-attacking superego would lead to an intensification of the frustrations involved in seeking knowledge and understanding. As a result, such presences would also lead to an intensification of defenses against such frustration, and to the breaking up and dispersion over time and space of the interconnected phenomena of arrogance, stupidity, and curiosity that Bion describes.

THE OBJECT OF ANALYTIC INQUIRY AND THE ROLE OF SURPRISE: THE ARCHAEOLOGIST AND THE ANTHILL

Patient and analyst come together with the purpose of understanding the inner life of the former, but the project is fraught with difficulty from the outset. The mutual curiosity that pushes the exploration forward is an inherently painful state in which not knowing needs to be continually tolerated; even gratifying advances in understanding are dwarfed by the couple's awareness of what remains not understood. Either or both members of the couple are inevitably drawn at times to seek refuge in experiences of omniscience, shared or private, and, if that fails, in experiences of the analytic method as omnipotent, which can convert the analytic project into a reassuring ritual with a sharply narrowed purview of both data and understanding.

Further complicating the project is the fact that its object of study can only be approached indirectly and understood through inference. The patient's consciously experienced fantasies and memories, his verbal associations, his behavior within or outside the analysis, the quality of relation that evolves between the members of the analytic couple, and affects conveyed through projective identification—all these provide information about the object of analytic inquiry, but are not the object itself. The object of inquiry remains hard to define, and the realm of

observational data from which the analytic couple draw their inferences is somewhat of a moving target.

Freud's (1930) archaeological metaphor and concepts of psychic structure can establish an analytic mindset in which psychic elements that are relatively invariant or slow to change—symptoms, character traits, habitual defensive patterns—become conflated with the object of analytic inquiry itself, of which they are in reality only a part. Imagine for a moment the archaeologist-analyst carefully chipping away at defenses and encrusted character traits to gradually reveal the hidden wishes or traumas underneath, observing along the way the layers of structures built one on top of the other, memorializing different developmental stages but all constructed atop that basic, underlying foundation of primal wish or trauma. And now imagine that, as he is chipping away, he comes upon a colony of ants that has built its home in the cracks and crevices of the ruin he is excavating. Disturbed by the sudden crumbling of their home and the intrusion of the archaeologist, the ants run helter-skelter and scatter.

At this moment, the archaeologist has a choice. He can sit by and wait until the ants disperse, and then return to his work of careful excavation and reconstruction of the past. Or he can shift his vertex of observation and consider the relation between this new and alive civilization—that of the ant colony—and the memorialized remnants of past civilizations, which up until now have captured the whole of his attention. This new civilization is not built atop the abandoned structures of former civilizations, but rather within those structures. The ant civilization, while unaware of the meaning or history of the structures, is constrained by and has its direction of growth largely defined by those structures. At the same time, as the ants struggle with their day-to-day lives and attempt to build and expand their civilization, they alter and undermine, grain by grain, those same structures.

This fanciful excursion, of course, has all the strengths and shortcomings of argument by metaphor, and I will avoid pushing the metaphor to the point where it breaks down. But what I am suggesting is that there is a side of every patient who is actively struggling to meet the day-to-day challenges of his life, and as he does this, he is simultaneously constrained and guided by the remnants of his past and actively experi-

menting with jettisoning some of those remnants in the service of survival or expansion in the present and the future. This side of the patient is more mercurial than structured, breaking the old rules temporarily, trying new solutions because the patient dares to or because he has to, running up against the old constraints even as he does so.

Though this lively, struggling side of the patient is by no means the only source of surprise in the analytic situation, its manifestations are frequently surprising, and a mode of analytic discourse that tends to evade surprise will give it short shrift. More structured elements, while also an important aspect of the object of analytic inquiry, can be magnets for an omniscient retreat from the anxiety and discomfort of encountering the not-yet-understood—precisely because the manifestations of these elements are familiar and encountered over and over again. Evasion of the interface between mercurial or evolving aspects of the patient and his more invariant aspects limits the expansion of the understanding of both.

SUMMARY AND CONCLUSIONS

In this paper, I have tried to demonstrate an aspect of the psychoanalytic process that may be seen at moments in which new unconscious material begins to press to the surface, or in which change in patient, analyst, or the analytic couple begins to manifest. At such moments, I believe, there is an inevitable tension between the wish to further understand and the fear of what is not yet understood. As both patient and analyst move up and back between the shared psychic space of analytic contact and their respective individual psychic spaces, and when flight from the unknown moves either or both participants to a position of omniscience, a relation of mutual contempt arises in which the qualities of arrogance, stupidity, and curiosity are variously and fluidly distributed between patient and analyst.

These qualities are both attributed in fantasy to, and evoked in, each member of the couple. At these moments, the analytic couple must re-establish a sense of shared curiosity in their work and a tolerance for experience that may be seen or felt but is not yet understood. In such moments, the analyst's arrogance may find a comfortable home in ei-

ther his theory of mind or his theory of technique. While both a theory of mind and a theory of technique are necessary for the analyst to do his work, I believe it is important to remember that these theories are tools of the analytic project, rather than its ultimate aim, and the analyst needs to be able to temporarily suspend his allegiance to either or both in the service of openness to surprise and the maintenance of shared curiosity in the analytic couple.

For example, my bias toward a focus on internal experience as manifest in transference fantasy led me to make an interpretation about Daniel's claustrophobia which, though I still believe it to be correct, actually diverted our attention from an active and current shift in Daniel's mental life: his growing awareness that he might have to sell his house. Though in some ways I felt defeated and coerced to join him in the contemplation of this external reality, doing so actually led to a moment of surprise—a house that had looked wonderful when viewed only in fantasy stirred all sorts of anxieties when looked at from the position of Daniel's practical need to move and to make a new life in it.

A better understanding of these anxieties, and, more important, of Daniel's defenses against them, shed light on a different aspect of Daniel's claustrophobia—which was more compelling in the moment for both Daniel and me than my transference interpretation—and rekindled a feeling of shared curiosity.

Though I have focused in both my example and my theoretical discussion on one kind of surprise—a manifestation of an internal shift in the coping ego of the patient in response to external circumstances and evolution within the analysis—there are many potential sources of moments of surprise. But all moments of surprise in analysis are indicators that something new is occurring, and are opportunities for a shift in the observational vertex of the analysis and a revitalization of shared curiosity between patient and analyst. As such, they are important moments in the analytic process.

REFERENCES

- BARANGER, W. & BARANGER, M. (1964). "Insight" in the analytic situation. In *The Work of Confluence: Listening and Interpreting in the Psychoanalytic Field*, ed. L. G. Fiorini. London: Karnac, 2009, pp. 1-15.

BION, W. R. (1958). On arrogance. *Int. J. Psychoanal.*, 39:144-146.

——— (1962a). The psycho-analytic study of thinking. *Int. J. Psychoanal.*, 43:306-310.

——— (1962b). *Learning from Experience*. London: Heinemann.

FREUD, S. (1930). *Civilization and Its Discontents*. S. E., 21.

ZIMMER, R. (2010). Three psychic organizations and their relation to certain aspects of the creative process. *Psychoanal. Q.*, 79:629-663.

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BION AT A THRESHOLD: DISCUSSION OF PAPERS BY BRITTON, CASSORLA, FERRO AND FORESTI, AND ZIMMER

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Keywords: W. R. Bion, projective identification, thinking, waking dream thought, analytic field, war trauma, alpha function, dreaming, intersubjectivity, arrogance, stupidity, reverie, container/contained.

In his classic *The Structure of Scientific Revolutions* (1962), Thomas Kuhn contrasted what he called *normal science*, which is “the steady extension of the scope and precision of scientific knowledge,” with the sudden emergence of “new and unsuspected phenomena” (p. 52) that bring about a paradigm change in how we think about a particular subject. Such challenges to the status quo begin with a scientist’s awareness of an *anomaly* that does not fit with the accepted knowledge of a field’s normal science, and so prompts the discoverer’s curiosity to investigate further. Revolutions by their nature typically stir upheavals that require more than an adjustment to extant theory, and instead give rise to a new model that in turn becomes the new normal science.

An analogue in psychoanalysis was Klein’s (1928) realization that a powerful superego was clearly observable in preoedipal children, which was anomalous with existing analytic views that the superego was not formed until the close of the oedipal period. This discovery caused a furor in analytic circles and was a central point of contention of the Controversial Discussions (King and Steiner 1991). Many analysts remained at odds with Klein’s view; it took Jacobson’s (1964) proposal of *superego*

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precursors in the preoedipal stage to calm this disruption within the classical tradition to establish a new “normal.”

One has the sense in reading Bion that he is applying Kuhn’s ideas about scientific revolutions¹ to an individual’s intrapsychic world: that psychological growth occurs through a combination of relative smoothness and potentially catastrophic changes (Bion 1970) that must be surmounted. The personality is often buffeted by emotional events so cataclysmal that one may feel discontinuous with oneself from before the disruptive experience—what Bion (1977) called a *caesura* (see also Aguayo 2013). In a recent paper, Hinshelwood (2011) quoted Meltzer (1981) as follows: “The quality that distinguished Bion . . . was his capacity to tolerate caesura after caesura, to weather what he called ‘Catastrophic Change’” (Meltzer quoted in Hinshelwood, p. 13).

There is a feature to Bion’s *oeuvre* that at times feels as though one is tracking a “steady extension of the scope and precision” of his ideas (to again use Kuhn’s 1962 phrase) that then takes an unexpected and abrupt turn in a new, seemingly unpredictable direction. The three papers at the center of these four commentaries—“On Arrogance” (1958), “Attacks on Linking” (1959), and “The Psycho-Analytic Study of Thinking” in (1962a)—are gems in themselves, and Britton (2013) considers the first two the “climactic finale” (p. 311) of Bion’s 1950s papers on psychotic thinking.

Ferro and Foresti (2013) take a similar view, stating that “The Psycho-Analytic Study of Thinking” “summarizes and reinterprets the preceding phases of his [Bion’s] thought and opens the way for psychoanalysis to move on” (p. 362) to further discoveries. These three publications are illustrative of Bion’s movement from a period of having deepened his understanding of psychotic thought to his radical new consideration, in 1962(b), of the early mother–infant relationship and its role in the capacity for thinking.

In reading these four papers by Ronald Britton, Roosevelt M. S. Casorla, Antonino Ferro and Giovanni Foresti, and Richard B. Zimmer, we can see the profound ways in which the three works by Bion are “gifts that keep on giving,” becoming the sources of many creative elabora-

¹ Kuhn is not referenced in any of Bion’s writings.

tions. It is impossible to fully flesh out the breadth and richness of all the ideas these discussions encompass, but they do seem to me to cluster around several main themes that together reflect the impact of the papers on current psychoanalytic thinking and practice.

I will begin by framing the context of this triad of articles and then consider the commentaries from the perspectives of knowledge and stupidity in the analyst, the importance of reverie and dreaming, the inter-subjective vertex, waking dream thought in the analytic field, and some clinical implications that the authors glean from Bion's papers.

CONTEXT OF THE THREE PAPERS

Beginning in the early 1950s, Bion progressively developed and refined his views on the nature of psychotic thinking gathered from analytic work with thought-disordered patients. Gradually, he came to understand—in contrast to Freud's notion that such patients withdraw from reality—that the psychotic person possesses a hatred of reality that is managed by dismembering the capacity to know reality, with which the subject nevertheless maintains an active (though delusional) relationship.

However, by the late 1950s, Bion's attention slowly began to shift away from his descriptions of the nature of thinking disorders and toward the investigation of what he would later come to call—in *Learning from Experience* (1962b)—the *apparatus for thinking*, which represented a paradigm change in his work. The preparatory work for this seemingly “new and unsuspected” turn occurred outside of his then-published psychoanalytic writings, between 1958 and 1960, when he wrote the journals that were published posthumously, *Cogitations* (1992) and *War Memoirs: 1917–1919* (1997b).

Elsewhere (Brown 2012, 2013) I have discussed Bion's writings in *Cogitations* and the *War Memoirs* as a simultaneous effort that went on behind the scenes, so to speak, of his writing of “On Arrogance” (1958) and “Attacks on Linking” (1959). His efforts in these works ultimately converged into one *selected fact*: the publication of *Learning from Experience* (1962b). The brief paper “The Psycho-Analytic Study of Thinking,” also published in 1962(a), served as a bridge from Bion's earlier work on the nature of psychotic thinking to his formulation of *alpha function* and

the subsequent promulgation of the theory of *container* and *contained*, the roots of which are hinted at in “On Arrogance” (as noted by Britton 2013). Thus, the late 1950s were for Bion an incredibly fertile time, theoretically: the mighty torrent of creative productivity that eventuated in *Learning from Experience* was fed by tributaries from his papers on schizophrenic thought, from his theory of dreaming as formulated in *Cogitations*, and the working through of his combat trauma in *War Memoirs*.

In 1958, accompanied by his wife, Francesca, Bion returned to the site of the 1918 Battle of Amiens, France, in which he had bravely served as a 20-year-old tank commander. The war was an incredibly traumatic experience for him that remained undigested for forty years; it left him with “an abiding impression of unrelieved gloom and profound dislike of himself” (F. Bion 1985, p. 6). It was after this visit to the battleground that Bion started writing about the carnage in graphic detail in *War Memoirs*, leaving the reader to wonder how anyone manages to metabolize such horrors.

Concurrently with chronicling the war experience, in *Cogitations* (1992), Bion was developing his expansion of Freud’s (1900) theory of dreaming. Freud had based this theory on the pleasure principle—i.e., that *dream-work* functioned to disguise an unconscious wish so that it could pass through the censor and into conscious awareness. Bion (1992) did not disagree with this point of view, but offered that dream-work also functioned under the aegis of the reality principle to “digest” emotional experience, so that one learns from experience through a process of “dreaming” by which sensory data are given psychological meaning.²

In my opinion (Brown 2012, 2013), these two synchronous endeavors fostered each other; that is, refinement of his view of the role of dreaming in processing emotional realities enabled Bion to work through the war trauma, and writing *War Memoirs* (1997b) tapped the raw emotional material that drove him to discover the role of dreaming in the capacity to learn from experience, especially traumatic experience.

² At some point in 1960, Bion stopped using Freud’s term *dream-work* in writing *Cogitations* (1992) and instead began referring to his view of the digestive aspect of dreaming as *alpha function*.

Thus, the late 1950s were impressively formative years for Bion, and the three papers considered in these essays are only a portion of the broad range of work he contributed to psychoanalysis during this period. As Britton (2013) notes, powerful new ideas such as those promoted by Bion may take time to percolate in our analytic canon; “it is really only the next generation who absorb them . . . into their basic approach” (p. 312).

For example, Bion’s expansion of our understanding of dreaming to include the transformation of sensory/perceptual, emotional data into psychologically registered experience continues to innervate contemporary analysis, even fifty years after he proposed such processes. Interestingly, though these thoughts about dreaming were developed by 1960, they are not mentioned in any of the three papers targeted here, although there is a discussion of the concept of *reverie* (Bion 1962a), which is intimately linked to dreaming. It is as though he was not yet ready to unveil his updating of Freud’s theory of dreaming; in “The Psycho-Analytic Study of Thinking” (1962a), “one has the impression of watching an engaging movie trailer that whets our appetite for seeing the entire show, which in this case was the publication of *Learning from Experience* (1962b) in the same year” (Brown 2012, p. 1203).

KNOWLEDGE AND STUPIDITY IN THE ANALYST

Although each discussant emphasizes different aspects of Bion’s papers, all seem to have drawn inspiration, directly or indirectly, from the ideas put forth in “On Arrogance” (1958). There is a seemingly straightforward simplicity to this publication in Bion’s outline of the triumvirate of *curiosity*, *arrogance*, and *stupidity* that often bunch together, in the patient and/or in the analyst, when psychotic processes dominate the treatment. In such a climate, the analyst’s ordinary curiosity about the analysand’s experiences may be felt as an invasion that conjures up unbearable echoes of an infantile *psychological catastrophe*.³ In this regard,

³ Cassorla (2013a) states that Bion’s visit to São Paulo caused a *psychological catastrophe* in Brazilian psychoanalysis, i.e., an intellectual upheaval that could lead to either growth (paradigm change) or disaster. Fortunately, Brazilian psychoanalysis was energized to great creativity as a result.

the transference, as Bion (1958) says, is “to the analyst as analyst” (p. 279)⁴—which means that our empathic attempts to inquire about the patient’s suffering are being met with anxieties of the most primitive sort.

Furthermore, this transference is created by projective identification, which convinces the patient that his only problem is the presence of the analyst. Britton (2013) states that, at other moments, there may be a countertransference equivalent in which the analyst comes to feel that he has no other problems apart from the existence of the patient. Britton emphasizes the back-and-forth projections that color the transference and countertransference, characterized by disowned affects that are being treated like emotional hot potatoes, engendering a situation in which, Bion stated, both the analyst and “the patient in so far as he is identified with the analyst . . . [are], by turns, blind, stupid, suicidal, curious, and arrogant” (1958, p. 279).

When the analysand believes the analyst’s curiosity is so hurtful, the analysand also feels profoundly unrecognized in a way that Britton (1998) calls a *malignant misunderstanding*, and he believes himself to be in the presence of a stupid analyst. Indeed, owing to the intensity of the analysand’s projections, the analyst may *feel* stupid and, if this occurs, “the analytic field seems to be taken over by stupidity and arrogance,” as Cassorla notes (2013a, p. 326). Arrogance arises as a means of trying to cope with the experience of stupidity, replacing a burdensome feeling of not knowing with a phantasy of omniscience, but “the analyst has to bear his unknowing without appealing to known facts and theories” (Cassorla, p. 324).

Britton’s paper offers an excellent clinical vignette of his work with a woman, Ms. L, whose previous four analysts she found to be “stupid,” an affect he himself eventually felt when “I did not understand either Ms. L or the analysis” (2013, p. 316). This analysand had an entitled expectation that she would be perfectly understood—a demand she held on to for many years, until some small but important shifts became evident.

⁴ *Editor’s Note:* In this article, page numbers from Bion 1958 refer to the numbering of the republication in this issue, not to that of the original publication.

I have always been impressed by Bion's observation in "On Arrogance" that one of the most difficult tasks facing the analyst is to introject the patient's projective identifications, which both Cassorla and Britton highlight in their commentaries. Often this requires the clinician to come in contact with repressed and/or unrepresented areas in himself that are activated by having taken in the analysand's projection (Brown 2010, 2011, 2013; Cassorla 2013a). Bion (1958) warns us of the danger that we will become an *obstructive object* in the patient's mind if we do not accept his projections, because then our curiosity is felt to be an arrogant gaze rather than an attempt at understanding.

It is through the analysand's impact on the analyst that the analyst may come to know something about what the analysand cannot tolerate. Through this process, the analyst can help the patient know himself better—a primary goal of treatment, since "the implicit aim of psychoanalysis [is] to pursue the truth" (Bion 1958, p. 279).⁵ However, though it is said that "the truth shall make you free," the truth for more primitive patients may feel like a brainwashing enslavement by an arrogant and stupid analyst.

As indicated earlier, Bion believed that the psychotic part of the mind maintains a distorted attachment to reality, which is at odds with Freud's views. Thus, when he said that analysis aims to "pursue the truth," Bion was essentially saying that it places the patient in contact with an emotional reality that he finds too painful to encounter, and so his curiosity is dimmed, and he makes himself stupid or arrogantly dissembles. In some circumstances, the analyst's efforts to bring the patient into increased contact with reality makes the analysis "so hateful to the patient that he must destroy the ego which brings him into contact with it" (1958, p. 279)—he must destroy, that is, the patient's and the analyst's capacity to know reality. It is under such conditions of the analytic

⁵ Though Bion discusses truth only briefly in "On Arrogance" (1958), a focus on the truth became a central concern of his writings about the concept of "O" (Bion 1965, 1970), defined as the ultimate truth, which in the clinical encounter was the shared unconscious emotional truth of what patient and analyst had to bear together, and whose recognition only gradually evolved. "O" meant knowing something by *becoming* it, whereas "K" represented *knowing about* something. Bion seems to be considering the truth here in 1958 more as a "K" phenomenon.

couple's obliviousness to the reality of the powerful affects that overwhelm them that severe regressions and acting out inevitably arise (Bion 1958; Cassorla 2013a).

Zimmer (2013) cogently addresses this dilemma in which patient and analyst may both withdraw into "arrogant self-satisfaction" (p. 393), leading not only to acting out and regression, but also to a heavy cloak of collective despair. In the matrix of mutual contempt and stupidity, new ideas are typically met with derision. Zimmer cautions the analyst bogged down in this sort of terrain to be receptive to the element of surprise because "the analytic couple's capacity to embrace surprise rather than evade it, to maintain an attitude of shared curiosity, and to tolerate the frustration of what is manifest but insufficiently understood are crucial to the unfolding of the analytic process" (p. 394).⁶

Zimmer presents analytic material (discussed in what follows) to demonstrate his quiet collusion with his patient's despair, the sense of shared discouragement that followed, and how he was able to recover his capacity for surprise. Thus, for Zimmer, the analyst's ability to be open to new developments generally, and to surprise in particular, is a necessary antidote to analyst and analysand slipping into a state of shared analytic malaise.

Before moving on, I want to highlight a sentence from "On Arrogance" (1958) that is one of my favorite observations by Bion. It anticipates further developments in his thinking and is a kind of "stem-cell" comment from which many different contemporary ideas have evolved, including those presented in these four commentaries. In writing about the patient's need to feel that his communications were being received, Bion noted that the patient had to

. . . put bad feelings in me and leave them there long enough for them to be modified by their sojourn in my psyche, and [had to have] the ability to put good parts of himself into me, thereby feeling that he was dealing with an ideal object as a result. [1958, p. 282]

⁶ Bion does not specifically talk about the element of surprise, though it is implicit in many of his later works, such as *Taming Wild Thoughts* (1997a). Also, it seems important to note that in his New York City lecture (1980), the only American work that Bion cited—and to which he gave high praise—was Reik's *Surprise and the Psychoanalyst* (1937).

THE IMPORTANCE OF REVERIE AND DREAMING

This last statement, together with Bion's (1959) assertion that projective identification and introjection are the "foundation on which normal development rests" (p. 103), leads to his poetic conclusion in "The Psycho-Analytic Study of Thinking" that "the mother's capacity for reverie is the receptor organ⁷ for the infant's harvest of self-sensation gained by its conscious" (1962a, p. 307).⁸

Thus, *reverie* is the process that occurs within the mother or analyst that works to "modify" the introjection of the infant's or patient's projective identification during its "sojourn" in the mind of the receiver. The word *sojourn* is key here because it suggests a temporary visit (not like Joseph's biblical sojourn that led to a 400-year stay in Egypt). Bion (1959) later appears to have substituted the word *container* for *sojourn*, and he spoke about the importance of the patient's experience of the analyst as an effective container.

However, at this point in his thinking, Bion had not sketched out what happens during this containing sojourn in the mother's or analyst's psyche. In summary, the mother/analyst's capacity for taking in the baby/patient's projective identification and allowing it to sojourn within her containing psyche allows for her process of reverie to modify the introjection. Ferro and Foresti (2013) describe this as follows:

The foundation of mental life is the receptivity of the other's mind or capacity for reverie—or, as the case may be, the non-receptivity or incapacity for reverie of the other's mind. *Our entire mental life is based on this binary code.* [p. 375, italics added]

Britton (2013) considers "Attacks on Linking" (1959) to be "a condensed account of Bion's emerging new metapsychology" (pp. 311-312). Perhaps the most important aspect of this development was Bion's new

⁷ The term *receptor organ* is remarkably similar to Freud's (1912) reference to the receiving unconscious as a *receptive organ*, thus making a connection to Freud's discussion of unconscious communication.

⁸ *Editor's Note:* In this article, page numbers from Bion 1962a refer to the numbering of the republication in this issue, not to that of the original publication.

theory of dreaming, which (as noted earlier) was formulated in entries written between 1958 and 1960 in the posthumously published *Cogitations* (1992), simultaneously with his account of the Battle of Amiens in the *War Memoirs* (1997b).

This new metapsychology was rooted in Bion's studies of the subjective experiences of the analyst, and his realization that the process of *taking the transference* (Mitrani 2001) was indeed very complex. His proposals of a sojourn, reverie, the early references to containment, and the expanded role of dreaming in processing emotional reality were all brought together under the rubric of alpha function in *Learning from Experience* (1962b). I have termed this, together with other factors, the *constellation for thinking* (Brown 2012, 2013). Thus, without question, in 1959, Bion was surely at the threshold of an "emerging new metapsychology," to again reference Britton's characterization.

Although none of the three Bion papers targeted here specifically mentions his new theory of dreaming, this was hinted at in his formulation of reverie, which was an aspect of *waking dream thought*, proposed in *Learning from Experience* (1962b). Ferro and Foresti (2013) deem this concept to be Bion's most important contribution. Without a doubt, the concepts of waking dream thought and reverie have represented paradigm changes for contemporary psychoanalytic thought, confirmed by these four commentaries.

One upshot of this emphasis on reverie and waking dream thought is a shift in our view of countertransference: from the classical perspective as a hindrance to treatment, to the notion of it as an "instrument of research" into the patient's unconscious (Heimann 1950, p. 81). Our view of countertransference has also moved to another vertex that accentuates what Ferro and Foresti call a "countertransference microdream" (2013, p. 369). This latter perspective underscores the active transformation (dreaming) of unconscious communications from the patient by the analyst's receiving mind, and also fixes the analyst's attention to the here and now of the session.

THE INTERSUBJECTIVE VERTEX

The three target papers by Bion hold the seeds of an intersubjective approach to analysis highlighted in each of the four essays. Such an ori-

entation was already inchoate in Freud's (1912) discussions of the *transmitting* and *receiving unconscious* and the analyst's *unconscious memory*, the workings of which are fleshed out in Bion's theories of normal projective identification, containment, reverie, and alpha function (Brown 2010, 2011).

In this regard, Britton (2013) calls our attention to the necessity that the analyst *feel* the analyst's emotional involvement when an interpretation is given. He quotes Bion's opinion that "I do not think such a patient [psychotic or borderline] will ever accept an interpretation, however correct, unless he feels that the analyst has passed through this emotional crisis as part of the act of giving the interpretation" (Bion 1992, p. 291).

Intersubjective connections may lead to a generative exchange between the analytic couple to foster the uncovering of repressed contents, and/or to give meaning to unformulated experience that requires the analyst's mind to "dream" experiences too unbearable for the patient's mind to represent on its own (Cassorla 2013a; Ferro and Foresti 2013). Conversely, intersubjective entanglements may arise that arrest the analytic dyad's capacity for fruitful engagement; subsequently, patient and analyst become an infertile pair who have lost the ability to dream collectively (Cassorla 2013a).

Regarding "The Psycho-Analytic Study of Thinking," Ferro and Foresti (2013) ask: "How is it that, half a century after its publication, this contribution, just a few pages long, is still one of the ten most frequently accessed articles in the psychoanalytic literature?" (p. 361). One reason may be that it offers Bion's initial introduction of an intersubjective model of the mind and ties the capacity for thinking and its disturbance to the early mother-infant relationship, which itself Bion reconceptualizes. Put simply, these "few pages" are a sort of manifesto that reset much of analytic thinking and bring about a paradigm change. That *thinking*, seen by Freud (1911) as *experimental action* forced on the psyche by the necessity of dealing with reality, would have its origin in the earliest of relationships was truly a great innovation that, among other things, linked cognitive development with the complex network of unconscious patterns of communication that conjoin mother and infant.

Furthermore, in proposing the concept of alpha function, Bion (1962a, 1962b) additionally underscored the essential role of the moth-

er's capacity to bear and transform, through her reverie, her baby's unrepresented emotional experiences. The infant introjects *both* the mother's alpha function *and* a collaborative "thinking together" "that I have here described as *shared by two individuals* [and that] *becomes introjected by the infant*, so that the ♀ ♂ apparatus becomes *installed in the infant* as part of the apparatus of alpha-function" (Bion 1962b, p. 91, italics added).

Thus, the apparatus for thinking (♀ ♂), a subsidiary of alpha function, is an intersubjective structure formed by the introjection of a communal activity between mother and infant. This implies that its "repair" demands an analogous interchange in the analytic couple, and that the "repaired" structure is then similarly taken into the patient's psyche, either to build its alpha function or to bolster it.

A few words about a component of psychic structure—namely, the superego—are warranted here. Although Bion found Freud's tripartite view of psychic structure "a crude, but shrewd subdivision of the mind into various parts" (Bion 1984, p. 286), he often spoke about an *ego-destructive superego* (see also Britton 1998) and conceptualized this as a failure in the intersubjective connectivity between a mother and her baby. He described the analyst as potentially an *obstructive object* (Bion 1958) who cannot withstand what the patient needs to put into him, a situation he continued to explore when he noted that the therapist's failure to take in the analysand's projection is internalized as a murderous superego, intolerant of curiosity, that hates any new developments (Bion 1959). Thus, the patient operating under the tutelage of such an intolerant regime will not allow the importation of new ideas from the analyst—not unlike the government of a despotic country that shuts down a free press.

Later, Bion (1962a) ties these phenomena to a failure of maternal reverie that rejects the infant's normal projective identification—which, rather than being given emotional meaning, is felt only as *nameless dread*. The healthy process of projective identification, receptivity by a welcoming mother and transformation of affect into meaningful experience through the mother's reverie, thus turns into a horrendous experience of a rejecting object generating nameless dread, which is internalized as a murderous superego that strips the goodness from whatever comes its

way. As Britton (2013) states, the name of the game in such a place is “survival . . . not discovery” (p. 317).

The ego-destructive superego created in the wake of the earliest intersubjective failure harbors a hatred for anything that links one object to another (Bion 1959), including the link between the patient and perceptual reality, as well as the creative link between patient and analyst that rests on an oedipal configuration (Britton 2013; Cassorla 2013a). Bion addresses this latter situation and comments that one part of the patient may experience the analyst’s thinking as his communing with himself while cruelly excluding the patient—a situation that triggers attacks on the therapist’s capacity for thought, which is felt to be a primitive, creative act of parental intercourse. Cassorla (2013a) also refers to the analysand’s attacks on the creative link between the analytic couple, but does not connect this to an early oedipal situation.

Much of this section of my comments has focused on obstructions to progress in treatment that result from an intersubjective process gone awry. However, it is also important to note that, when an analysis is a productive and creative collaboration, these processes are the bedrock upon which the therapeutic alliance and analytic evolution rest. Cassorla (2005, 2008, 2012, 2013a, 2013b) has written extensively about what he calls *dreams-for-two*, which refers to an unconscious engagement of analysand and analyst that expands the symbolic network of emotional meanings in the here and now of the session. The analyst “*redreams* his patient’s dream” (Cassorla 2013a, p. 329, italics in original) through his reverie (a factor of alpha function) and offers an interpretation (his dream), which the patient takes in, dreams, and then offers his associations that, in effect, redream the analyst’s input.

This process relies on continuous unconscious communication via projective and introjective activity between patient and analyst. It is the “foundation on which normal development rests” (Bion 1959, p. 294),⁹ whether in an infant’s growth or in the analytic situation. I have written elsewhere that:

⁹ *Editor’s Note:* In this article, page numbers from Bion 1959 refer to the numbering of the republication in this issue, not to that of the original publication.

This is a mutual unconscious process that goes nearly unnoticed when good analytic work is “purring” along and constitutes an unconscious streaming that flows back and forth between the linked ego structures of a function in the analysand and analyst. *By the time the analyst has become aware of an interpretation to give the patient, there has been much unconscious work that has already transpired.* [Brown 2011, p. 103, italics in original]

WAKING DREAM THOUGHT OF THE FIELD

In the fertile intellectual climate of the River Plate region that separates Uruguay and Argentina, the Barangers (1961–1962, 2008) wrote a classic paper, originally published in Spanish and not translated into English until many years later. This paper brought together several influences that permeated local analytic thinking, including Klein’s ideas about unconscious phantasy, Kurt Lewin’s field theory, the work of Merleau-Ponty, and Bion’s theories of group functioning.¹⁰ The Barangers creatively wove these threads together and developed the notion that the analytic dyad could be considered a small group with some of the properties that characterize larger groups, namely, that a *shared unconscious* phantasy could emerge (in the field) between analyst and patient—what Bion (1961) termed a *basic assumption* in the psychology of groups. The Barangers noted that the conjunct phantasy in the analytic dyad was an offspring of their unconscious interaction, and that “it is something created between the two, within the unit that they form in the moment of the session, *something radically different from what each of them is separately*” (2008, p. 806, italics added).

Implicit in this model of the analytic relationship is the idea that an unconscious process exists between analyst and analysand that can produce a new entity, i.e., “something radically different from what each of them is separately.” The many contributions on the subject by Cassorla and Ferro have extended the concept of the dynamic field by pairing the Barangers’ ideas with Bion’s theories of dreaming (Cassorla

¹⁰ Bion was very familiar with Lewin’s field theory and was exposed to it when he worked at Northfield Hospital in Birmingham, England, during World War II (Brown 2011), though he does not specifically mention Lewin.

2013a; Ferro and Foresti 2013) and of transformations (Ferro 2002, 2008, 2009; Ferro and Foresti 2013). Thus, the contemporary view of the analytic field builds on thoughts expressed by Bion in the three papers discussed here (the analyst's containing receptivity to the patient's projective identifications, the triangular reality implied by the analyst's capacity to think, reverie, and alpha function) and in the book *Experiences in Groups and Other Papers* (Bion 1961). This contemporary view "re-dreams" these concepts in the light of Bion's hypotheses about dreaming (1962b, 1992) and transformations (1965).

It is important to clarify the nature of this shared unconscious phantasy: it is not that patient and analyst are thinking the same thought, but rather that each of them is experiencing an unmetabolized emotion that is permeating the analysis. Take, for example, a situation in which a sense of futility has overcome the analytic couple. It is the *affect* that is shared—an affect that each member of the dyad transforms/dreams in an idiosyncratic manner, consistent with his internal object world. For instance, the patient's transformation of the futility might be conveyed through associations in his life that evoke analogous affects in the analyst through projective identification, and that are linked to the analyst's personal associations to futility. If this process goes undetected, then the analytic couple may sink into a molasses-like tedium, or what Cassorla (2013a) calls "non-dreams-for-two" (p. 331).

The likelihood of this possibility is increased when the treatment comes into contact with nonsymbolized areas in the analysand that have not been represented or dreamed, leaving the analytic dyad with the experience of confronting a foreign body. Ideally, this undreamed pocket of the analysand's inner world can be projected into the analyst for him to dream, i.e., to symbolize, for the patient.¹¹ However, non-dreams-for-two may result when the analyst falls into the futile state as well, and both partners feel themselves to be in the grip of forces greater than they are and from which they are unable to escape—that is, dream.

Let us continue with this fictitious analytic pair mired in futility, which Cassorla (2013a) states may result from "unconscious collusions"

¹¹ Ogden (2003, 2004) seems to compare unsymbolized areas of the mind with the phenomenon of *night terrors*, for which an individual may "need the mind of another person . . . to help him dream the yet to be dreamt aspect of his nightmare" (2004, p. 861).

(p. 331) by patient and analyst to avoid transforming some affect that is too painful for either of them, for separate reasons, to face directly. The analyst may feel that his alpha function (and the associated capacity for reverie) is arrested, resulting in what Ogden (2003) calls “reverie deprivation” (p. 28).

Let us further imagine that, seemingly out of the blue, the analyst suddenly becomes aware of thinking about the scene in the movie *Titanic* in which an elderly couple quietly wait in their bed for the inevitable, drowning deluge into their stateroom; the analyst experiences a reverie accompanied by a feeling of resignation. Ferro and Foresti (2013) would view this reverie as consisting of *characters in the field* created by the analyst’s alpha function (of which dreaming is a factor), which is actively symbolizing the shared unconscious phantasy of the analytic couple in the here and now of the session. The reverie is also what Ferro and Foresti call a “waking dream thought of the field” (p. 377) or an “affective hologram” (p. 385)—that is, the analyst’s in-the-moment, unconscious pictorial depiction of the state of the analytic relationship.

SOME CLINICAL IMPLICATIONS OF THESE PAPERS

To continue with the imaginary reverie of the scene from the *Titanic*, how does the analyst use such a reverie in the service of moving forward a treatment mired in futility, in non-dreams-for-two? Ogden does not directly discuss the concept of the analytic field, but this perspective is implicit in his model of an *intersubjective analytic third* (1994), which, when applied to dreaming, concludes that “the dreams dreamt by the patient and analyst are at the same time their own dreams (and reveries) and those of a third subject who is both and neither patient and analyst” (2004, p. 862).

Thus, this reverie, though appearing in the analyst’s mind, actually belongs to neither patient nor analyst, but is an epiphenomenon of the analytic field. It is not simply a distraction, but the endpoint of an active process of symbolization of the unrepresented affects that are creating the shared sense of futility. Realizing that his reverie has an oracular dimension, the analyst may begin to acknowledge an unconscious phan-

tasy of the analytic couple as an elderly pair who have lost their will to fight and are passively awaiting the crush of a deluge (the undreamt non-dreams-for-two felt as a massive foreign body).

If the analyst can step back and take a *second look* (Baranger and Baranger 2008) through the lens offered by Ferro and Foresti (2013), he may appreciate that the elderly couple of the analyst's reverie are *characters in the field* created by his alpha function, and this awareness can guide him to an intervention. Such an intervention may indirectly draw on the reverie's imagery, as in the following statement: "I have the impression that we have both become very discouraged and have given up in our efforts to understand some powerful, great unknown that is beyond what we can come to grips with right now." Or the analyst might consider making direct reference to his reverie, as Ferro and Foresti (2013) describe in the case of "Heidi and Mrs. Rottenmeier" (pp. 369-371).

I will sometimes do this with patients by first saying, "I just had this thought come to mind as you were speaking, which I believe is my mind's way of making sense of what we are trying to understand together," and then sharing my reverie. I find this approach especially helpful with patients who are afraid to "dream" in the session; evidence of the usefulness of my reverie can enable their capacity to indulge more freely in the waking dream thought of the field.

Cassorla (2013a) examines the connection between the waking dream thought of the field and problems of enactment. The patient needs the analyst to take in his projective identifications and to dream these for him; however, when these projections touch on something too painful for the analyst to face (a repressed memory and/or an unrepresented portion of his mind), he may react by closing himself off to what the patient needs him to feel. If the patient becomes more aggressive in trying to get through to the analyst, he may feel invaded by the patient and block out the projections with great rigidity. An unconscious collusion to avoid certain mutually painful experiences may arise, and with it non-dreams-for-two, from which chronic enactments develop that result in ossified treatment stalemates.

Cassorla suggests a way out of this situation that could at first glance seem tautological, if we fail to appreciate his distinction between *chronic* and *acute* enactments: "Chronic enactments can be undone through

transformations that start off as *acute enactments*" (2013a, p. 331). Thus, an acute enactment can bring a fresh experience into the consulting room—one previously felt to be arid and unproductive—that has the potential to enliven the deadness of chronic enactments.

As I read Cassorla's paper about acute and chronic enactments, I thought about the clinical case that Zimmer (2013) presents in his article. The patient, Daniel, felt trapped inside the analyst's way of thinking; furthermore, "focusing on events going on inside his mind also made him feel claustrophobic" (p. 396). Zimmer noticed that he, too, felt trapped inside the analysand's psyche, and particularly inside his hopelessness. This state deteriorated into a shared feeling of mutual contempt and a "strange combination of stupidity, omniscience, and defeat" (p. 402) that suffused the analytic atmosphere.

Clearly, they had become a couple entrapped in a chronic enactment that led only to further misery for both analyst and patient. However, at one point, "without quite knowing my own rationale" (p. 397), Zimmer offered a spontaneous interpretation (acute enactment?) about the patient having constructed a tight space in which to live—an intervention that helped the analysand feel more at ease, as it turned out. At this point, the analyst had a reverie of a "coffin-shaped" (p. 398) space that indicated his alpha function was coming back online, so to speak. This created an aperture that gradually widened in subsequent weeks and resulted in "the reinstatement of a sense of mutual curiosity" (p. 406). Thus, the chronic enactment in which Zimmer and his patient were encased was slightly cracked open by the analyst's acting without a known rationale, and this helped to kick-start a process of dreams-for-two.

CONCLUSIONS

We can see from the papers by Britton, Cassorla, Ferro and Foresti, and Zimmer the impressive heuristic value of the three target papers by Bion: "On Arrogance" (1958), "Attacks on Linking" (1959), and "The Psycho-Analytic Study of Thinking" (1962a). When placed within the context of the overall body of his work, these papers form a bridge from the 1950s, when he studied the nature of psychotic thinking, to a later period in

which he conducted a broader investigation of the nature of thinking in general. This wider exploration was accomplished by working through his war trauma and constructing his theory of dreaming—developments that led to his concept of alpha function and his other great contributions of the 1960s.

Bion never wanted there to be a group of acolyte Bionians who would merely mimic and deify him, and—in sharp contrast to that scenario—the four commentaries here demonstrate the incredible power of his ideas to stimulate further thinking and growth in those who undertake a careful reading of the enduring legacy he bestowed on psychoanalysis.

REFERENCES

- AGUAYO, J. (2013). Wilfred Bion's "Caesura": from public lecture to published text (1975–1977). In *Growth and Turbulence in the Container/Contained: Bion's Continuing Legacy*, ed. H. B. Levine & L. J. Brown. New York: Routledge, pp. 55–74.
- BARANGER, M. & BARANGER, W. (1961–1962). La situación analítica como campo dinámico. *Revista Uruguaya de Psicoanálisis*, 4:3–54.
- (2008). The analytic situation as a dynamic field. *Int. J. Psychoanal.*, 89:795–826.
- BION, F. (1985). Foreword. In *All My Sins Remembered: Another Part of a Life and the Other Side of Genius—Family Letters*, by W. R. Bion. London: Karnac.
- BION, W. R. (1958). On arrogance. *Int. J. Psychoanal.*, 39:144–146.
- (1959). Attacks on linking. In *Second Thoughts*. New York: Jason Aronson, pp. 93–109.
- (1961). *Experiences in Groups and Other Papers*. London: Tavistock.
- (1962a). The psycho-analytic study of thinking. *Int. J. Psychoanal.*, 43:306–310.
- (1962b). *Learning from Experience*. London: Heinemann.
- (1965). *Transformations*. London: Heinemann.
- (1970). *Attention and Interpretation*. London: Heinemann.
- (1977). Caesura. In *Two Papers: The Grid and Caesura*. London: Karnac, 1989, pp. 35–56.
- (1980). *Bion in New York City and São Paulo*. London: Karnac.
- (1984). *Clinical Seminars and Other Works*. London: Karnac.
- (1992). *Cogitations*. London: Karnac, 1994.
- (1997a). *Taming Wild Thoughts*. London: Karnac.
- (1997b). *War Memoirs: 1917–1919*, ed. F. Bion. London: Karnac.
- BRITTON, R. (1998). *Belief and Imagination*. London: Routledge.
- (2013). Commentary on three papers by Bion. *Psychoanal. Q.*, 82:311–321.

- BROWN, L. J. (2010). Klein, Bion and intersubjectivity: becoming, transforming and dreaming. *Psychoanal. Dialogues*, 20:669-682.
- (2011). *Intersubjective Processes and the Unconscious: An Integration of Freudian, Kleinian, and Bionian Perspectives*. London: Routledge.
- (2012). Bion's discovery of alpha function: thinking under fire on the battlefield and in the consulting room. *Int. J. Psychoanal.*, 93:1191-1214.
- (2013). The development of Bion's concept of container and contained. In *Growth and Turbulence in the Container/Contained: Bion's Continuing Legacy*, ed. H. B. Levine & L. J. Brown. London: Routledge, pp. 7-22.
- CASSORLA, R. M. S. (2005). From bastion to enactment: the "non-dream" in the theatre of analysis. *Int. J. Psychoanal.*, 86:699-719.
- (2008). The analyst's implicit alpha-function, trauma and enactment in the analysis of borderline patients. *Int. J. Psychoanal.*, 89:161-180.
- (2012). What happens before and after acute enactment? An exercise in clinical validation and broadening of hypothesis. *Int. J. Psychoanal.*, 93:53-89.
- (2013a). When the analyst becomes stupid: an attempt to understand enactment using Bion's theory of thinking. *Psychoanal. Q.*, 82:323-360.
- (2013b). Reflections on non-dreams-for-two, enactment and the analyst's implicit alpha function. In *Growth and Turbulence in the Container/Contained: Bion's Continuing Legacy*, ed. H. B. Levine & L. J. Brown. London: Routledge, pp. 151-176.
- FERRO, A. (2002). Some implications of Bion's thought: the waking dream and narrative derivatives. *Int. J. Psychoanal.*, 83:597-607.
- (2008). *Mind Works: Technique and Creativity in Psychoanalysis*. London/New York: Routledge.
- (2009). Transformations in dreaming and characters in the psychoanalytic field, trans. P. Slotkin. *Int. J. Psychoanal.*, 90:209-230.
- FERRO, A. & FORESTI, G. (2013). Bion and thinking. *Psychoanal. Q.*, 82:361-391.
- FREUD, S. (1900). *The Interpretation of Dreams*. S. E., 4/5.
- (1911). Formulations on the two principles of mental functioning. S. E., 12.
- (1912). Recommendations to physicians practising psycho-analysis. S. E., 12.
- HEIMANN, P. (1950). On counter-transference. *Int. J. Psychoanal.*, 31:81-84.
- HINSELWOOD, R. (2011). Making sense of Bion's nomadic journey. Paper given at the Psychoanalytic Center of California, April 9.
- JACOBSON, E. (1964). *The Self and the Object World*. New York: Int. Univ. Press.
- KING, P. & STEINER, R. (1991). *The Freud-Klein Controversies, 1941-1945*. New York: Routledge.
- KLEIN, M. (1928). Early stages of the Oedipus complex. In *Love, Guilt, and Reparation*. New York: Delacorte Press, 1975, pp. 186-198.
- KUHN, T. (1962). *The Structure of Scientific Revolutions*. Chicago, IL: Univ. of Chicago Press.

- MELTZER, D. (1981). *Sincerity and Other Works: Collected Papers of Donald Meltzer*. London: Karnac.
- MITRANI, J. (2001). "Taking the transference": some technical implications in three papers by Bion. *Int. J. Psychoanal.*, 82:1085-1104.
- OGDEN, T. H. (1994). The analytic third: working with intersubjective analytic facts. *Int. J. Psychoanal.*, 75:3-20.
- (2003). On not being able to dream. *Int. J. Psychoanal.*, 84:17-30.
- (2004). This art of psychoanalysis: dreaming undreamt dreams and interrupted cries. *Int. J. Psychoanal.*, 85:857-877.
- REIK, T. (1937). *Surprise and the Psychoanalyst: On the Conjecture and Comprehension of Unconscious Processes*. New York: E. P. Dutton.
- ZIMMER, R. (2013). Arrogance and surprise in psychoanalytic process. *Psychoanal. Q.*, 82:393-412.

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DESIRE AND RESPONSIBILITY: THE ETHICS OF COUNTERTRANSFERENCE EXPERIENCE

BY MITCHELL WILSON

The analyst's desire expressed in impactful wishes and intentions is foundational to countertransference experience, yet undertheorized in the literature. The "wider" countertransference view, associated with neo-Kleinian theory, obscures the nature of countertransference and the analyst's contribution to it. A systematic analysis of the logic of desire as an intentional mental state is presented. Racker's (1957) talion law and Lacan's (1992) theory of the dual relation illustrate the problems that obtain with a wholesale embrace of the wider countertransference perspective. The ethical burden placed on the analyst in light of the role played by desire in countertransference is substantial. Lacan's ethics of desire and Benjamin's (2004) concept of the moral third are discussed.

Keywords: Desire, countertransference, projective identification, ethics, responsibility, Lacan, neo-Kleinian, Racker, dual-relation, talion law, moral third.

The deep dissatisfaction we find in every psychology—including the one we have founded thanks to psychoanalysis—derives from the fact that it is nothing more than a mask, and sometimes even an alibi, of the effort to focus on the problem of our own action—something that is the essence and very foundation of all ethical reflection.

—Lacan 1992, p. 19

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INTRODUCTION

As a profession we have become wary of too-satisfied descriptions of patients' dynamics and structures of psychopathology. Our reluctance in this regard is due to multiple factors, some of which include the lack of predictive value of such descriptions, their uncertain genesis in relation to putative developmental factors, and their post-hoc explanatory status. Most important, perhaps, this reluctance is the effect of the legacy of what might feel to some to be an unearned authority, the authority to pronounce the nature of the pathology said to reside in the patient while sparing the analyst a similarly authoritative pronouncement.

Racker (1957) may have been the first prominent analyst to note this weighty irony:

The first distortion of truth in "the myth of the analytic situation" is that analysis is an interaction between a sick person and a healthy one. The truth is that it is an interaction between two personalities, in both of which the ego is under pressure from the id, the superego, and the external world. [p. 307]

Since Racker's time, an intersubjectivist-inflected, two-person psychology has replaced a predominantly objectivist, one-person psychology in most analysts' conceptualizations of the psychoanalytic process.

Even if a two-person psychology is an accurate umbrella term to convey the basic orientation of most psychoanalysts today, in the literature we have felt on safer ground, I think, by focusing inwardly on the analyst's experience. The analyst's activity—what he says, how he thinks, how he acts and enacts—has become the central focus of psychoanalytic preoccupation. The gulf between self and other, analyst and patient, seems more difficult to bridge than the gap between the analyst's own conscious self-assessments and whatever unconscious stirrings are lurking underneath. And so we have witnessed an ever-growing and voluminous literature on the countertransference, enactment, and self-disclosure. It might appear that analysts have become quite one-person focused in relation to the analyst's internal world.

Yet psychoanalytic writers have not abandoned the task of understanding the dynamics and struggles of analysands. Analysts remain as

dedicated to the psychoanalytic understanding of their patients as ever. It seems uncontroversial to say that the analyst's desire to understand remains central to his reasons for action in analysis. But this project of understanding has been smuggled in underneath the cloak of analytic self-scrutiny. That is, through examination of his countertransference experience, broadly construed, the analyst comes to understand and know the analysand psychoanalytically.

In the end, analysts are no less interested in describing patients' struggles in psychopathological language (splitting, projection, omnipotence, and the like). It is just that we tend to fulfill these interests by examining our own internal states—what it feels like to be with a given patient at a given moment in time—as a, perhaps *the*, central way forward in this project of understanding.

The analyst's desire to understand (as well as other psychoanalytic desires that motivate his responses and actions) rests uneasily within the larger context in which the question of the analyst's actions is embedded, because action necessarily involves the analyst in an ethical situation. In his seminar on ethics, Lacan states: "An ethics essentially consists in a judgment of our action" (1992, p. 311).

Importantly, one cannot take one's action as an object of serious inquiry without already believing one is responsible as an agent for the action. In other words, an ethics of analytic practice confronts the analyst with deeply personal questions regarding responsibility and judgment in a desire to delimit the truth—to figure out, as we tend to say colloquially, "what is going on" with ourselves and with our patients. As is implied by the epigraph at the beginning of this paper, there are important senses in which analytic theory, especially perspectives that emphasize the analyst's looking inward to understand the other, can mask our effort to focus on the problem of our own action.

The word *countertransference* suggests directly that the analyst is responding to an outside stimulus—he is *countering* the patient's transference communication. The implication is that the analyst's action is a *re*-action, an action "again," *following* the action of the patient. Already one can sense the shrouding of the issue of the analyst's agency—and the desire that animates this agency—in the root elements of the word *countertransference* itself. The psychoanalytic origins of the term are well

known and reinforce this point: Freud coined the term in a letter to Jung (June 7, 1909) regarding the possibly erotic nature of Jung's relationship with Sabina Spielrein (McGuire 1974). Freud advised Jung "to dominate" his countertransference. The source of Jung's problem came from Miss Spielrein.

No doubt psychoanalysis has come a far distance since 1909. Consistent with the writings of Ogden (1994); Ferro (2002); Baranger, Baranger, and Mom (1983); and many others, analysts today tend to emphasize that the countertransference is an inextricable element in an interactional field constituted by transference and countertransference.

Others, such as Renik (1993a), assert that the term *countertransference* should be retired as misleading, because all the analyst's reactions emerge from the analyst's irreducibly personal and subjective position. This view is akin to that expressed in the enactment literature regarding the inevitability of the analyst's expression through action of wishes and conflicts about which he has been unaware.¹ In light of such an accepting and capacious view of countertransference within the even broader umbrella of a two-person psychology, it may appear that the questions the countertransference poses have been put to rest.

I believe this is a misguided view. In this paper, I define *countertransference* in relation to the analyst's experience of pleasure and unpleasure (Faimberg 1992). I hope to limit the parameters of countertransference to the analyst's experience of pleasure and unpleasure because it is through the analyst's experience of these feeling states that we can begin to clarify the ways in which the *analyst's desiring position* underwrites these states. In the literature on countertransference, the analyst's position as a desiring subject who *wants specific experiences* moment-to-moment in the work tends to be undertheorized, if not ignored altogether. Instead, we read about the varieties of the analyst's *participation*, influenced and constrained by his anxieties, history, internal object relations, and theory (Purcell 2004). Yet I submit that most of these factors, however important they may be in influencing how we listen and what we do as analysts, are not, upon reflection, particularly *specific* in penetrating the nature of countertransference experience and clarifying our activity in the moment-to-moment process of clinical work.

¹ See Jacobs (1991), McLaughlin (1991), and Chused (1996) as representative examples.

Irreducible subjectivity is a very general notion, as is *internal object relations*. And unconscious conflicts borne of the analyst's history tend to live at a considerable distance from the analyst's activity at any given moment. Further, appeal to the past as an explanation for the present can have the feel of speculation, however earnest and honest such speculation may be. Such speculation, in fact, can obscure more relevant and impactful desires that motivate the analyst's activity in the trenches of a clinical hour. The analyst's theory, on the other hand, often has more direct impact on the analyst's state of mind and the conditions he imposes on the patient that can lead to an experience of unpleasure.

As a core, irreducible unit of measure, the analyst's desire—I have in mind his psychoanalytic desires—remains both insufficiently appreciated and insufficiently studied. This desire is often manifested in specific conscious or preconscious wishes that, when frustrated, become potentially accessible to the analyst. Schafer (2009) writes:

The analytic literature amply explains the patient's role in becoming a frustrating object. Waiting to be sorted out are the needs of the analyst that are not being met; more exactly, these needs have been insufficiently analyzed in the context of the analyst's vulnerability to feeling frustrated. [p. 75]

I contend that countertransference experience rests on the analyst's desire as it is engaged within the clinical encounter.

Desire itself can be conceptualized in a number of ways, and space constraints require me to limit my comments here to a few brief points.² Unconscious desire arises from ontological conditions—the loss of our primary objects, the intercession of language, culture, and the law (i.e., the oedipal situation writ large) that create conditions in which we live as subjects. These conditions allow for (and demand) symbolic capacities (representation, memory, imagination, fantasy, and hope). This foundational desire is borne of a fundamental lack.

While I will allude in this paper to this fundamental and bedrock human desire borne of lack, for the most part I am interested in desire's more experience-near derivatives. By this I mean the intentions, aims, and values that motivate our actions, especially our actions as

² See also Wilson (2003).

analysts in the consulting room that have demonstrable impact on the analysand and the process. In general, the desires I am interested in are not deeply unconscious or shot through with the heavy residue of unresolved unconscious conflict.³ Instead, I will focus on impactful desires that amount to the analyst's wanting specific experiences with a patient in the real-time work of analysis.

In this paper, I wish to accomplish three things.

- (1) Theoretical: Establish that countertransference experience is dependent, necessarily, upon the particular desiring state of the analyst at that moment of experiencing and arises logically prior to other factors involving the patient.
- (2) Clinical: Describe the central importance of the analyst's taking his desire as a unit of measure and as the first order of business in unpacking the countertransference experience.
- (3) Ethical: Show how the analyst's desire, and the countertransference experience that unfolds as a result of this desire, are embedded in an ethical field in which responsibility, judgment, and truth are always in play, and the analyst and patient's sanity are at stake.

I orient myself to the question of the role of desire and countertransference via the "wider" countertransference perspective that is usually associated with the writings of contemporary Kleinians, such as Joseph, Feldman, and Spillius, among others. I enter into the conversation here because theirs is a strong and highly influential reading of the value of the analyst's countertransference experience. I take the phrase *strong reading* from the literary scholar Harold Bloom (1975): "A strong reading is one that itself produces other readings To be productive

³ Experience-near, preconscious desires may, of course, be fed by unconscious sources, but the connections between one and the other are often obscure and of variable relevance to the analyst's experiences of pleasure and unpleasure (i.e., countertransference). Certainly, analysts are often involved in longer-term, unconscious engagements that only become clearer over time, as I describe in the case of Byron later in this paper. Whether these longer-term processes, arising from the analyst's actions and overall approach, should be called *countertransference* is an open question.

it must insist upon its own exclusiveness and completeness, and it must deny its partialness and its necessary falsification" (p. 50).⁴

This strong, robust reading of the value of the analyst's countertransference allows me to then introduce a discussion of the analyst's desire. It was both Lacan (2002a, 2002b), as early as 1936 with his paper on the "Mirror Stage," and Racker (1957, 1968), in his remarkably prescient series of papers in the 1950s on countertransference, who discerned the fundamental role that the analyst's desires and wishes have in the clinical encounter. They both described in detail the hazard that unfolds if the analyst does not take account of what he wants from the patient at any given moment. Racker's law of the talion and Lacan's dual relation describe a *structure* of dyadic relating that occurs when the analyst resists this accounting.

I will describe the features of this structure of relating later in the paper; for now the reader should know that the talion law/dual relation involves a *dyadic* analytic field characterized by paranoia (often subtle), aggression/retaliation, and compliance/rebellion (as a third term is necessarily excluded). I consider the logic and importance of the theory of projective identification to the wider countertransference view, and that an appreciation of the talion law/dual relation renders problematic a wholesale acceptance of its logic and importance.

Finally, I move to the question of the ethics of countertransference experience. Taking my lead from Lacan's (1992) ethics of desire and Benjamin's (2004) concept of the moral third, I describe, via a clinical example, the ethical burdens that fall upon the analyst in light of his desiring position, and the serious consequences for the patient that depend on how the analyst handles these burdens.

⁴ A further explication by Bloom (1975) is edifying: "We do not speak of poems as being more or less useful, or as being right or wrong. A poem is either weak and forgettable or else strong and so memorable. Strength here means the strength of imposition. A poet is strong because poets after him must work to evade him. A critic is strong if his readings similarly provoke other readings. What allies a strong poet and a strong critic is that there is a necessary element in their respective misreadings. But again I hear the question: 'Why do you insist upon a *misreading*?' My answer is that a reading, to be strong, must be a misreading, for no strong reading can fail to insist upon itself" (p. 66, italics in original). Obviously, I myself run the risk of misreading the wider countertransference view through my own "strong reading" of it.

Throughout the paper, I indulge the hope that it is possible to mix and compare theoretical models to felicitous and generative purposes, and to bring together seemingly disparate terms in an intellectually responsible way. But not all models are additive; some are incommensurable. I intend to make these theoretical complexities clearer as the paper unfolds.

THE “WIDER” VIEW OF COUNTERTRANSFERENCE AND PROJECTIVE IDENTIFICATION

Freud, as we know, viewed the countertransference as something the analyst should mitigate, if not altogether defeat. Klein, as I will describe later on, felt similarly. They shared what has been called the “narrow” view of countertransference. They hold the minority perspective on the subject, as it is nearly settled doctrine in contemporary psychoanalysis that the countertransference is of crucial importance in the analyst’s understanding of the patient’s unconscious communications and conflicts. Heimann (1950), in her groundbreaking paper, stated the case with authority: “The analyst’s countertransference is not only part and parcel of the analytic relationship, but it is the patient’s *creation*, it is part of the patient’s personality” (p. 83, *italics in original*).

Several seminal analytic thinkers, such as Bion, Segal, and Joseph, have extended and deepened Heimann’s basic idea. According to Spillius (Spillius and O’Shaughnessy 2012), “most British analysts have adopted the wider definition of countertransference advocated by Paula Heimann and others rather than the narrower definition of Freud and Klein” (p. 53). The wider view in contemporary psychoanalysis is captured in canonical statements such as this one by Joseph (1985):

Much of our understanding of the transference comes through our understanding of how our patients act on us to feel things for many varied reasons; how they draw us into their defensive systems; how they unconsciously act out with us in the transference, trying to get us to act out with them; how they convey aspects of their inner world built up from infancy . . . which we can often only capture through the feelings aroused in us,

through our countertransference, used in the broadest sense of the word. [p. 447]

In this wider view, the countertransference is the result of the patient's induced disturbance of the analyst's mind. Therefore, as Eagle (2010) writes, in the wider view, "the countertransference virtually always serves as a guide to knowledge about the patient's mental states" (p. 220).

The deep penetration of the theory of projective identification into our clinical thinking informs, every step of the way, the wider view of countertransference. Over time, in fact, projective identification has itself taken on "wider" implications. With Bion's extension of the concept into the routine of mother–infant interactions, projective identification, rather than being seen as an unusual and pathological mechanism, is now regarded as an essential feature of mental functioning and as an important means of communicating emotional states. For many psychoanalysts, projective identification is viewed normatively, as a kind of "psychological breathing" (Wollheim 1993).

In the clinical setting, if a patient wishes to be rid of parts (feelings, ideas, fantasies) of himself that are felt to be noxious or threatening, then one way to do so is to use the analyst as a place to put these parts. The analyst registers this impact by way of his subjective sense of dis-ease and unpleasure. For example, the patient unconsciously projects a fantasy of an internal object relationship onto the analyst; consequently, the analyst feels pressure to act in one way or another—that is, to conform with the felt pressure or to resist it. Generally speaking, if the analyst is feeling dis-ease, it seems reasonable to assume that the patient has engendered this feeling in the analyst. Further (and this is crucial for our understanding of the power of the wider countertransference view), it is incumbent upon the analyst to investigate the countertransference because it is the most reliable and direct access the analyst has to the unconscious of the patient (the contours, that is, of the patient's internal object relations and transference).

Many (e.g., Feldman 1997; Steiner 2011) have written of the necessity of a *fertile ground* in the analyst in which the patient's projections can take hold; this is the way the countertransference can be felt by the

analyst. Further, in working through the countertransference (Brenman-Pick 1985), the analyst gains experiential knowledge about the specific object relationship the patient has projected by containing and thinking about this experience (Bion 1970)—and, possibly, interpreting aspects of this experience to the patient in words that refer to the patient's expectations, wishes, and anxieties. Given many patients' struggles with meaningful change, for the analyst this is difficult, repetitive, and often painstaking work.

In the wider countertransference perspective, informed by the theory of projective identification, the analyst tends to work *by way of analogy*, as if to say: "If this dynamic is going on in me, it is likely going on in the patient, but it's too painful for the patient to know it. He needs *me* to know it so I can name it, describe it, for him."⁵ This analogical way of working is important to recognize, and I will discuss it in more detail later in the paper.

THE NARROW VIEW OF COUNTERTRANSFERENCE

Analysts know that the wider view of countertransference is not without risk. Why else would it be routinely accompanied by the recommendation, like a kindly and protective chaperone, that the analyst must, as Bion said, "differentiat[e] the patient's contribution from his own"? (Spillius 1988, p. 32). One finds this piece of seemingly reassuring advice repeated throughout the countertransference literature. Racker (1957), for example, specifies that, through an internal "division" (p. 309), a form of self-analysis unfolds in which the analyst observes his experience, takes it as an object, and so gains distance from it. This allows the analyst to clarify relative contributions from himself and from the patient.

Money-Kyrle (1956) emphasizes, similarly: when the analyst "feels burdened" by the patient, he must "become conscious of the phantasies within him, recognize their source, separate the patient's from his

⁵ There is an implicit ethical principle at play here: through the countertransference, the analyst makes contact with the most important aspects of the patient's psyche. If the analyst shies away from using countertransference in this fashion, he is avoiding the most difficult and fundamental conflicts with which the patient struggles.

own, and so objectify him [the patient] again" (p. 363). Spillius (1992) averred that analysts may easily confuse their own feelings with those of the patient, and that ongoing psychological work by the analyst is necessary to differentiate feelings that originate in the patient from those that originate in the analyst.

Feldman (1997) captures more of the bidirectional nature of projective mechanisms in the course of an enactment. He specifically describes a "pressure towards identity" that the patient and, at times, the analyst exert on each other, by attempting to bring into harmony the "pre-existing phantasies that partly reassure or gratify, and those with which [patient and analyst are] confronted in the analytical situation" (p. 229). Here Feldman emphasizes the difficulty the analyst may encounter between a preferred view of the self and the role the analyst believes he is expected to play in a given clinical moment. The analyst, through a mixture of internal work and endurance, emerges on the other side in a somewhat recovered position *as analyst*, separated from the patient's "pressure." Feldman writes:

The analyst's temporary and partial recovery of his capacity for reflective thought rather than action is crucial for the survival of his analytical role. The analyst may not only feel temporarily freed from the tyranny of repetitive enactments and modes of thought himself, but he may believe in the possibility of freeing his patient, in time. [1997, p. 239]

While the details of this internal work of differentiation and recovery are often described with great care, upon examination it remains hard to put embodied experience to nouns like *internal division*, *phantasies*, *source*, and *capacity*, along with the accompanying transitive verbs *become*, *separate*, *recognize*, and *free*. How does one go about the job of parsing relative contributions to one's countertransference? How do I differentiate the patient's feelings, attributions, and pressures from those that originate in me? When, in other words, is a "narrow" countertransference (the source of which is thought to be the analyst's unconscious desire and conflict) lurking in what seems to be a wider countertransference experience (the source of which is the patient, via projective identification)?

This is anything but a straightforward project. In reality, it is often difficult for the analyst, caught in a strong countertransference experience, to know where to start. At times, in fact (and as if in response to the true difficulty I am describing), caution regarding the analyst's contribution to the countertransference is given parenthetically, as if an obligatory mention is all that's needed, as if, that is, it nearly goes without saying. For example, Sodré, in a deep and comprehensive paper on projective identification, says between parentheses:

(I am of course taking it for granted that, as the analyst, one must always try to differentiate between what is being projected and the effect this has on oneself, which is due at least partly to one's own psychological make-up.) [Sodré quoted in Spillius and O'Shaughnessy 2012, p. 145]

The parsing of countertransference experience is arguably impossible if there is a significant gap in our theoretical understanding of its nature. And if the nature of countertransference experience is obscure, then our technical handling of it will be wobbly at best and will have significant clinical consequences. So I now turn to investigating the role of the analyst's desire in establishing necessary conditions for countertransference to emerge as such.

THE ANALYST'S BASIC DESIRING POSITION

It is obvious that analysts want things in and from their work, and want things from their patients. (Note, for example, in the foregoing quotation from Feldman, the author's desire to recover his position as a functioning analyst who can think and reflect.) This point may seem prosaic and anodyne. But in fact, like Poe's purloined letter, the analyst's desire as expressed in specific wishes, aims, and values is out in the open, right under our very noses, though often enough it remains bracketed by parentheses, unseen and unexamined. In descriptions of the psychological effort analysts are encouraged to make in grappling with their countertransference experiences, one cannot help but notice both an overdescription (consider the "many varied reasons" Joseph lists in the foregoing quotation), and at the same time a lack of precision, an inde-

terminacy. This vagueness may be unavoidable. After all, our figurative language can only go so far in describing experience, especially experience that is based on nonverbal communication and impact. Further, our experience of countertransference is the end result of compromises and necessarily serves multiple functions (Waelder 1936).

And yet this lack of precision suggests a wish not to look further. Or perhaps it suggests an effort to look everywhere (i.e., the patient's conflicts/fantasies/projections, and the analyst's conflicts/fantasies/projections) except at the irreducible element that underwrites the entirety of the analyst's activity: this is the analyst's desire. The analyst's desire gives foundational support to all that he does, including experiencing what we call *countertransference*. Analysts write about being made to feel pressured, frustrated, worried, or curiously oversatisfied or comfortable in a given clinical moment. *Feeling these feelings and noticing them rests on the analyst's being in a state of desire.*

The analyst's desire is always already at play, from the moment he opens the office, turns on the lights, and greets the first patient of the day. This desire puts the analyst, by definition, in a position of lack relative to the Other—the Other as instantiated in the analyst's ideals and unconscious, as well as internal representations of his colleagues and patients.

Racker (1957) wisely notes the position in which the analyst finds himself due to a desire that is perhaps the Ur-analytic desire, that is, the analyst's "wanting to cure":

The analyst communicates certain associations of a personal nature even when he does not seem to do so. These communications might begin, one might say, with the plate on the front door that says *Psychoanalyst* or *Doctor*. What motive (in terms of the unconscious) would the analyst have for wanting to cure if it were not he that made the patient ill? In this way, the patient is already, simply by being a patient, the creditor, the accuser, the "superego" of the analyst; and the analyst is his debtor. [p. 325]

Racker's description may feel extreme, perhaps. He captures an important aspect of the basic working conditions of the analyst—a tough spot for the analyst to be in, to be sure, given the stakes typically in-

volved. In this description, Racker expresses some of the “impossibility” inherent in what we do. But my emphasis here is different: this is Racker’s unflinching, face-to-face recognition and acceptance of the analyst’s basic desiring position—a position that is inevitable, unavoidable, and at times deeply troublesome.

Racker, as I have said, tackles the question of the analyst’s desire head on. But as a collective, we have tended to turn away, or at least not to fully theorize our own purposive, intentional involvement in our clinical work. Our discomfort with our desiring position involves, I believe, the intimate connection between desire and narcissism. Desire, in other words, smacks too much of “self-interest.” As Cooper (2010) writes: “We fear the analyst’s narcissism or self-interest because it is a potential threat to the analytic situation. But, it is also essential to understanding the patient’s and analyst’s sometimes malignant efforts to *pretend that it is not there*” (p. 173, italics added).

We know as psychoanalysts that, if something is unacknowledged, it is all the more powerful for being so. The analyst’s desire, if never spoken about, alluded to, whether taken for granted or entirely repressed, can only agitate and perturb the analytic process of which it is a part.

The analyst’s desiring position is also the first place the analyst ought to look in unpacking the countertransference experience. That is, by focusing on the analyst’s desire, we can become much more precise about the methodology of differentiation, how the analyst actually goes about the work of separating the self and self-interests from those of the patient. In seriously taking account of what he wants in the moment with the analysand—usually in retrospect and sometimes with trepidation—the analyst goes about inhabiting the architecture, the logic, of the countertransference. The analyst does this through real-time, active living in that structure.

THE LOGIC OF COUNTERTRANSFERENCE EXPERIENCE

As a way of entering into the logic of countertransference, I would like to briefly consider Klein’s perspective. Klein’s name is often attached to

a robust view of the clinical utility of countertransference; in fact, she is known to have been cautious about its epistemic value. As mentioned, hers, along with Freud's, is a narrower view of the countertransference.

As quoted by Spillius (2007), Klein cautions younger analysts to examine themselves first, before attributing to the patient what the analyst is feeling for reasons that might have little to do with the patient. In fact, her statement in this regard is surprisingly forceful: "I have never found that the countertransference has helped me to understand my patient better. If I may put it like this, I have found that it helped me to understand myself better" (p. 78).

Klein continues:

At the moment when one feels that anxiety is disturbing one, I think probably it is again a matter of experience, one would really on the spot come to the conclusion what went on in oneself. Therefore, I cannot really find a genuine account that countertransference, though unavoidable, is to be a guide towards understanding the patient, because *I cannot see the logic of that*; because it obviously has to do with the state of mind of the analyst, whether he is less or more liable to be put out, to be annoyed, to be disappointed, to get anxious, to dislike somebody strongly, or to like somebody strongly. I mean it has so much to do with the analyst that I really feel that my own experience—and that goes back a very long time—that I had felt that—is rather to find out within myself when I had made a mistake . . . and then I really found it was a difficulty in myself. [Klein quoted in Spillius 2007, p. 78, italics added]

What Klein means by "I cannot see the logic of that" she explains by referring to the "obvious" relationship of the analyst's state of mind and its liabilities, to his experience of countertransference. *State of mind* and *liable* are imprecise. What we are really talking about are intentional mental states, most notably, states of desire. In what follows, I will set out this "logic" and demonstrate the role of the analyst's desire as a necessary condition in countertransference experience.

Countertransference begins with a state of dis-ease in the analyst. I mean *dis-ease* in the broadest possible sense. It might involve worry, anxiety, panic, confusion, or, less intensely, a wondering about a pleased

or satisfied response to the patient.⁶ Faimberg's (1992) notion of the analyst's *countertransference position*, a comprehensive description of the analyst's overall functioning, places at its center the problem of the analyst's *unpleasure*. This unpleasure, this dis-ease, is the signal that tells us—or perhaps compels us—to take this dis-ease as an object of self-questioning, and to grapple as best we can with the ways in which we are implicated in the creation of this experience.

What does it mean to be in a state of unpleasure or dis-ease? It means I have a desire that is unsatisfied.

I would like to examine the basic structure of an intentional state to clarify this point. Searle (1983) writes:

Every intentional state consists of an intentional content in a psychological mode. Where that content is a whole proposition and where there is a direction of fit, the intentional content determines the conditions of satisfaction. Conditions of satisfaction are those conditions which, as determined by the intentional content, must obtain if the state is to be satisfied. [pp. 12-13]

Desires, as Searle describes, “cannot be true or false, but can be complied with, fulfilled or carried out, and . . . they have a ‘world to mind’ direction of fit” (p. 8). A desire is fulfilled or not depending on what happens in the world relative to the desire regarding those happenings; hence the “world to mind” direction of fit.

If we take a typical analytic desire as an example of what Searle is describing, we get something like the following⁷:

- Analyst's desire: that the patient says whatever comes to mind. This is the specific intentional content of the desire. Notice that the intentional content is a representation of its conditions of satisfaction.

⁶ In other words, as Feldman (1997, 2007) notes, the analyst can feel dis-ease about having felt ease or satisfaction.

⁷ Clearly, one can list a number of common analytic desires: to “contain,” to understand, to interpret, to have the patient listen to the interpretation, to help/cure, to be without memory and desire. Each of these desires has its own conditions of satisfaction.

- Conditions of satisfaction of the desire: that the patient in fact is saying whatever comes to mind.
- Obviously, if the patient is saying whatever comes to mind, then the analyst is satisfied. If the patient is not saying whatever comes to mind, then the analyst is not satisfied. To use Faimberg's (1992) expression, the analyst is in a state of unpleasure.⁸

There are aspects of this formulation of intentionality—and of desire, specifically—that may strike some readers as fundamentally irrelevant to psychoanalysis. First, this formulation appears to describe conscious mental experience, and psychoanalysis is the investigation of the unconscious. Second, its linearity and uni-dimensionality ring false. After all, we know that the mind is in conflict, and that conscious mental experience is a compromise of different forces, even different desires, including unconscious desires.

These two objections do not cast doubt on our description of the basic structure of unpleasure, however. As we will see when we discuss case examples below, the analyst is often unaware that he *had and continues to have* a desire before becoming aware of a state of dissatisfaction. The desire was unconscious—or, more usually, preconscious—and it is only through internal psychological work (a key element in Faimberg's broader description of the analyst's countertransference position) that the analyst works *backward*—from conscious unpleasure to (the emerging into consciousness of) an unsatisfied desire.

It is readily observable that many of the analyst's operative, impactful desires are accessible to consciousness. The countertransference literature tends to describe exactly these kinds of mental states. That is, even though it is often asserted that the analyst's countertransference struggles are related to unconscious fantasy, in fact the desires that do the impactful work (for want of a better description) have, often enough, an uncertain relationship to unconscious fantasy.

⁸ Though the language I am using here may imply a naive view of the phrase "whatever comes to mind," I trust the reader understands that it is shorthand for a certain freedom of expression that the analyst with this desire hopes to experience in the patient's speech and the state of mind it reflects.

RACKER'S SEMINAL CONTRIBUTION

What I am describing is entirely consistent with Racker's (1957, 1968) path-breaking work on countertransference. Some aspects of Racker's ideas have found a lasting place in the literature and in the thinking of many analysts, independent of theoretical stripe. I have in mind, for example, the notions of *concordant and complementary countertransferences*. But other contributions of Racker's have tended to be deemphasized or lost. These ideas have to do with the analyst's desires and what Racker calls the law of the talion ("an eye for an eye, a tooth for a tooth"). As Racker shows repeatedly in his clinical examples, the analyst's desire, when frustrated yet unrecognized, leads, via the talion law, to a collapse of the analytic space. In this collapse, one finds a concrete world of mutual projection, self-other confusion, paranoia, hostility, and retaliation. The patient is put in a position of alienation in relation to the analyst's desire, which the patient either complies with (usually via identification) or rebels against.

As one example among many, Racker (1957) describes the first session of an analysis "in which a woman patient talks about how hot it is and other matters which to the analyst (a woman candidate) seem insignificant" (p. 332). Straightaway one can see that the analyst has imposed conditions of satisfaction onto the patient and has found the patient's productions wanting. The analyst is dissatisfied (i.e., in a state of desire). Racker continues:

She says to the patient that very likely the patient dares not talk about herself. Although the analysand was indeed talking about herself (even when she was saying how hot it was), the interpretation was, in essence, correct, for it was directed to the central conflict of the moment. But it was badly formulated, and this was so because of the countertransference situation. For the analyst's "you dare not" was a criticism, and it sprang from the analyst's feeling of being frustrated in a desire; this desire must have been that the patient overcome her resistance. [1957, p. 332]

Racker explains further on: "What has happened? The patient's mistrust clashes with the analyst's desire for the patient's confidence; therefore, the analyst does not analyze the situation" (p. 333).

Finally, Racker offers the following, broader conclusion:

What makes these happenings so important is the fact that the analysand's unconscious is fully aware of the analyst's unconscious desires. Therefore, the patient once again faces an object that wishes to force or lure the patient into rejecting his mistrust, and that unconsciously seeks to satisfy its own desires or allay its own anxieties, rather than to understand and satisfy the therapeutic needs of the patient. [p. 334]

The reader can appreciate the power of Searle's (1983) analysis of the structure of a desire, as quoted earlier, in relation to the case Racker describes. The analyst "desires the patient's confidence" and wants the patient to be "open" in a particular way that she is not. The analyst is dissatisfied (the conditions of satisfaction are not met). It is hard to call "the analyst's desire for the patient's confidence" an unconscious fantasy (though it may be a derivative of a fantasy); this desire is accessible to consciousness and is the impactful desire in the moment.

But here is the psychoanalytic rub: *the dissatisfied party wishes to retaliate, to even the playing field, to "right a wrong."* The analyst then pressures the patient to comply with her desire (a world-to-mind direction of fit). Most important, the patient knows what the analyst wants, at least unconsciously and often preconsciously (Hoffman 1983). The analyst's and patient's desires, as Racker says, "clash."

In case after case, Racker shows us how the analyst stumbles over his own unacknowledged desire, like a split in the sidewalk. Moreover, Racker is highlighting a crucial aspect of analytic functioning and of the countertransference that is routinely described in the analytic literature but variably examined, if examined at all.

The analytic literature, at least as far as clinical theory goes, is filled with the kinds of cases Racker describes. I want to mention four cases as familiar, perhaps classic examples. Leclaire (1998) reports an analyst's faint *uneasiness* at his patient's description of a fantasy of stealing a painting from an art gallery and an item from the analyst's waiting room. This uneasiness leads the analyst to rehearse in his mind basic theoretical constructs such as castration, and to address, by insinuation (because the analyst is caught up in an anxious/desiring state of mind), the rivalrous nature of the patient's aggressive fantasies.

Renik (1993b) grows irritated when his patient complains about his (the patient's) suffering. The analyst responds in a critical fashion and only retrospectively realizes that he was engaged in a *suffering contest* with his patient. Ogden (1997) reports: "My muscles tensed and I experienced a faint sense of nausea as I heard the rapid footfalls of Ms. B. racing up the stairs leading to my office" (p. 164); the patient lies down and complains that the couch is uncomfortable. The analyst then makes a retaliatory interpretation, of which, to himself, he takes note.

Feldman (2007) feels pressured to "join the patient" (p. 238) in the patient's excitement in telling his analyst a story. The analyst tells the patient that he, the analyst, is meant to join him in this excited way, and the patient feels criticized. Notably, Feldman does not report to us that he registered his own dissatisfaction (i.e., "feeling pressured" and his desiring state) prior to his interpretation to the patient. I will look more closely at this case later in this paper.

These are merely representative of case reports in the literature in which the analyst is in a state of desire relative to the patient. In each of these vignettes, things proceed with difficulty and (as is often the way with case vignettes) end up reasonably well. But the analyst's desire as a *unit of measure*, as *the place to look first* as the source of countertransference, tends to be deemphasized, or is not acknowledged at all—and so it remains unexamined and, therefore, undisturbed. The nature of the countertransference, in which every discomfort experienced by the analyst implies a prior unsatisfied desire, remains obscure.

When this is the situation, the talion law is usually in play. One might be tempted to say that when the talion law is prominent, the analyst is in a state of resistance relative to the patient's speech. This may be one outcome, to be sure. But the essential point is that *the analyst is in a state of resistance relative to his own desiring state of mind*. This resistance is the analyst's; the patient did not "cause" it. As I will describe later in the paper, the ethical implications of this burden are substantial and important to consider for the analyst's genuine engagement in the work and for the survival of the analysis.

To come full circle, I think we can better appreciate Klein's assertion that the countertransference "obviously" depends on the analyst's state of mind, which we can now specify as a particular state of desire. This

does not mean, as I will describe in more detail later, that the countertransference begins *and ends* with the analyst's desire; it means that it *begins* with it, that it is the first place the analyst ought to look for its bed-rock source. In this sense, the analyst learns about his own desire in the countertransference. I believe this is why Klein says that in examining her countertransference, she learns about herself, not about her patient.

THE LAW OF THE TALION AND THE DUAL-RELATION RESISTANCE

When frustrated or anxious or perhaps notably satisfied in the clinical moment, the analyst typically does not ask himself: what is it I am wanting from this patient that I am not getting? If the analyst is caught in an experience of unpleasure and is not exploring this question right off the bat, further problems ensue. I would like to explore, through a closer look at Racker's and Lacan's ideas, what can unfold if the analyst's unpleasure is not appreciated as a marker of his desire, and instead is believed, via analogical thinking, to be a reflection of the patient's struggle.

Racker and Lacan came from different psychoanalytic traditions, and there are significant contrasts in their overall conceptions of psychoanalysis. For example, Racker had a profound appreciation for the theory of internal object relations; Lacan did not. But on the basics of ego functioning, narcissism, aggression, and rivalry, they share much in common, especially from a clinical point of view.

Racker's perspective on the role of the talion law in clinical work is similar to Lacan's concepts of the Imaginary register and the dual relation. The dual relation/talion law is important for analysts to understand, because without it, the analyst, caught in a position of unpleasure and dissatisfaction, can "drown" in the countertransference. If the analyst remains unaware of the desire he wishes were satisfied—unaware, that is, of the pressure he is putting on the patient in terms of conditions of satisfaction—then there is a clash of desires, and a paranoid, mirroring interaction ensues. As Racker describes, this often leads to "a kind of paranoid ping-pong" (1957, p. 318) between analyst and patient. This interaction is traumatizing for the patient and disturbing to the analyst.

The dual relation/talion law is not just a question of metaphors, like ping-pong or like a "seesaw" (Aron 2006, p. 351). Racker and Lacan

are describing an *anatomy of relating that is dual/duel in nature*.⁹ Racker emphasized punishment and retaliation: an eye for an eye, a tooth for a tooth. Lacan stressed the origins of the ego in a mirroring relation with the mother that creates in the infant a mixture of narcissistic jubilation and misrecognition. In the dual relation, each party tends to see himself in the other and to measure the other on the basis of his measure of himself. Each party sees himself as a full presence. Hence, denials of lack, loss, and difference are structural tendencies of ego functioning. We might call this *normal narcissism* (Wilson 2010).

There are several definable features of the dual relation/talion law that derive from the ego's narcissistic basis. These features include:

- (1) Bidirectional attributions. That is, what the analyst believes the patient is doing to the analyst, the analyst is also doing to the patient.
- (2) A paranoid analytic field.
- (3) Feelings/affects tend to be reciprocated. Racker, for example, notes that a positive transference will be met with a positive countertransference and a negative transference with a negative countertransference.
- (4) Ego functions, such as logical thinking, memory, and judgment, are by their very nature self-affirming.¹⁰
- (5) Finally, when in a state of desire in relation to the other person, there is a strong tendency to "battle it out"—to "clash," as Racker (1957, p. 333) says. Thus, a latent aggressiveness lurks within the dual relation in which a contest of wills is enjoined, as well as a wish to retaliate (Lacan 2002b). Each party insists that the other recognize his desire.

⁹ The Barangers' concept of the *bastion* is a kindred notion to the dual relation/talion law and shares many features with the structure described here (Baranger, Baranger, and Mom 1983).

¹⁰ Lacan's Imaginary register and his perspective on the self-affirming nature of ego functioning are consistent with findings on confirmatory bias in contemporary cognitive science. See Rabin (1998), Tversky and Kahneman (1974), and Kahneman (2011). See also Pontalis (1981), Opatow (1997), and Wilson (2003) for psychoanalytic explorations in this area.

Of special note is that because the relation is dual, there is an inherent confusion of self and other, and there is no third position as a way to adjudicate "truth." Instead, the exercise of power (often subtle and unspoken) takes over, with compliance/submission or rebellion/domination its hallmarks.¹¹ When caught in the grips of a dual relation resistance, the analyst is necessarily not taking ownership of his desiring position. Because the analyst is not acknowledging his desire to himself, interpreting what the patient is doing to the analyst only solidifies the structure of the dual relation resistance (Wilson 2003).

The language I am using here is strong and appropriate when discussing impasses in analysis; impasses undoubtedly involve the dynamics of the dual relation/talion law and often carry a weighed-down, burdened, or crisis atmosphere. But there are more usual interactions and exchanges between analyst and patient in which the dual relation/talion law hovers in the background, or conditions the analytic field in ways that are subtle but no less important for the analyst to grasp. In some respects, it is easier for the analyst to consider his desire when embroiled in a significant impasse. This may prove more elusive in the usual, day-to-day interactions in which the analyst may have difficulty owning a desiring position. Cooper (2010) writes:

Instances of analysts externalizing levels of responsibility onto the patient are far more common than we realize . . . I find that in these circumstances the analyst wants the patient to yield to the analyst's interpretations to provide affirmation of the analyst. [p. 148]

THE WIDER COUNTERTRANSFERENCE VIEW IN LIGHT OF THE DUAL RELATION/TALION LAW

Analytic work that takes place under the aegis of the wider countertransference perspective is often quite complex. Racker (and Faimberg [1992], who followed in his footsteps) describes in detail the ways in

¹¹ Benjamin (2004) offers a contemporary version of the dual relation/talion law in her important concept of *doer and done to*.

which the contours of the analyst's countertransference highlight, but do not necessarily replicate, the details of the patient's transference. That is, the analyst may feel unpleasure for reasons that touch on his own desires and conflicts. Even so, this does not mean that the patient's transferential struggles are not similar to what the analyst registers and works through in his countertransference.

Further, the analyst's specific difficulty experienced in the clinical moment may be a clue to what the patient is contending with. This is what Racker points to in his concept of *complementary countertransference*: the analyst is identifying with an unwanted aspect of the patient's inner experience (i.e., a projected internal object) and so feels angry or protective or anxious, etc. Or, the analyst feels that he is "expected" to react in a specific manner and finds himself "wanting" to act in this way.

Yet, as we have seen from examining the dual relation/talion law in detail, *the analyst's expectations are always embedded within the patient's expectations as experienced by the analyst*. As Racker strongly implies in his work, if the analyst can clarify his own desire that is admixed in the identification or the feeling of pressure, then he may be in a better position to describe to the patient an important aspect of the patient's struggle at that moment. But within the wider countertransference view, the desire of the analyst has an uncertain status. In my reading of the literature, I have yet to find a clear statement on the matter and am led to believe that the wider countertransference view, underwritten by the wider view of projective identification, does not have a place for the analyst's desire as a central aspect of the psychoanalytic process. If this is the case, then it would be difficult for the analyst to grasp the nature of his countertransference experience and attempt to distinguish his own contribution from that of the patient.

As an instance of the complexity of the matter of the analyst's desire, the dual relation, and countertransference, I would like to consider the case described by Feldman (2007) to which I previously alluded. I assume that, as with all published case material, the analyst's understanding of the case has a privileged status. I am using Feldman's case for purposes other than he intended; yet it seems to me crucial that our clinical literature serve more than a simple illustrative function. Ideally, it should be the locus of healthy and respectful debate. The clinical in-

formation Feldman provides is an especially suitable opportunity to read material that is informed by the wider countertransference view through the lens of the dual relation/talion law.

Let us recall that Feldman wishes to demonstrate the ways in which the patient projects an unconscious object relationship onto the analyst, pressuring the analyst to respond in a manner that reinforces the status quo ante. The patient, Mr. G, begins the first session after a summer holiday by expressing a worry about talking with the analyst, and saying that “he feared that what he brought up might not be serious enough, or that he would simply describe the events and experiences of the holiday in a way that would not prove useful” (2007, p. 788). Feldman continues: “He was very concerned about what kind of patient he was, and whether he could speak to me in a way I would be interested in, value, and find helpful” (p. 788).

Analysis does not evolve in linear fashion. At this point in the report, neither the analyst nor the reader-as-imagined-analyst can know what might come next. And yet this analysis undoubtedly has a history, and Mr. G’s observation likely has some kind of status and weight in the analyst’s mind. At a minimum, the patient seems to be alerting the analyst to the fact that he is concerned with, thinking about, and has specific beliefs about the analyst’s desire. He appears worried that the analyst will be displeased, unsatisfied. The patient is already caught up—to some extent—in the dual relation. (Recall that Racker emphasized the patient’s knowledge of the analyst’s desire.)

What then unfolds is highly instructive, though complex, and in the end not at all straightforward. The analyst acknowledges the patient’s concern about how he might react to the patient’s way of speaking. Mr. G agrees, and the issue is dropped. Instead, the patient tells his analyst a story that happened during the break, and he recounts the tale with a kind of elegant verve. The analyst listens and is concerned that he is being recruited into a mini-narcissistic celebration. He believes that Mr. G is pressuring him to join in his enthusiasm, and that he is, as Feldman says, “clearly meant” to “appreciate” and “admire” (p. 789) the patient’s eloquence and sensitivity.

In unpacking this clinical moment from the point of view of the desire of the analyst, it is important to notice that a step is being skipped

in the gap between Mr. G's recitation and the analyst's conclusion of feeling pressured. It seems fair to say that the analyst is in a state of dissatisfaction: he feels pressured, recruited, and at the same time ignored. As we know from the structure of the dual relation, the analyst cannot feel a specific expectation or pressure from the patient unless he is already pressuring back, so to speak. In this case, the pressuring back (the condition of satisfaction) is about the way the patient is telling his story.

Let us say, roughly speaking, that the conditions of satisfaction have to do with a "nonmanic" way of rendering the story (an authentic calmness and pace to the telling) that implicitly recognizes the otherness of the analyst in such a manner that the analyst does not feel coopted, but instead feels recognized and freer to think and respond. Notice that these feelings of dissatisfaction are not necessarily dynamically unconscious, and their proximate causes are not either, because they have to do with relatively accessible conditions the analyst is imposing on the patient. While these conditions of satisfaction are potentially accessible to consciousness, they have an uncertain relation to unconscious fantasy.

It turns out that Mr. G was correct to be concerned about the analyst's reaction. Upon hearing the patient's enthusiastic story, the analyst reports:

When I commented on his manner of speaking and how I was expected to follow, to be involved, and to share the experience with him, he seemed for a moment hurt and offended, but then readily agreed, and said he had thought at the time about how he would describe this experience to me. His friend Peter and he would share stories this way, but I was more of a problem. [Feldman 2007, p. 789]

At this point in the report, one senses an unspoken yet mutually experienced mirroring, and a slightly worrisome/contested atmosphere. The analyst is not going along with the patient's "program," and the patient feels hurt. This "not going along" can be, and perhaps in this case is, helpful to the patient (we will consider this issue in a moment). At the same time, Mr. G is not wrong in his concerns: the analyst is, in fact, "more of a problem." The analyst had a set of conditions for listening *against which he measured* his analysand's story. And yet this crucial

element of the interaction is elided in the analyst's description of what follows.

In this regard, Feldman's conclusion is telling:

I was thus induced to feel that I had perhaps behaved in a mean and unsympathetic way, and no doubt the value of the approach I was adopting When my interpretive comment suggested that I was not fitting in with what he desired, I was made aware not only of the sudden eruption of hurt and resentment, but also a vague and ominous threat. [p. 790]

Here, I believe, we have the dual relation/talion law emerging more clearly: the analyst rightly describes his not fitting in with the patient's desire, but he does not recognize that his own desire for a specific experience (which the patient did not satisfy) conditioned his countertransference. This is a subtle version of Racker's *clashing of desires* or *paranoid ping-pong*.

I describe this interaction as a subtle version because Mr. G does not appear to challenge the analyst directly; instead, he is readily agreeable. If he had been more active and persistent in expressing his concern and hurt to the analyst, then the full brunt of the bidirectional force of the dual relation would be palpable in the room. The patient does not do this. Instead, later in the session and in the following one, he mentions a worrisome mole on his mother's cheek. He associates to a dream in which he

. . . was squeezing or pinching his mother's face, on the cheek where she had the mole. She began to complain, and he saw from her face that she was in pain, and then he became very comforting and reassuring, patting her face, and playing it down as if he had not done anything at all. [2007, pp. 790-791]

Feldman concludes as follows:

The dream offered a concrete representation of Mr. G's pressure on the object to comply, as a means of denying psychic reality It was clear from the way this material emerged . . . that it was also a communication about the eruption of a resentful, hateful attack on the analyst, by whom the patient felt frustrated and injured. [p. 791]

In light of the dual relation and the analyst's desire, it is difficult to know where the "pressure on the object to comply" comes from, since both parties are pressuring the other. But this much I think we can fairly say: the patient already understands something about the analyst's desire, and tells this to the analyst at the beginning of the session. But the patient-as-interpreter of the analyst's experience (Hoffman 1983) is not recognized by the analyst, in the sense that the analyst does not take account of *his own desire* and the conditions of satisfaction that he has imposed on the patient to begin with.

This misrecognition of desire engenders a series of moves by both patient and analyst. Mr. G retaliates for having been hurt. But he becomes compliant, shies away from challenging the analyst in any sustained manner, and instead produces dreams in which he is hurting his mother/analyst and minimizing the hurt he has caused. In a mirroring relation, the patient has identified with the analyst's minimizing of his own hurtful actions in relation to the patient. Without the analyst having a place for his desire in his theory, the understanding of countertransference experience and the parsing of countertransference contributions becomes a difficult, if not impossible, challenge.

My intention in discussing the case of Mr. G is to illustrate the dynamics of the dual relation/talion law in a clinical encounter in which the wider countertransference perspective holds sway. In such a perspective, the analyst's desire is at play and has discernible effects but remains unrecognized and untheorized. And I believe this can have untoward clinical consequences. But it is also true that, in order for psychic change to occur, the analyst must often enough specifically position himself in precisely the way Feldman describes himself doing—namely, by refusing to go along with the patient's expectations, and analyzing those expectations instead.¹²

In the most felicitous circumstances, the analyst, through experiencing the impact of projective identification, *shares* in the patient's experience *so as to* then differentiate himself from it. However, this differentiation can only be incomplete if the analyst does not take his desire as a unit of measure. Sharing can become self-other confusion, and can

¹² Renik (1993b) calls this not going along "refusing the [patient's] deal" (p. 148).

lead, in turn, to the patient's subtle compliance/identification with the analyst. In such a situation the "analytic object" (Green 1975; Ogden 1994), based on a third position outside the dual relation, is obscured, lost.¹³

To summarize the main points of this section: the dual relation/talion law renders the wider countertransference perspective problematic. The analogical assumption—the "what is going on in me is likely going on in him"—begins to look like a further extension of the basic mirroring structure of the dual relation and a possible exercise in *misrecognition*. In this context, the theory of projective identification risks becoming more a rationalization for the analyst's denial of the nature of his own involvement than a clarification of the patient's internal experience. One begins to appreciate that the vectors of force cannot go in only one direction, from patient ("contained") to analyst ("container"). The vectors of force must be bidirectional.

Finally, the patient may be left in a position of alienation in relation to his analyst and the analysis. Kirshner's (2011) perspective is relevant here:

Without some form of engagement by the analyst in which his desire is more overtly in play, more transparent, the treatment process is open to covert suggestion, compliance, or an iatrogenic state of confusion or solitude that has little to do with the patient. [p. 4]

DESIRE, RESPONSIBILITY, AND ANALYTIC ACTION

The central focus of Lacan's *Ethics of Psychoanalysis* (1992) is the question of responsibility for one's desire and, secondarily, for one's actions. The phrase *one's desire* is a composite term that in the *Ethics* means something like: who one is in relation to one's history, what one has done, what one wants to do, and what one possibly will do in the future. Lacan subsumes all this under the heterogeneous term *one's desire*. Lacan puts

¹³ The analytic object, at its base, *is loss itself*. Loss conditions separation, difference, and representation. We might say, therefore, that the dual relation involves an illusion of plenitude in which loss is lost.

forward an imperative that is entirely singular and specific to each individual subject, including the analyst. This is the imperative to grapple in an ongoing way with all these aspects that constitute one's desire.

Some readers may be aware that, late in the text, Lacan makes the following statement that has over time achieved iconic status: "The only thing that one can be found guilty of is giving ground relative to one's desire" (1992, p. 319). Much ink has been spilled parsing this apparently straightforward sentence. Lacan appears to mean that one ought to go, like Antigone, beyond the pleasure principle, beyond the desire of the big Other (read: normative culture and law), and risk anguish and a kind of sublime "second death" (Žižek 2007).

I think this is a simplistic and misleading reading. One gets a sense of something more complex when Lacan says, "When an analysis is carried through to its end the subject will encounter the limit in which the problematic of desire is raised" (1992, p. 300). Thus, desire is a problematic that comes into being via a limiting encounter (the prohibition of incest is the ultimate limit that fosters desire). The key point that I take from Lacan's perspective on psychoanalytic ethics is that "not giving ground relative to one's desire" means the *assumption of responsibility* for that desire in all its complexity, in all its "problematic" (Ruti 2012). Guilt arises for the analyst if he fails to come to terms with his own actions (including inactions) and his responsibility for them within the treatment situation.

In the context of 21st-century psychoanalysis, such a formulation of desire and responsibility, especially as it applies to the analyst and his actions, may appear one-dimensional and perhaps naive (Kirshner 2012). After all, analysts have spent the last thirty years problematizing unilateral notions that divide analyst from patient. For example, Ogden (1997) does not separate (nor does he think one can separate) transference from countertransference: "I do not conceive of transference and countertransference as separable psychological entities that arise independently of, or in response to one another, but as aspects of a single intersubjective totality" (p. 78). Meaning in psychoanalysis is "negotiated" (Pizer 1992), and resistances are co-created (Boesky 1990). Analysts contend with an intersubjective analytic field that is sometimes colored by "bastions" (Baranger, Baranger, and Mom 1983) and "retreats"

(Steiner 1993). Psychoanalysis is characterized by an interactive “matrix” (Greenberg 1995), and a “relational unconscious” is a core aspect of intersubjectivity and “thirdness” (Gerson 2004).

The concept of the analytic third, in fact, is often thought of as providing a way out of the dual relation by marking a crucial difference between self and other, but a more intersubjective emphasis tends to stress that things get *shared* in analysis. Like Winnicott’s transitional object, the third (and its first cousin, the analytic object) is neither the analyst’s nor the patient’s, and instead is a key part of the field in which the two find themselves. In light of this seemingly overwhelming contemporary picture of analysis as co-created and shared, it may appear difficult and perhaps misguided to talk of responsibility for one’s desire and the actions one takes.

As important as these notions of psychoanalytic practice are—and I believe the field and the third to be concepts of capital importance—they also can lead us to a purely phenomenological view of analysis in which the rough edges are smoothed over, differences are obscured, the inherent asymmetry of the setting is clouded, and the problem of our own action is, as Lacan says, “masked” by our theory, to return to this paper’s epigraph.

My strong preference is to lay stress on the lack that marks each of us as desiring beings, on the fact that we are divided internally, and that our ethical responsibility as analysts is to own this basic fact as best we can (Wilson 2006). My thoughts in this regard are consistent with what Benjamin (2004) calls the *moral third* and with Bollas’s (1989) *dialectics of difference*. The analyst cannot help but instantiate lack, desire, and internal difference in his functioning as analyst.¹⁴ Crucially, this instantiation is precisely where the therapeutic power of analysis lies, if the analyst not only accepts reluctantly but also embraces willingly this basic working condition of being an analyst.

The moral third arises genuinely only when the analyst is open to the possibilities created by his desiring states and their impact on the patient. Akin to Racker’s idea of internal division, the dialectics of difference involves the analyst in the project of conversing and at times differing with himself and being sensitive to the ways in which meaning is

¹⁴ Smith (2000) writes of the irreducibility of the analyst’s *conflictual listening*.

conferred retrospectively (the dialectics of the *après-coup*). In this project of conversing and differing, thirdness or symbolic space is created (Aron 2006). The ethical underpinnings of this perspective are nicely summarized by Benjamin (2009) when she notes that the moral third involves

. . . the essential component principles of the lawfulness involved in repair—lawfulness begins “primordially” with the sense that the world offers recognition, accommodation and predictable expectations, and develops into truthfulness, respect for the other, and faith in the process of recognition. [p. 442]

The moral third, in short, is that “place” toward which the analyst’s action should strive or tend. And the place away from which the analyst’s actions ought to move is the dual relation/talion law.¹⁵ These two positions are always in dialectical tension.

Lest all this sound not a little sanctimonious, I want to describe a clinical vignette in which the very analytic value that is the topic of this paper—responsibility for one’s actions—itself becomes the immediate source of a dual relation/talion law dynamic. In this vignette, the dual relation resistance lessens once I as the analyst grapple with and take responsibility for the direct impact of my desire on the patient. Then a deeper, more pervasive, and entrenched issue comes into view. This more pervasive issue has to do with the analyst’s style and usual way of working based on commonly shared analytic values—in this case, open-minded listening and containment.

CLINICAL VIGNETTE: BYRON

Byron, a man in his early forties several years into his analysis, came into his session upset with his father, with whom he had had a conversation the evening before. This upset led the patient to revisit several key memories of similar interactions with his father, some dating back to college and his earlier growing-up years. In Byron’s eyes, his father was a moderately successful man who rarely showed what Byron called “backbone.” “And he doesn’t even know,” Byron would say, “what backbone is.”

¹⁵ Benjamin’s name for the dual relation/talion law is the *complementary relation*. “Complementarity,” she writes, “is the formal or structural pattern of all impasses between two partners” (2004, p. 9).

Byron's sentences gathered steam as he moved from traumatic memory to traumatic memory, piling on his complaints with avidity. I had heard these complaints many times before. I registered internally a sense of disappointment and mild impatience as I listened. I wondered if he was complaining about me. And I wondered what else he might be contending with.

Eventually, I said: "You have a torrent of complaints today about your father. I wonder if the intensity of your feelings is protective somehow, or helpful in your dealing with something more disturbing or scary."

I did not expect to speak in such a disquisitive fashion and I was surprised at my use of the word *torrent*. Immediately, I sensed that I had betrayed a feeling of which I had previously been only dimly aware: my seemingly mild impatience was in fact marked and accompanied by annoyance. In the ensuing silence, I did not consider the conditions of satisfaction I was imposing on the patient. Instead, I pondered other possible sources of my annoyance and quickly landed on a certain entitlement or implied uniqueness in the recitation of his misery.

My internal musings ceased when the patient said: "'Torrent' is a strong word." He was then silent for a minute or so. Feeling a weighty tension between us, I asked him what was on his mind.

"I'm thinking about why did you use that word and how I'm feeling. Why did you say that?"

"Because it was descriptive of how you were speaking."

"Maybe so. But you said I was protecting myself."

There was some silence. Then I said: "Sounded to me like you were protecting yourself. It's a possibility." My sense at this point was that Byron was trying to reach me somehow, but I was still feeling uncomfortable with my "self-division"—that I had said something I had not "intended" to say.

Byron responded: "Well, I was taken aback by the word 'torrent,' and the more I think about it, I think you were protecting *yourself*, trying to stop me from talking more. That *you* were afraid."

I knew, at this point, that he and I were caught in a dual relation resistance in which attributions are inherently bidirectional (i.e., "you're afraid," "no, it is *you* who are afraid," etc.). I had not been aware of

feeling scared, only annoyed. But it was true that it was I who said the word. Maybe I *had* been scared.

I said somewhat vaguely: "Yes . . . there was something in the way you were talking, an increasing intensity, that I think I was pushing against." I realized that there was no way to figure out who was the fearful party or who started the whole thing; that was a fool's errand. So I asked: "If I *were* afraid, what do you think of that possibility?"

"You know," he replied as if he were laboring against a headwind, "I can go there, and maybe I will, but I still think you want to bypass what happened."

I thought about his turning the tables on me, his taking over my analytic function, and perhaps his feeling triumphant over me in that moment. These were all ideas that might be true on some abstract level; but in this context they partake of talion-law thinking. Importantly, these possibilities did not *feel* true because Byron's tone implied a query, even a plea, for me to acknowledge a reality between us, for me to own something that was more mine than his. His turning the tables and the like amounted to my not taking responsibility for what were indeed mine: the words *torrent* and *protective* and *scary*. We were caught in a dual relation resistance, and it was my responsibility to help us emerge from it.

So I said straightforwardly: "I surprised myself with the word 'torrent,' and just the whole statement generally. I didn't know that I was uncomfortable at that moment, and yeah, maybe scared too. It came out in the words I chose, like 'torrent.'"

At this point, the atmosphere in the room changed somewhat—the analytic field became less contested and fraught, and I felt, instead, open to new possibilities and more curious than anything else as to what might come next. It was close to the end of the session and Byron said that he had been worried that I would keep stonewalling him. "I don't know exactly what I'm feeling," he said. "I guess less confused and not so alone."

It was not until a few weeks later that the significance of this session emerged more fully. Byron told me that he had had a fight with his girlfriend, Susan. During the argument, she had told him to stop yelling and that he was scaring her. She started to cry. Then, to his surprise, he had started to cry too. After a while, as they were talking more calmly, he thought of our session from a few weeks prior: "The 'torrent' session,"

he explained to me. "It came back to me in—well, a torrent. And the word 'torment' came to me, too."

"Torment?"

"Cause I knew I was tormenting Susan—and, I think, scaring you after you said what you'd said. But until you acknowledged feeling uncomfortable, I felt terrible, like I could *really* terrorize you. It was weirder than that, because I seemed to get what I was doing only after you acknowledged what *you* were doing. And it made me think about how calmly you listen to me, kind of no matter what I'm saying. On some level I don't buy it, that you're always ready to listen no matter what."

"As if what you're saying is so intense to me that I have to remain calm at all costs?" I asked.

"Yes. 'Cause I can be an asshole. That's what Susan was saying—she was giving me real feedback. And when I said you seemed scared yourself and you clearly thought about that, it was like, 'finally, he's letting me know he's strong enough to acknowledge the impact I can have on him.'"

I said, "If I'm in my listening, receptive mode, there's something worrisome behind it—that you're so powerful all I can do is take it with a kind of studied calmness."

"I think so," Byron replied. "It's paradoxical. It's the kind of thing my father would never do—tell me what he really thinks."

"When I seem to be strong, for you the fear is that I might really be weak."

"I think so," he said again.

Countertransference is an *activity*: working with one's countertransference does not begin and end with the analyst's desire; it only begins with it. But if the analyst does not begin with it, then the process likely proceeds along the lines of the dual relation in which the analyst confuses his frustrated desire with what is going on in the patient, and the untoward and potentially traumatic aspects of the talion law emerge. The general features of this vignette center around my initial state of dissatisfaction grasped retrospectively, the internal and interpersonal work undertaken in light of the effects of my dissatisfaction, and the somewhat surprising unfolding of the analysand's transference experience.

Let us look at some of the details. My using the word *torrent* was a clue to the extent of my unpleasure. I was for a time resistant to my own internal division—resistant, that is, to my desire. What was my dissatisfaction about? Desire gets translated, unwittingly, into unpleasure through terms like *wanting* or *not liking*. We need to translate the unpleasurable experience back into a desire. This kind of translation can sound clumsy at best; and yet, when caught in the midst of a countertransference experience, translation of unpleasure into desire can be essential to working through a dual relation resistance.

So here are a series of questions/statements that turn my unpleasure into desire: Did I feel tormented by Byron's complaints, as in: I don't want to feel tormented? Did I feel that I was expected to play a certain role in the interaction Byron was fostering, as in: I don't want to play this or that role? Was I reacting in part to the seeming excitement and gratification he was accruing in his complaints, as in: I don't want him to be excited or gratified by complaining? These questions give specific form to my wanting—within the countertransference—one thing to happen, and not another.

I think the third question, regarding excitement and gratification, captures some of what I was experiencing in the countertransference. But this translating exercise is only partially illuminating, because the *central* problem to which I was responding was, ironically enough, the issue of responsibility itself. To my ear, Byron was externalizing blame and making room for his torment in the comfortable quarters of victimhood. Here I imposed conditions on Byron that he was not satisfying, conditions based on a central value of my working analytic self and one that typically I do not question: Byron was not taking responsibility for his own struggles. Hence my pointed use of the word *torrent*.

Byron, to his great credit, pursued this clue in spite of, or more probably because of, my internal struggle to grapple with the desire that underwrote my response to begin with. It was not clear what he was hoping for, and he himself only later discovered his wanting recognition of the impact on me of his own desire to torment. But without my being able to work internally with my own self-division and lacking state—and, in this case, saying something out loud to him about this state—I believe the rest of the work would not have unfolded as it did.

If I had conceptualized the interaction as Byron having “induced” in me a state of mind (say, that I felt tormented or scared by his complaining), I would have taken myself out of the equation as an actor who necessarily desires. In other words, I would have falsely inhabited an imaginary place in which judgment regarding my actions—the heart of ethical reflection—does not apply to me. The dual relation/talion law would have become more prominent, and vagaries of bidirectional attributions would have clouded the analytic field, leading to an increasing sense of confusion. In the end, the patient is not responsible, from an ethical point of view, for the analyst’s actions or states of mind.

If the analyst does not take refuge in the convenience of considering his experience to be the result of projective identification, then he has gained some purchase on his desire. The analytic process can proceed, then, relatively unburdened by the confusion of self and other; the specter of the dual relation/talion law yields to the further emergence of the analysand’s subjectivity, associations, and fantasies. Byron came to grasp experientially not just his desire to torment, but more his desire to see the real impact of his wanting to torment, and that I was “strong” enough to acknowledge this impact, rather than simply receiving it calmly, containing it, and naming it.

Generally, problems with the analyst’s desire emerge when wishes get naturalized within ways of working clinically—that is, when specific desires and values underwrite and inhabit the analyst’s clinical theory and actual technical activity (Schafer 1983). When naturalized, a desire or value will then become indistinguishable from the analyst’s style and habits of mind, and from what the analyst believes he is rightly doing at the moment. This issue was operative between Byron and me, as my typical listening style that emphasizes my desire to be open-minded and receptive involved me in a cul-de-sac of which I was not aware.

All analysts struggle with their own versions of this problem, which tends to emerge into the clear when the analyst’s desire is more open and takes both analyst and patient by surprise (as it did in this case). This dialectic of habit and surprise, I would say—following Lear (2011)—is marked by irony in that the analyst’s best intentions, honed from years of training, thought, and experience, will inevitably get in his own way.

No doubt, for most of us, our everyday clinical self partakes of certain basic psychoanalytic values: honesty, tact, open-mindedness, and the like. We might think of these as psychoanalytic virtues. But from the point of view of Lacan's *Ethics* (1992), the virtuous analyst is not one who is temperate or open-minded, tactful, or prudent. Rather, the virtuous analyst takes responsibility for wanting to act in these ways in the first place. Otherwise, tact can become insensitivity and open-mindedness can turn into intolerance. This is the essence of Lacan's ethics of desire: nothing should be taken for granted. In this ethic of responsibility—never not hard won and always easily lost sight of again—the analyst frees the analytic field (potentially and relatively speaking, of course) from a dynamic of contest and constraint. If the analyst cannot assume responsibility for his own desire, then there is no way the patient can assume responsibility for *his* desire, in that setting, with that analyst.¹⁶

CONCLUSION

Schafer (2009) suggests that analysts catalogue, to themselves, specific ways in which they can become frustrated. That is, what leads a given analyst to be unsatisfied about a specific interaction with a patient? As we know from Klein, the analyst's countertransference arises from states of mind that are particular to a given analyst at a given moment in time. And yet, haunting the present moment are past moments and larger, deeply rooted concerns that condition our present-tense experience.

Here we can see the value of the analyst's personal analysis: it is the place where the unconscious reasons why he wants to be an analyst can be explored and grappled with. Some of us are highly epistemophilic: we want to understand. In such a case, we tend to feel dissatisfied with uncertainty in all its forms. Others of us wish to be empathic. This leads us to avoid aggressive feelings that we might have toward the patient, and, perhaps, to avoid confrontation for fear of being "mean." Still others of us wish to help and cure, and hence we feel frustrated if the patient does not appear to be aided by an intervention, or does not seem to be improving over a longer-time horizon. And still others among us have fairly explicit views on what constitutes open-mindedness or emotional

¹⁶ I have previously discussed these ideas (Wilson 2012).

contact—views that inevitably manifest themselves in conditions of satisfaction we impose on our patients.

Obviously, these are simplistic descriptions of desires that have deep personal roots and that interact in most of us in complex ways. Our unconscious need for being loved, desiring excitement, and repairing in fantasy those we feel we have hurt underwrite much of what we experience in more attenuated, conscious forms in the wishes I have just briefly mentioned. But the basic point remains that each of us is motivated by highly personal exigencies that are finely honed into our ways of working, our technique. Our technical activity, no matter how well practiced, thought through, and evolving over time, is never not fueled by our desires. These desires are engaged whenever we experience what psychoanalysts call countertransference.

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REFERENCES

- ARON, L. (2006). Analytic impasse and the third: clinical implications of intersubjectivity theory. *Int. J. Psychoanal.*, 87:349-368.
- BARANGER, M., BARANGER, W. & MOM, J. (1983). Process and non-process in analytic work. *Int. J. Psychoanal.*, 64:1-15.
- BENJAMIN, J. (2004). Beyond doer and done to: an intersubjective view of thirdness. *Psychoanal. Q.*, 73:5-46.
- (2009). A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the shared third). *Int. J. Psychoanal.*, 90:441-450.
- BION, W. R. (1970). *Attention and Interpretation*. London: Tavistock.
- BLOOM, H. (1975). *Kabbalah and Criticism*. New York: Continuum Press.
- BOESKY, D. (1990). The psychoanalytic process and its components. *Psychoanal. Q.*, 59:550-584.
- BOLLAS, C. (1989). *Forces of Destiny: Psychoanalysis and Human Idiom*. London: Free Association Books.
- BRENNAN-PICK, I. (1985). Working-through in the countertransference. *Int. J. Psychoanal.*, 66:157-166.
- CHUSED, J. (1996). The therapeutic action of psychoanalysis: abstinence and informative experience. *J. Amer. Psychoanal. Assn.*, 44:1047-1071.
- COOPER, S. H. (2010). *A Disturbance in the Field: Essays in Transference-Countertransference Engagement*. New York: Routledge.

- EAGLE, M. (2010). *From Classical to Contemporary Psychoanalysis: A Critique and Integration*. New York: Routledge.
- FAIMBERG, H. (1992). The countertransference position and the countertransference. *Int. J. Psychoanal.*, 73:541-547.
- FELDMAN, M. (1997). Projective identification: the analyst's involvement. *Int. J. Psychoanal.*, 78:227-241.
- (2007). Racker's contribution to the understanding of countertransference revisited. *Psychoanal. Q.*, 76:779-793.
- FERRO, A. (2002). *In the Analyst's Consulting Room*, trans. P. Slotkin. New York: Taylor & Francis.
- GERSON, S. (2004). The relational unconscious: a core element of intersubjectivity, thirdness, and clinical process. *Psychoanal. Q.*, 73:63-98.
- GREEN, A. (1975). The analyst, symbolization and absence in the analytic setting (on changes in analytic practice and analytic experience)—in memory of D. W. Winnicott. *Int. J. Psychoanal.*, 56:1-22.
- GREENBERG, J. (1995). Psychoanalytic technique and the interactive matrix. *Psychoanal. Q.*, 64:1-22.
- HEIMANN, P. (1950). On countertransference. *Int. J. Psychoanal.*, 31:81-84.
- HOFFMAN, I. Z. (1983). The patient as interpreter of the analyst's experience. *Contemp. Psychoanal.*, 19:389-422.
- JACOBS, T. J. (1991). *The Use of the Self: Countertransference and Communication in the Analytic Setting*. New York: Int. Univ. Press.
- JOSEPH, B. (1985). Transference: the total situation. *Int. J. Psychoanal.*, 66:447-454.
- KAHNEMAN, D. (2011). *Thinking, Fast and Slow*. New York: Farrar, Straus & Giroux.
- KIRSHNER, L. (2011). Neutrality and the ethics of desire. Paper presented at meeting of the Amer. Psychoanal. Assn., January 13, New York.
- (2012). Toward an ethics of psychoanalysis: a critical reading of Lacan's *Ethics*. *J. Amer. Psychoanal. Assn.*, 60:1223-1242.
- LACAN, J. (1992). *The Seminar of Jacques Lacan. Book VII: The Ethics of Psychoanalysis, 1959-1960*, ed. J.-A. Miller, trans. D. Porter. New York: Norton.
- (2002a). The mirror stage as formative of the function of the I as revealed in psychoanalytic experience. In *Ecrits: A Selection*, trans. B. Fink. New York: Norton, pp. 3-9.
- (2002b). Aggressiveness in psychoanalysis. In *Ecrits: A Selection*, trans. B. Fink. New York: Norton, pp. 10-30.
- LECLAIRE, S. (1998). On the ear with which one ought to listen. In *Psychoanalysing: On the Order of the Unconscious and the Practice of the Letter*, trans. P. Kamuf. Stanford, CA: Stanford Univ. Press.
- LEAR, J. (2011). *A Plea for Irony*. Cambridge, MA: Harvard Univ. Press.
- MCGUIRE, W., ed. (1974). Letter from Sigmund Freud to C. G. Jung, June 7, 1909. In *The Freud/Jung Letters: The Correspondence Between Sigmund Freud and C. G. Jung*. Princeton, NJ: Princeton Univ. Press.

- McLAUGHLIN, J. T. (1991). Clinical and theoretical aspects of enactment. *J. Amer. Psychoanal. Assn.*, 39:595-614.
- MONEY-KYRLE, R. E. (1956). Normal countertransference and some of its deviations. *Int. J. Psychoanal.*, 37:360-366.
- OGDEN, T. H. (1994). The analytic third: working intersubjectively with clinical facts. *Int. J. Psychoanal.*, 75:3-19.
- (1997). *Reverie and Interpretation: Sensing Something Human*. New York: Jason Aronson.
- OPATOW, B. (1997). The real unconscious: psychoanalysis as a theory of consciousness. *J. Amer. Psychoanal. Assn.*, 45:865-890.
- PIZER, S. (1992). The negotiation of paradox in the analytic process. *Psychoanal. Dialogues*, 2:215-240.
- PONTALIS, J.-B. (1981). *Frontiers in Psychoanalysis: Between Dream and Psychic Pain*, trans. C. P. Cullen. New York: Int. Univ. Press.
- PURCELL, S. D. (2004). The analyst's theory: a third source of countertransference. *Int. J. Psychoanal.*, 85:635-652.
- RABIN, M. (1998). Psychology and economics. *J. Econ. Lit.*, 36:11-46.
- RACKER, H. (1957). The meanings and uses of countertransference. *Psychoanal. Q.*, 26:303-357.
- (1968). *Transference and Countertransference*. New York: Int. Univ. Press.
- RENIK, O. (1993a). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanal. Q.*, 62:553-571.
- (1993b). Countertransference enactment and the psychoanalytic process. In *Psychic Structure and Psychic Change: Essays in Honor of Robert S. Wallerstein*, M.D., ed. M. J. Horowitz, O. F. Kernberg & E. M. Weinshel. Madison, CT: Int. Univ. Press, pp. 135-158.
- RUTI, M. (2012). *The Singularity of Being: Lacan and the Immortal Within*. New York: Fordham Univ. Press.
- SCHAFER, R. (1983). *The Analytic Attitude*. New York: Basic Books.
- (2009). The countertransference of feeling frustrated. In *Tragic Knots in Psychoanalysis: New Papers on Psychoanalysis*. London: Karnac.
- SEARLE, J. (1983). *Intentionality: An Essay in the Philosophy of Mind*. Cambridge, UK: Cambridge Univ. Press.
- SMITH, H. F. (2000). Countertransference, conflictual listening, and the analytic relationship. *J. Amer. Psychoanal. Assn.*, 48:95-128.
- SPILLIUS, E. (1988). *Melanie Klein Today: Developments in Theory and Practice*, Vol. 2: *Mainly Practice*. London: Routledge.
- (1992). Clinical experiences of projective identification. In *Clinical Lectures on Klein and Bion*, ed. R. Anderson. London/New York: Tavistock/Routledge, pp. 59-73.
- (2007). *Encounters with Melanie Klein: Selected Papers of Elizabeth Spillius*. London: Routledge.
- SPILLIUS, E. & O'SHAUGHNESSY, E. (2012). *Projective Identification: The Fate of a Concept*. London: Routledge.

-
- STEINER, J. (1993). *Psychic Retreats: Pathological Organizations in Psychotic, Neurotic, and Borderline Patients*. London: Routledge.
- (2011). The numbing feeling of reality. *Psychoanal. Q.*, 80:73-90.
- TVERSKY, A. & KAHNEMAN, D. (1974). Judgment under uncertainty: heuristics and biases. *Science*, 185:1124-1131.
- WÆLDER, R. (1936). The principle of multiple function: observations on over-determination. *Psychoanal. Q.*, 5:45-62.
- WILSON, M. (2003). The analyst's desire and the problem of narcissistic resistances. *J. Amer. Psychoanal. Assn.*, 51:71-99.
- (2006). "Nothing could be further from the truth": the role of lack in the analytic process. *J. Amer. Psychoanal. Assn.*, 54:397-422.
- (2010). Putting practice into theory: making the training analyst system coherent. *J. Amer. Psychoanal. Assn.*, 58:287-311.
- (2012). The flourishing analyst, responsibility, and psychoanalytic ethics: commentary on Kirshner. *J. Amer. Psychoanal. Assn.*, 60:1251-1258.
- WOLLHEIM, R. (1993). Personal communication.
- ZIZEK, S. (2007). Lacan: at what point is he Hegelian? Trans. R. Butler & S. Stevens. <http://www.lacan.com/zizlacan1.htm>.

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THE THIRD WISH: SOME THOUGHTS ON USING MAGIC AGAINST MAGIC

BY LEE GROSSMAN

Keywords: Magic, transference, suggestion, fairy tale, omnipotence, Freud, analytic technique, neurosis, repression.

In the section on wish-fulfillment in dreams in the *Introductory Lectures*, Freud (1915–1917) cites the following fairy tale:

A good fairy promised a poor married couple to grant them the fulfillment of their first three wishes. They were delighted, and made up their minds to choose their three wishes carefully. But the smell of sausages being fried in the cottage next door tempted the woman to wish for a couple of them. They were there in a flash; and this was the first wish-fulfillment. But the man was furious, and in his rage wished that the sausages were hanging on his wife's nose. This happened too; and the sausages were not to be dislodged from their new position. This was the second wish-fulfillment; but the wish was the man's and its fulfillment was most disagreeable for his wife. You know the rest of the story. Since after all they were in fact one—man and wife—the third wish was bound to be that the sausages should come away from the woman's nose. [p. 216]

In his subsequent discussion, Freud describes how the first wish was the woman's, directly fulfilled; the second was both the fulfillment of the husband's wish and the punishment of the wife for her foolishness. He then adds, in parentheses, "We shall discover in neuroses the motive for the third wish, the last remaining one in the fairy tale" (p. 219). The editor has appended a footnote to this parenthetical remark: "It is not clear what is intended here" (p. 219n, brackets omitted).

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Although I do not know Freud's intentions, I would like to suggest a motive for the third wish, which comes up in clinical work with some frequency: it is the unconscious conviction that the only cure for harmful magic is reparative magic. In what follows I would like to describe the dilemma of the person facing the third wish, as illustrated in literary examples, and then use a brief vignette to try to capture the same transitional moment in the clinical situation. In doing so I will recall what I take to be Freud's solution, which was to exploit transference magic to combat neurotic magic.

Freud understood neurosis to be the outcome of a problematic resolution of the Oedipus complex involving the repression of a forbidden wish. The wish then remains unconsciously influential, but no longer subject to reality testing as a consequence of the repression. But we need to recall that what is repressed is not just the wish, but also the mode of thinking involved at the time, including the belief in the magic of thoughts¹—a characteristic of the phallic-oedipal phase of development, during which the distinction between thinking and acting is not yet consolidated. It is thus that the neurotic subject is convinced that his wishes are so powerful as to be (literally) unthinkable, which is why repression is required in the first place.

The clinician who tries to bring reality to bear on the distinction between thought and action will sometimes encounter an unexpected obstacle: for some patients, the dawning awareness that their thoughts have no magical power implies that they must give up the only means they can imagine to undo the damage for which they blame themselves. The sense of this dilemma is captured very economically in the old joke retold by Woody Allen at the end of the movie *Annie Hall* (1977): "This guy goes to a psychiatrist and says, 'Doc, my brother's crazy, he thinks he's a chicken.' And the doctor says, 'Well, why don't you turn him in?' The guy says 'I would, but I need the eggs.'"

The theme of using magic to undo misused magic is a common one in literature and folklore. W. W. Jacobs's horror story "The Monkey's Paw" (1902) has the same "three wishes" structure as the fairy tale Freud cites: a wish for wealth causes the death of a loved one; a wish to bring

¹ Freud tended to use the phrase *omnipotence of thought* to refer specifically to obsessional fantasies, but it follows that it is always some version of a belief in the magical power of thinking that motivates repression and other defenses to prevent it.

him back threatens another horror; and then the third wish must be used to undo the damage and return to the status quo ante. Goethe's poem "The Sorcerer's Apprentice" (1797) offers us a version that should encourage analysts: the apprentice appropriates his absent master's wand and wreaks havoc he cannot control; when the sorcerer returns, he uses his stronger magic to put things right.

In a recent contribution, Friedman (2008) referred to the "riddle of psychoanalysis, which is that its theory seems best suited to explain why psychoanalytic treatment won't work" (p. 1105). He was referring, of course, to the powerful attachment patients have to their neurotic solutions. The version of that problem I am concerned with here is the reluctance to give up magical protection from magical dangers. Whitebook (2002) makes a compelling case for the role of magic in analysis—specifically, the magic invested in the analyst in the transference. He argued that Freud was unwilling to acknowledge the use of transference magic—suggestion—in the analyst's functioning: "The claim [Freud] now [1915–1917] put forward was that psychoanalysis doesn't indulge or manipulate the transference, but analyzes and dissolves it" (p. 1202).

My reading of Freud leads me to a different conclusion. Freud repeatedly addressed the technical problem of overcoming the patient's motivation to avoid change, in ways that make clear that he was aware of the exploitation of the patient's belief in magic—specifically parental magic in the transference. In the same year in which he introduced the "repudiation of suggestion as a litmus test to distinguish 'true psychoanalysis' . . . from hypnotism—and indeed, from all other forms of nonanalytic therapy" (Whitebook 2002, p. 1201), Freud wrote that "we take care of the patient's final independence by employing suggestion in order to get him to accomplish a piece of psychical work" (1912, p. 106).

In subsequent work, Freud went on to say, "Our hope is to achieve [the overcoming of resistances] by exploiting the patient's transference to the person of the physician, so as to induce him to adopt our conviction of the inexpediency of the repressive process established in childhood" (1919, p. 159). Freud's controversial unilateral decision to terminate the treatment of the Wolf Man involved a related idea: "I was obliged to wait until his attachment to myself had become strong enough to counterbalance this shrinking [from a self-sufficient existence], and then played

off this one factor against the other" (1918, p. 11). Freud's notion of an "unobjectionable" positive transference, which he describes as "the vehicle of success in psychoanalysis exactly as it is in other methods of treatment" (1912, p. 104), is a further example of the same idea.²

In a summary of changes of aims in psychoanalytic technique, Freud (1920) wrote that the task became "pointing [the resistances] out to the patient and inducing him by human influence—this was where suggestion operating as 'transference' played its part—to abandon the resistances" (p. 18). In a footnote a few pages later (added in 1923), he commented:

I have argued elsewhere . . . that what thus comes to the help of the compulsion to repeat is the factor of "suggestion" in the treatment—that is, the patient's submission to the physician, which has its roots deep in his unconscious parental complex. [1920, p. 20n]

It is true that Freud also distinguished analysis from other therapies by the ultimate analysis of the transference:

In every other kind of suggestive treatment the transference is carefully preserved and left untouched; in analysis it is itself subjected to treatment and is dissected in all the shapes in which it appears. At the end of an analytic treatment the transference must itself be cleared away. [1915–1917, p. 453]

Whether or not one envisions the transference as ultimately being "cleared away," it seems that Freud accepted the need to use the power of the positive transference along the way to counteract the patient's attachment to the neurosis. As I read him, Freud was not denying transference magic; rather, he saw it as a necessary step, not specific to analysis, which will subsequently be addressed analytically, i.e., made the subject of analysis.

We are concerned here with one aspect of the neurotic status quo, namely, the patient's unconscious belief in the magical power of thought. In the clinical situation, one makes it safer for the patient to relinquish his magic by (temporarily) allowing the patient to believe and elaborate

² Whitebook (2002) cites this as the "one important exception" to Freud's disavowal of suggestion (p. 1202).

the belief that the analyst, *in loco parentis*, has magic that is even more powerful. A common clinical moment may illustrate the magic-versus-magic dilemma.

In the third year of his analysis, a generally inhibited man, Mr. M, began an hour with a typically dismissive remark about the “couch talk” he was about to engage in (rather than exercising his preference for having a formal agenda). He then reported a pattern he had seen in his own behavior: he would become restless in his marriage and then enjoy a daydream about an anonymous sexual encounter in which he exercised his dominance. Mr. M noticed that, after the daydream, he would latch onto some trivial event and take it as evidence that he was physically impaired or endangered—for example, stepping in a puddle would lead to an obsession about getting infected, or a mark on his skin would provoke a worry about melanoma.

As we discussed the sequence, one of its meanings became clear: in each case, the last step in the daydream was the idea that Mr. M would not survive without his wife to take care of him. As the inhibiting function of the illness daydream became clearer, the sexual fantasy that began the sequence became more accessible. The patient became more anxious as his dissatisfactions with his wife began to emerge, and he tried to find ways to take the subject off the table. I told him that he treated his thoughts as if they were acts. Finally, Mr. M said, “I may be unhappy in my marriage, but I can’t think about it, because then I’ll have to leave her.”

I responded, “You’re saying that if you have a choice you won’t have a choice.”

I would imagine the full meaning of the patient’s statement in the clinical context to be something like this: “I believe that, by not thinking about wanting to leave my wife, I am preventing my thoughts from making it happen. I have put myself in your hands because I believe you have the power to protect me, and so I can reluctantly accept your suggestion to take the first step and begin to entertain the idea that I have no such magic. That takes me to the next step: if I face my feelings about my wife, I would then think about leaving her, and then I would have no magical power to resist the magical power of that thought.”

The analyst’s transference magic is the power of the father who can open the closet door to reveal that there is no monster hiding in it, only

because the child trusts that the father has the strength of the monster. In the clinical moment described above, Mr. M is in a transitional position akin to the child who trusts the father enough to let him open the closet, even though he still believes in the monster inside.

At another point in the analysis, in the context of “unobjectionable” transference love, Mr. M told me: “I’m going to program myself to be less robotic.” At that point, it would seem that he was trying to change—but he still needed the eggs.

By the end of a successful analysis, the patient’s realization that the analyst has no magic is both a disappointment and a liberation; no longer dependent on a magical solution, the patient is freed to seek the eggs where he can actually get them. Like the man behind the curtain in *The Wizard of Oz* (1939), the analyst is reduced to human proportions. In *Oz*, Dorothy is upset: she tells the wizard, “You are a very bad man!” The wizard’s response is an ideal toward which analysts might strive: “Oh no, my dear, I’m a very good man; I’m just a very bad wizard.”

REFERENCES

- Annie Hall* (1977). A film directed by Woody Allen. A Jack Rollins–Charles H. Joffe production; United Artists.
- FREUD, S. (1912). Recommendations to physicians practising psycho-analysis. *S. E.*, 12.
- (1915–1917). *Introductory Lectures on Psycho-Analysis*. *S. E.*, 15/16.
- (1918). From the history of an infantile neurosis (“the Wolf-Man”). *S. E.*, 17.
- (1919). Lines of advance in psycho-analytic therapy. *S. E.*, 17.
- (1920). *Beyond the Pleasure Principle*. *S. E.*, 18.
- FRIEDMAN, L. (2008). Loewald. *J. Amer. Psychoanal. Assn.*, 56:1105–1115.
- GOETHE, J. W. (1797). The sorcerer’s apprentice, trans. E. Zeydel. <http://www.reelyredd.com/1006sorcerersapprentice.htm>.
- JACOBS, W. W. (1902). *The Monkey’s Paw: A Story in Three Scenes*, dramatized by L. N. Parker. London: Samuel French, 1910.
- WHITEBOOK, J. (2002). Slow Magic. *J. Amer. Psychoanal. Assn.*, 50:1197–1217.
- The Wizard of Oz* (1939). A film directed by Victor Fleming; Metro-Goldwyn-Mayer.

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THE “BETWEEN” OF WINNICOTT AND LACAN

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Between Winnicott and Lacan: A Clinical Engagement.

Edited by Lewis A. Kirshner. London/New York: Routledge, 2010.

174 pp.

Keywords: Winnicott, Lacan, *objet a*, transitional object, analytic theory, psychosis, false self, *jouissance*, fantasy, separation, mothering.

Lewis Kirshner, the editor of this multiauthored book about Donald Winnicott and Jacques Lacan, describes its purpose as follows: “Our objective in this volume is to clarify their major concepts, to differentiate between them, and to identify points of intersection to contribute to a more effective psychoanalytic practice” (p. ix). In writing this review, I have tried to keep this “between” in mind in evaluating the stated objective of the book.

In reviewing a multiauthored book, a question comes up immediately: “Is there a specific audience to which the book is directed?” This is important in this case because one starts with a lopsided situation. That is, on one hand, the English analyst Winnicott is well known to analysts in all parts of the world, including France; he is perhaps the most popular psychoanalytic theorist after Freud, and he wrote in a style using words of everyday language. On the other hand, the French analyst Lacan—although known in Anglo-American academia—is almost by definition obscure to Anglophone clinicians. He developed his own system of thought in his reading of Freud, constructed with his own lexicon of terms that can act as a barrier to new readers.

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Kirshner's book is not a collection of papers coordinated to cover in a logical or comprehensive way the field "between" Winnicott and Lacan. It is rather a book in which each contributor acts separately, giving the book a range of possible audiences. The three chapters by Deborah Anna Luepnitz, James E. Gorney, and Mardy Ireland aim to introduce the reader who is not knowledgeable about Lacan to his theory. In my opinion, the introductory nature of these authors' stance leads to repetition and the sense of a superficial connection between Winnicott and Lacan. However, some readers may find their clinical examples helpful in providing an idea of how the authors conceptualize their work. I came away with the impression, though, that these authors felt compelled to label their clinical interventions as either *Lacanian* or *Winnicottian*, when in fact one could equally well designate their clinical reasoning as *Freudian*.

I find the parts of the book directed at readers who are prepared for the complexity of Lacan to be more interesting, in that the "between" of Lacan and Winnicott increases an appreciation of Winnicott's own complexity. These chapters often highlight how Winnicott, in his use of very simple language, was nonetheless conceptualizing fundamental issues at the dawn of human psychic existence. This increased appreciation of Winnicott is most evident in François Villa's chapter, "Human Nature: A Paradoxical Object."

Another fruitful area between Lacan and Winnicott that is explored by a few authors in this book are the possible connections between Winnicott's *transitional object* and Lacan's *objet a*. As they are very different sorts of papers, I will discuss them separately for the most part.

André Green: "The Bifurcation of Contemporary Psychoanalysis: Lacan and Winnicott"

One cannot doubt Green's vast knowledge and experience of both Winnicott and Lacan. His résumé of what interested him about Lacan and his personal experience with Lacan are helpful to situate Lacan historically, but Green's negative attitude toward Lacan is very clear, especially in his closing remarks, as follows.

Today, I would say that if the reading of Lacan continues to be instructive, his theorizations have aged and serve only to turn analysts away from true psychoanalysis. For having mixed up the classic rules of technique, he ended up with an enormous confusion, put to work by a brilliant mind little interested in the practice of analysis or in basing itself on guide posts as sturdy as Freud. [p. 46]¹

For Green, there is nothing between Lacan and Winnicott because Lacan is not to be trusted as a clinician. Green's chapter is an appreciation of Winnicott's theories that help the clinician deal with borderline patients, in whom the recapitulation of early environmental failures demands that the analyst work in different modes.

Lewis A. Kirshner: "Applying the Work of Winnicott and Lacan: The Problem of Psychosis"

The clinical material presented by Kirshner in this chapter, of a patient with a psychotic structure, is quite interesting. The first part draws connections between Winnicott and Lacan on the question of the early environment and the treatment of psychosis. Lacan's work may be useful here in giving a clearer definition of psychosis as a problem of symbolic functioning, given that the psychotic patient's problem can be viewed as the fact that what cannot be experienced as internal and symbolically connected to the subject is *foreclosed*, rather than simply projected. And what is foreclosed appears to the subject in the *real* as real to the subject (i.e., outside reality) in the form of a delusion or a hallucination. Lacan speaks of the arrival of symbolic functioning as *symbolic castration*, but does not ascribe a specific cause to this deficiency of symbolic functioning.

To theorize about the possible influence of the environment on the development of psychotic states, Kirshner appeals to Winnicott to ascribe causality to a failure of the primary object to enable the birth of a self

¹ One of Green's (2010) last papers in English gives perhaps a more nuanced and critical view of Winnicott's struggle with profoundly regressed patients than his chapter in this book.

in transitional space. His account of the case details the entire period of the treatment, giving us a good sense of the work involved and the issues at stake. As Kirshner points out, a key clinical feature of this patient was how certain she was about her knowledge of what other people were thinking about her. For Lacan, this kind of certainty is the hallmark of psychosis, especially the paranoid type.

It is instructive to see how Kirshner traverses the minefield that this kind of treatment involves. It is also informative to see that, although he certainly helped his patient through a rough patch in her life, her underlying psychic structure did not change. Kirshner's reference to a particular paper of Lacan's (1977) implies that we are still in the preliminary phase of treating cases of psychosis.

Marta Ruti: "Winnicott and Lacan: Living Creatively in a Postmodern World"

Marta Ruti makes some interesting points about Winnicott's ideas on the need for *unintegration* as the avenue toward creativity. She quotes Winnicott: "It is here only in the unintegrated state of the personality that that which we describe as creative can appear" (Winnicott quoted by Ruti, p. 143). She connects Winnicott's idea of the *false self* with Lacan's idea that the ego is an imaginary structure that, by fixing identity, inevitably impedes the subject's symbolic movement. Here identity in the form of integrated ego structure becomes a source of psychological restriction for Lacan.

Ruti wrestles with our postmodern predicament in which many pillars of traditional societies have fallen away, leaving us to search desperately for integration in our troubled world. After some hopeful rhetoric about the possible joys of disintegration, Ruti acknowledges that neither Lacan's discourse on the value of lack nor Winnicott's remothering strategy (through regression to need) guarantees any helpful movement in the most difficult of patients—those who have internalized degradation, instability, and traumatic lack from their early life experiences, and who reactualize this degradation and instability in the transference, putting an enormous strain on the analyst's resources.

Alain Vanier: "The Object Between Mother and Child: From Winnicott to Lacan"

Alain Vanier's chapter gives a very readable discussion of ways in which to look at similarities and differences between Winnicott's transitional object and Lacan's *objet a*.² As seen in Bernstein's chapter as well, the search for theoretical overlap between Winnicott and Lacan can be fruitfully centered around the question of what Winnicott's transitional object has to do with Lacan's *objet a*. This is a significant question on different levels, but especially so given that Lacan thought his most important contribution to psychoanalysis was the *objet a*.

It is helpful to keep in mind that *objet a* is a concept that Lacan developed throughout his career. Rather than having a simple, static definition, it is more of a phenomenon that runs along a trajectory through different periods of Lacan's writing. Thinking in terms of *objet a* reveals different aspects of Lacan's conceptual path, depending on the different angles from which it is viewed within the three registers—the real, the imaginary, and the symbolic. It is a point of intersection where ramifications of the interaction between the three registers are in evidence. For the purposes of this review, I will simply say that, ultimately, the *objet a* functions to *cause* desire; it is not an *object of desire* as such.

Vanier discusses the brief treatment of a seven-year-old boy that helps to illustrate the difference between a transitional object and the *objet a*. Vanier says that "the transitional object is the commemoration of a lack. We might say that it gives lack the meaning of a loss" (p. 108).

Vanier also links Winnicott's (1969) idea of the use *of the* object with the French term *jouissance*. *Jouissance* can be translated as *enjoyment* but has wider connotations. Freud's conception of the oedipal situation implies that the subject has only one object of complete enjoyment (or satisfaction)—the mother—and that that object is ultimately forbidden. All other objects will be substitutes for the first object and can be only partially satisfying. A limited form of *jouissance*, *phallic jouissance*, is available within the pleasure principle, and this limitation on *jouissance* correlates

² This author has recently made further elaborations on Winnicott and Lacan; see Vanier (2012).

with symbolic castration that permits symbolic functioning (language is meaningful) and helps hold oedipal structuring in place.

In the context of the Oedipus complex, *objet a* is a fragment, a remainder of a fundamentally impossible *jouissance* with the mother. As *objet a* stops belonging to the mother and takes on this fragmentary quality, the child loses something of itself. Once the object has dropped out, as it were, it is like the transitional object, neither of oneself nor of the other:

The *objet a* is neither the other nor the phallus, except in fantasy. Rather it is the semblance [of what was lost], caught in a movement of metonymy of which the phallus [as a figure of completion] is the horizon. [p. 109]

Here Lacan invokes the idea of the child as the mother's imaginary phallus, her absolute completion. Although *objet a* can take on the appearance of breast, feces, phallus, voice, and gaze, strictly speaking, it is not a partial object. Vanier says:

In Winnicott's transitional object Lacan encountered the limit of the possibility to symbolize much earlier than he came to the conclusion himself. Not all is symbolizable. Lacan concluded that a part of the originary *jouissance* remains and maintains itself as being connected to an object that is inherently non-symbolizable and that the symbolic can never deal with completely. [p. 115]

Thus *objet a* can function as a defense in fantasy formation, but also and at the same time as a veil that keeps us balanced against being overwhelmed by the real, which is the place of trauma. (Bernstein, in her chapter, also refers to fantasy, but in more specific terms as the *fantasm*.) The nature of the *fantasm* or the fundamental fantasy in Lacan is a formula ($\$ \leftrightarrow a$) that indicates relationships between the subject divided by symbolic castration and *objet a*.

The case of the seven-year-old boy shows how the boy's trouble separating was intertwined with his mother's difficulty separating. Vanier makes some good points here about what is involved in symbolic separation, as opposed to the kind of detachment that occurs when the mother

cannot experience the child as different. He postulates that, for symbolic separation to occur for the child, the mother has to assume a subject in the baby.

The following quotation explains Vanier's reading of Winnicott, in which a deeper sense of what *holding* can be is seen through the lens of Lacan's symbolic order (the Other):

Supposition is not a certainty but a belief, an act of faith, an interpretation of this necessary reliability as a continued support of being. Supposing a subject implies a place, the place of the Other, from which supposition can be upheld. The supposed subject is held by the mother, and their combined whole is retrospectively, after the fact of separation, figured as an image of fusion, of symbiosis, an essential part of *holding*. It is in this way that the subject is already there, in the mother, who represents it for herself as separate, and by supposing a knowledge in the child as a separate subject, brings it into existence. [p. 113, italics in original]

I hear in this passage an echo of Loewald speaking about how the analyst tries to develop a sort of virtual image of the patient's potential (which comes from listening to the patient), and this virtual image guides the analyst's interventions.

François Villa: "Human Nature, a Paradoxical Object"

This chapter is an appreciation of Winnicott's posthumous book *Human Nature* (1988). It is a helpful account of what Winnicott meant by *human nature*. Villa compares Winnicott's version of human nature to phylogenetic memory in Freud and to the region in Lacan where the symbolic is entangled with the real.

I would like to emphasize that Villa sees in the very simple words used by Winnicott a sort of terminology that can be further conceptualized. Winnicott postulated human nature as an early sense of aloneness that precedes experiences of dependence and is contingent upon the mother's capacity to adapt to the baby. Winnicott states:

If the mother adapts well enough, the baby assumes that the nipple and the milk are the results of a gesture that arose out of

need, the result of an idea that rode on the crest of the wave of instinctual tension. [Winnicott quoted by Villa, p. 161]

Villa contends that Winnicott's idea of the *creative moment* in the child requires both an adaptation of the external (maternal) environment and the existence of potentials innate within the child:

What the infant creates is very largely dependent on what is presented to that infant at the moment of creativity, by the mother who makes active adaptations to the infant's needs, but if the creativity of the infant is absent the details presented by the mother are meaningless. [Winnicott quoted by Villa, p. 162]

Villa interprets Winnicott here as implying that the "details" presented by the mother at the moment of "the crest of the wave of instinctual tension" lead to catalyzing of the "emergence of the first psychic representative of the impulse, the representation becoming the shore where the wave finds peace and to which each new wave returns" (p. 162). Here Villa extends Winnicott's imagery of a wave landing on the shore in order to bring him closer to representational thinking—or, one could say, closer to the beginning of the psychic apparatus as such. This is important because it helps connect Winnicott and his somewhat idiosyncratic theoretical vocabulary to Freud's and Lacan's work.

I would add that one can also read Winnicott's use of the word *gesture* in the phrase "the baby assumes that the nipple and the milk are the results of a gesture that arose out of need" as connected with Lacan's idea of signifiers. Gestures are early signifiers in the sense that they often convey meaning through indexes—as seen, for example, in the gesture of pointing to something. Moreover, Winnicott's writing here makes it ambiguous as to who has made the "gesture," and that ambiguity gives a sense of primitive nondistinction of subject-object in this transitional realm.

Jeanne Wolff Bernstein: "The Space of Transition Between Winnicott and Lacan"

One of the best-written chapters in the book is Jeanne Wolff Bernstein's. It is a scholarly tracing of Lacan's engagement with Winnicott's

work from the 1950s until 1967. Bernstein has researched Lacan's seminars, finding the places in which he speaks about Winnicott's writing. Her use of direct quotations from Lacan adds great depth to her work.

This essay centers on how Lacan thought about Winnicott's transitional object in the development of his own concept of *objet a*. Bernstein recounts the precise sequence of Lacan's encounters with Winnicott at times when they were both theorizing about how the child's psychic separation from the mother is experienced, both in the development of internal structure and in the child's relationship to external reality. Bernstein suggests that:

Rather than contemplating the effects of the withdrawal of the breast, Lacan pushes Bergler's and Winnicott's observations to their logical conclusion by arguing that infants are giving up a part of themselves and, in so doing, identify with a lost part of themselves. In other words, if infants have made the mother's breast a part of themselves, they experience the loss of the breast as a loss of themselves and not of the mother. This "transferable object," which Lacan equated with Winnicott's transitional object, led him to the important conclusion that a primordial identification takes place prior to the mirror stage in which infants identify with a lost part of themselves. [p. 125]

Thus, while Winnicott spoke of the *transitional object*—which is part of external reality, but has a subjective, ambiguous *me/not me* experience for the child—Lacan spoke of *objet a* as something more ephemeral in external reality; it is more a trace, an indicator, of a part of the child in the history of the child's nondifferentiation from the mother, which retroactively becomes the motor of desire—the object cause of desire. As Bernstein observes:

This part of the maternal body that infants have to let go of and that infants mistake as part of themselves precedes the constitution of an object and the establishment of the infants' subjectivity. This "something" of the body of the mOther [sic] precedes the constitution of the subject, and it is around this "transferable" object, which will become the *objet a*, that infants create a basic *fantasm*. This *fantasm* protects them from the ini-

tial primary loss, from that part of the Other that infants had mistaken to be part of themselves. [p. 125, italics in original]

The *fantasm* or the fundamental fantasy in Lacan is described by a formula ($\$ \leftrightarrow a$), which means all the ways in which the divided subject relates to the *objet a*. Thus, one might paraphrase this formula by saying that what causes desire in the subject is grounded in residual traces of nondifferentiated experience that is transferable to other people. This transferability of *objet a* takes the form of Lacan's version of the functioning of the part object, which "can be only momentarily apprehended in a gaze, a tone of voice, a smell, or a fleeting sensation" (p. 126).

I see a relationship here between Lacan's concept of the fundamental fantasy and what Loewald (1951) described as the integration of *ego-reality*. Loewald posited that what is important for humans is not the fear of a loss of reality as such, but the fear of losing the sense of ego-reality integration, which in its earliest forms included nondifferentiation of self and other.

Bernstein points to a quotation in which Lacan chided Winnicott for the idea that a *true self* will emerge if regression is allowed to occur and the analyst is not too intrusive. But Lacan never addressed Winnicott's subsequent paper (1969) on the use of an object, she notes—especially in the context of the end of an analysis. According to Lacan, the analyst should refuse to be the one who knows, to be the Other for whom the patient's entire subjectivity is constructed. Although in Lacan's theory, the analyst sits in the position of the *objet a*, it is through his staying in his place and not answering the patient's demand to become an object of identification for the patient that analysis happens. By sticking to interpreting the *fantasm* as it is elaborated by the patient, the analyst should wind up being someone rather ordinary whom the patient can ultimately dispense with.

A similarity between Lacan and Winnicott that Bernstein sees lies in Winnicott's distinction between *relating to an object* and *using an object*, which she characterizes as follows:

In relating to an object, individuals use the object subjectively and ruthlessly; the object can simply exist as a subjective and imagined entity. In using an object, on the other hand, subjects

have destroyed the object over and over again and have placed the object outside of the subject's omnipotent control and projective sphere. [p. 128]

According to Bernstein, Lacan is also similar to Winnicott in that both see the analyst as surviving repeated attempts by the patient to make the analyst into something within the domain of his early experience who had the magical power of that phase of life. With the fall of the analyst's primal position comes ultimately—hopefully—the patient's liberation.

In conclusion, for those who enjoy finding connections between different forms of psychoanalytic theory, this book provides a rich variety of perspectives on the difficult but rewarding terrain that lies between Winnicott and Lacan.

REFERENCES

- GREEN, A. (2010). Sources and vicissitudes of being in D. W. Winnicott's work. *Psychoanal. Q.*, 79:10-34.
- LACAN, J. (1977). On a question preliminary to any possible treatment of psychosis. In *Écrits: A Selection*, trans. A. Sheridan. New York: Norton.
- LOEWALD, H. W. (1951). Ego and reality. *Int. J. Psychoanal.*, 32:10-18.
- VANIER, A. (2012). Winnicott and Lacan: a missed encounter? *Psychoanal. Q.*, 81:279-303.
- WINNICOTT, D. W. (1969). The use of an object. *Int. J. Psychoanal.*, 50:711-716.
- (1988). *Human Nature*. London: Free Association Books.

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PLAY AND ITS VICISSITUDES

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Play and Playfulness. Edited by Monisha C. Akhtar.
New York: Jason Aronson, 2011. 234 pp.

Keywords: Play, playfulness, Holocaust, trauma, child psychoanalysis, fantasy, Freud, psychopathology, creativity.

Monisha C. Akhtar has assembled a crew of talented authors to launch this vessel of investigation into the developmental, cultural, and clinical waters of play and playfulness. The first crucial psychoanalytic statements about play were made by Sigmund Freud more than a hundred years ago, and many others have been challenged by Freud's original insights and have made significant contributions expanding on them—Waelder, Melanie Klein, Anna Freud, Hug-Hellmuth, Piaget, Peller, Erikson, and Winnicott coming to mind immediately, to name a few.

If the first great insight belongs to Freud (“play and fantasy are the same except that play needs concrete playthings to represent itself”—my paraphrase of Freud's concept expressed in 1908), subsequent scholarship has dealt in great detail with the clinical applications of this groundbreaking insight of the founder of psychoanalysis. Play has become such an integral component of clinical work not only with children, but also with adults, that one is inclined to forget that Freud did not want to “play” with Little Hans directly in 1909, opting instead to view the child through the eyes of the father, so to speak.

Similarly, as astute a clinician as Ferenczi, in his case description of Arpad (Ferenczi 1913), discusses how communication with Arpad ended

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when the boy retreated from a verbal dialogue with him, going to a corner of the consulting room to play. Child analysis eventually cleared a space for the area where Freud and Ferenczi initially dared not go; play-room *and* consulting room became the new architectural structure of an integrated psychoanalysis. It would take years for Hermine von Hug-Hellmuth, Melanie Klein, and Anna Freud to make play one of the crucial, direct therapeutic instruments of child analysis, a historical development in technique that is today taken for granted. Freud's and Ferenczi's initial caution about using play directly reflected an early 20th-century, lingering Victorian zeitgeist, perhaps, but now it is early in the twenty-first century, and play—as not only a clinical fact but a rich conceptual theory as well—has come of age.

This comprehensive and complex book includes chapters on the following topics: play and development (there is a fine chapter by Anni Bergmann and Ilene Sackler Lefcourt on self–other action play, which deals with play in the separation-individuation subphases); play in the oedipal phase, latency, adolescence, and adulthood; play and creativity; play and trauma, including play and the Holocaust; play and Track II diplomacy; and play and mythology and folklore.

Apropos my point about Freud and Ferenczi's timidity in engaging with play directly, Daniel Freeman exposes a similar shortsightedness in anthropologists, who seem to have ignored children's play as a rich trove of potential anthropological data. Consequently, he relies on myth and folklore to investigate what anthropologists have neglected.

If play is no longer as surprising to us current practitioners of psychoanalysis as it must have been to Melanie Klein and Anna Freud when they first peered through this remarkable window into the soul of a child many years ago, our hearts can still be touched by many of the revelations and marvels in this book. When James Herzog describes his work with a father who was unable to play until analytic insights helped him remove the inhibitions that were compromising his parental playfulness, there is a real emotional jolt of syntonic recognition as the father retrieves his capacity to play and says that this “is like recovering from a fatal illness” (p. 29).

At times this book can make the reader laugh: when Salman Akhtar introduces his illuminating and comprehensive chapter on playfulness

with an anecdote about that most playful of analysts, Donald Winnicott, it is hard not to break into spontaneous laughter. Winnicott, about to address the British Psychoanalytical Society, placed his paper and a revolver on the podium. To his startled audience, he announced that the revolver would be used on the first person “who, instead of discussing my ideas, begins his remarks by declaring that what I am presenting is not psychoanalysis” (p. 69).

If this book can make one laugh, it can also make one weep—and think very deeply and emotionally while weeping. Ira Brenner’s description of the plight of children during the 20th-century hell called the Holocaust, and the great burden of tragedy and sorrow their play was called upon to bear, makes the reader shudder and cry at the same time. The description of children in ghettos or concentration camps “incorporating” the dead bodies of other children into their play, and playing a game of *aktion*—in which players, in identification with the aggressor, attempt to imitate or master the Nazi habit of conducting *aktionen* (sadistic surprise murderous attacks on unwitting inmates)—is harrowing to read.

Brenner cites the following description of the Warsaw ghetto by Jan Karski, a Polish diplomat:

Everywhere there was hunger, misery, the atrocious stench of decomposing bodies, the pitiful moans of dying children Children, every bone in their skeletons showing through their taut skins, played in heaps and swarms. “They play before they die” I heard my companion on the left say, his voice breaking with emotion. Without thinking, the words escaping even before the thought had crystallized—I said: “But these children are not playing. They only make believe it is play.” [pp. 129-130]

“They only make believe it is play” is an extraordinary statement that challenges psychoanalysis to come up with a concept to do justice to its astonishing, spontaneous profundity. It is as if we need a concept that goes beyond sublimation, a concept that reaches back into the instincts that sublimation was supposed to master in the first place, and put these instincts to work in creating a more instinctual defense, a concoction of cunning and courage that would outwit psychopathy at its own game. This calls to mind the protagonist in Lina Wertmüller’s film *Seven Beauties* (1975), a man who pretends to be smitten with his female, sadistic,

obese S.S. camp commandant, the better to outfox her. He whistles appreciatively at her, seducing her with defensive eroticism—or should one say, with *erotic desperate defense*?

If defense is usually conceptualized as protecting the psyche from instinctual dangers *within*, do we not need a concept for defense in the service of self-preservation from dangers *without*? Is some desperate, tragic form of playing required to meet the challenge of life in extremis? *Counterpsychopathic play*, to coin a desperate phrase, could be deemed “normal” under such circumstances, as survival cleverly attempts to outwit psychopathy with all the means at its disposal. Brenner invokes the novelist and playwright Pirandello, that master of the surreal in the real and the real in the surreal, to help him out with, and out of, these unfathomable existential sorrows. Pirandello felt that spontaneity, sincerity, and a mania for life characterized the creative process.

Brenner refers to this mania for life in the “improvisational theater” (p. 141) of doomed Holocaust children who played with terror and death in the interest of staying alive. “To write poetry after Auschwitz is barbaric,” Theodor Adorno (1949, p. 34) despondently claimed, but psychoanalysis cannot shirk its mandate to look the truth of the Shoah in the eye, staring down the sternest eyes of madness and psychotic sadism as they brazenly look back in defiance—Brenner’s daring chapter in this book being the *vade mecum* of psychoanalysis as it follows him into the horrors of the Holocaust. This chapter gives the lie to Edgar’s *cri de coeur* in Shakespeare’s *King Lear* (1608): “The worst is not / So long as we can say ‘this is the worst’” (IV.1.30-31). These children “at play” actually did die, so indeed it was the worst for them and for us, their tragic witnesses.

If Brenner forces us to enter tragic playgrounds where play seems inconceivable, Vamik Volkan asks us to consider a concept almost as inconceivable: *realpolitik* as play—or should I say, play as *realpolitik*! He suggests that, before political discourse regresses into warfare as a final solution to seemingly irresolvable international conflict, *play* should be considered. He cites an example of conflict between Estonia and the Soviet Union that was resolved by such unlikely playfulness. A desire for independence on Estonia’s part leads to a confrontation with the Soviets. The elephant (Russia) could obviously crush the rabbit (Estonia)

quicker than one could say *perestroika*! However, in the political discourse between these two countries, the negotiating politicians introduce what Volkan calls *effigies* into their political dialogue, and reimagine their political warfare as *effigial* play between toy elephants and toy rabbits. Ultimately, the conflict is successfully worked out without bloodshed.

This brings to mind the almost-forgotten words of a great 19th-century political voice. "The freedom of a country isn't worth a drop of blood," said the Irish emancipator Daniel O'Connell two centuries ago. Volkan suggests that, if political discourse could reinstate playfulness into its rhetoric, bloodshed could be avoided. If this sounds naive in summary form, I nonetheless advise the reader to engage with the full text of Volkan's chapter to capture the challenge of its ideas.

The concept of *playfulness* itself is explored brilliantly and comprehensively by Salman Akhtar in a chapter called "Normal and Pathological Playfulness." The author begins by reminding the reader that, although play has been written about extensively, playfulness has not. "The word does not appear in the index to the *Standard Edition* of Freud's writings and in any of the twenty-seven psychoanalytic glossaries published so far" (p. 72), he notes. In fact, Salman Akhtar found only seven papers with "playfulness" in their titles in a review of the psychoanalytic literature over the last 120 years.

If play is half fantasy and half action, so to speak (Mahon 1993), Salman Akhtar argues that playfulness is an *attitude*, and as such is an internalized potential for a playful way of engaging with one's affects and ideas. I would argue that an action component is not as integral a part of playfulness as it is in play, and I think Salman would agree with me. In fact, I wonder if playfulness relies on what Piaget calls the *formal* cognitive achievements of adolescence, more than on the animistic or concrete cognitive properties of prelatency and latency. In other words, playfulness as attitude or character trait does not need to represent itself with concrete toys and playthings as much as play does.

Playfulness as character trait can be normative or pathological, and Salman spells this out precisely and comprehensively. In introducing five psychopathological syndromes, he first cites a comment of Green's, which is most arresting. I will quote it here.

It is true that the great majority of the meanings attached to play are positive, but we cannot forget that play is also associated with cheating, from which it is inseparable: to play into somebody's hands, to be caught in someone's play, or to be trapped. I think that all these expressions can be seen as perversions of play. [p. 74]

By quoting Green, Salman Akhtar brings to mind Shakespeare's refusal to sentimentalize play in his comment in *King Lear* (1608): "As flies to wanton boys are we to th' gods; / They kill us for their sport" (IV.1.41-42).

Salman's five pathological categories of playfulness are:

- Deficient playfulness;
- Pseudo-playfulness;
- Inhibited playfulness;
- Derailed playfulness; and
- Malignant playfulness.

The "rhythmic and twirling behaviors of autistic children" is an example of deficient playfulness, while pseudo-playfulness characterizes "individuals with a relentless tendency to joke, pun, rhyme" that is underpinned by a manic defense rather than genuine playfulness (p. 75).

Next, Salman cites the inhibited playfulness of the paranoid person who is too vigilant, too afraid of unintended breakthroughs of aggression to be truly spontaneous. Similarly, the "pervasive use of intellectualization" that characterizes the obsessional personality inhibits playfulness—intellectualization being "opposed to the elements that are critical to playfulness, especially paradox and metaphor" (p. 76). And play can be derailed, of course, when the regressive elements being flirted with cease to be playful, and regression in the service of the ego (Kris 1936) becomes out-and-out regression in the service of the id.

Salman Akhtar saves his most trenchant comments for what he terms *malignant playfulness*: he describes the behavior of serial killers and their "malignant corruption of playfulness as they 'play' with their victims before torturing and murdering them" (p. 77). Similarly, such individuals play sadistic games with the police, mocking them and leaving provoca-

tive clues. As an example of this, Salman cites Bin Laden's choice of September 11 as the date for his attack against the United States: "By flaunting the established nationwide emergency contact number, 911, Bin Laden was being sadistically 'playful'" (p. 84).

Steingart (1983) is not cited in the extensive bibliography of this book; it is a work that anticipated some of the ideas spelled out more extensively by Salman Akhtar in this erudite chapter. Salman contrasts the *act of play* with the *attitude of playfulness*. He cites Lilli Peller's astute comment that "an activity ceases to be play when it cannot be stopped at will" (p. 77), a most clinically useful insight, since locating the line that divides the normative from the pathological can baffle the clinician quite frequently during assessment.

Several chapters in *Play and Playfulness* seem to converse with each other, whether the individual authors intended them to or not. When Brenner cites Karski's comment about the play of Holocaust children who "only make believe it is play" (p. 130), he is echoing Monisha Akhtar's chapter on "The Transformation of Trauma in Children's Play." She cites Arlow's description of his analytic work with five boys whose adolescent reenactments of their earlier traumas might masquerade as play, but were in fact trauma driven rather than creative, experimental, sublimatory transformations of the original sorrows.

In defining play as fantasy in action, "there can be all kinds of actions—repetitive, stereotyped, ranging all the way to imaginative and fantasy-based" (p. 149), states Lucy Daniels in her chapter. I agree, and I would suggest that it is the modulation of the action component of play that determines whether or not play is pathological. An autistic child repetitively spinning an object (such as a top or other toy) is not expressing the complex creativity of his interiority, but rather its absence.

An adolescent patient of mine who stuck thumbtacks in guinea pigs before actually setting them on fire was expressing symptomatically his sadistic impulses rather than sublimating them. A latency boy who pulled the wings off captive flies and then set the match boxes that imprisoned them on fire was indirectly expressing his anger at a passive father who allowed an overprotective mother to engender school phobia in him by keeping him home unnecessarily. Analysis helped this extremely intelligent, creative eight-year-old return to school and resume not only his

superior intellectual potential, but also his rough-and-tumble play with peers in the schoolyard and on the sports fields.

Anna Freud suggested that some phase-specific (and, I would add, phase-limited) sadistic play of two-year-olds (killing insects, worms, etc.) should not be completely discouraged since it provides an expressive avenue for sadistic aggression, rather than an overly precocious transformation of it into reaction formations. She was focusing on the action component of play and its developmental progression. The right amount of parental tolerance of and engagement with the sadistic play of a two-year-old safeguards against the later emergence of symptomatic outbursts of aggression that tend to derail the great experiential, sublimatory mandate of play altogether.

Speaking of dialogues among the chapters of this book, Lucy Daniels's dialogue with Winnicott (who did not write a chapter in the book but seems omnipresent nonetheless) is exciting to consider. While Daniels obviously admires Winnicott and the influence and dissemination of his ideas, she does not always agree with him. Consider these statements of hers:

In his consideration of the creative process, Winnicott (1971) associates playing and creating. But while these two may sometimes occur together, they are not at all the same. In fact I disagree with Winnicott's opening statement on two fronts—that play is a prerequisite for creating and that both are associated with freedom. [p. 149]

Daniels, who is exhilaratingly honest about her success as a writer (she became a bestselling author at age twenty-two and was the youngest Guggenheim fellow ever) and equally honest about her years of writer's block and her anorexia, is eminently qualified to talk about the creative process. She wants to insist that it does not emerge from some "safe" potential space, but out of pain, fear, danger. She cites Louise Bourgeois's astonishing statements about the creative process:

Every day you have to abandon your past or accept it; and then, if you cannot accept it, you become a sculptor . . . I am saying in my sculpture today what I could not make out in the past. It

was fear that kept me from understanding. My sculpture allows me to re-experience the fear, to give it physicality so I am able to hack away at it. [p. 146]

“Hacking away at it” is an artistic way of describing the action component of play that even Freud’s definition of play does not sufficiently take into account, in my opinion. Daniels then cites Marion Milner, who has found a psychoanalytic way to conceptualize Bourgeois’s depiction of “hacking away at it”: “Psychic creativeness is the capacity for making a symbol. Thus, creativeness in the arts is making a symbol for feeling, and creativeness in science is making a symbol for knowing” (p. 147).

In his chapter, M. Hossein Etezady seems to be in conversation with Daniels about the elements of creativity. He draws a fascinating developmental line between the following types of play: peekaboo, darting (in reference to the toddler of the practicing subphase of Mahler’s separation-individuation outline, who darts away from the startled mother, who needs to be on the alert to admire and support the ambitious sprinter while protecting him/her as well), and games of hide and seek and *IT* (in which a child chases and catches another who becomes *IT* and the chase resumes).

Etezady then highlights an interesting connection between the laughter aroused in playing peekaboo (a laughter full of anxiety, uncertainty, and the eventual joy of reclaiming the briefly “lost” object) and the laughter engendered by the punch line of a joke. Etezady comments:

Like the gleaming gaze and the gleefully intruding visage of the recovered idealized maternal object in peekaboo, the punch line, usually uncovered unexpectedly and by surprise, breaks the ambiguity, the suspense, the anxiety or the boring platitude of a challenging situation by accessing a delightfully fresh and illusive configuration, placed instantly within our grasp. It offers a closure as it opens new horizons. It is exquisitely novel yet surprisingly familiar. In this manner play, humor, and creativity share an element of surprise, innovation and creation of novelty by taking the mundane and the routine and transforming them into a different and more meaningful configuration by addition of elements derived from one’s internal experience, unwittingly, unconsciously, and intuitively. [p. 63]

This is elegant writing, though I suspect that Daniels might disagree with the idea that it is “the mundane and the routine,” rather than danger and terror, that are transformed in the tormented smithies of creativity—or so I am imagining in this playful dialogue I am constructing among the chapters of this book (and among their authors, of course)!

One wonders what Daniels would say about Holocaust children who “make believe that they are playing.” Brenner invokes the Pirandellian idea of “a play within a play within a play” (cited by one of his patients as a creative description of psychoanalysis itself) in attempting to get a grip on the phenomenon. When a dream *pretends* that another dream is inserted within it, Freud argued that such creative oneiric flourishes are a sure sign that reality itself is being denied more categorically than usual by being inserted within another dream-fold of itself, so to speak (Mahon 1998).

When Holocaust children make believe that what they are doing is play, their creativity is being summoned to master the unthinkable; perhaps, rather than calling such play pathological, we should say that, when human institutions fail children in such barbaric ways, it is society itself that should be labeled noxious, not the sublimations that struggle to deal with it. Sublimation is not pathological per se. It may fail at times in its aesthetic mission, but mankind’s attempt to rise above its ignoble nature surely remains the goal of all enlightenment, from Lascaux to La Scala.

Brenner captures this irony of doomed but transcendent human existence in a most poignant and arresting manner:

There was a secret tunnel under a Nazi concentration camp that connected the “infirmary” with the morgue. It allowed the S.S. doctors to murder their ill or injured “patients” and unobtrusively have them transported to the pathology lab where their bodies could be desecrated in the name of “science.” Fraudulent death certificates were crafted here to mask their crimes.
[p. 131]

What Brenner next reports is uplifting and tragically perplexing all at once. In Sachsenhausen to visit the site of the tragic tunnel described

above, Brenner was informed by his guide that in this tunnel, “a group of musically talented prisoners would secretly gather,” risking their lives to “defiantly play their repertoire.” Unbeknownst to these extraordinarily courageous musicians, the guards were aware of their activities and would gather at the other end of the tunnel, where they “surreptitiously listen[ed] to the nightly concerts” (p. 132).

Brenner then poetically captures the spirit of this remarkable book in a most eloquent fashion:

So, for those brief, transcendent moments, there was no perpetrator and no victim hopelessly locked into their respective roles of predator and prey. There were just two groups of people joined together in the very human activity of making and listening to sounds of music under the most bizarre conditions.
[p. 132]

If this book has a single, overarching message, perhaps it is this: play is the aesthetic agency of the ego of an animal called man trying to find his bearings, and even when the human evolutionary experiment collapses under the weight of its own regressive instincts, man must continue to play with the animal within, the better to convince him of Freud’s wise statement that “the man who first flung a word of abuse at his enemy instead of a spear was the founder of civilization” (1893, p. 36). This book suggests that we can even improve on a “word of abuse”—an *insult*—by transforming it into *insight*.

Etymology confirms what Freud suggested. The Anglo-Saxon word for *play* was *plega* as in *sword plega*. Sword *plega*, however, meant *fighting with swords*, using a weapon to kill or to maim; there was nothing playful about it. In time, language would transform the word into a more playful version of itself, a less lethal version—the playful pen becoming mightier than the murderous sword, as civilization battered its instincts into sublimations and *Homo homini lupus* became *Homo ludens* on his way to becoming *Homo sapiens*.

The sapience of *Homo sapiens* is an unstable, unassured, and unassurable entity, unfortunately, but mankind’s capacity to play rather than always acting on impulse or instinct seems to be crucial for survival. Is play a kind of experimental compass that can guide man out of a purely

instinctual rut? When Freud said that civilization begins with the renunciation of instinct, he was surely speaking in relative terms: there can be no absolute dismissal of instinct. Transformation of instinct is surely what defines and describes the human experiment. "Everything changes; nothing is lost" (*Omnia mutantur, nihil interit*), as Ovid (43 B.C.–17 A.D., line 165) put it and Freud echoed centuries later—metamorphosis being at the core of both men's philosophy.

If instinct needs to be renounced, surely unconscious fantasy is its repressed heir. In fact, I believe it is possible to argue that fantasy, as the heir of instinct, is a hidden internal form of play that reveals some of its interiority in the visible, exterior actions of children at play with their playthings. When Freud (1908) claimed that fantasy and play were equivalent except for the latter's need to represent itself concretely with play objects, he might have argued the corollary that fantasy is internal playing that has no need of concrete external representations, given its exclusive psychic provenance.

Freud, to my knowledge, did not make this analogic corollary, though it seems obvious enough once it is formulated. "Tell me where is fancy bred, / Or in the heart or in the head? / How begot, how nourished?" Shakespeare asks (1600, III.2.63-65). We may not know where it is bred, exactly, but I would argue that *instinct* is its most likely spawning ground, and I am referring to biological instinct as much as to Freud's psychological refinement of it as *trieb* or drive.

Biological instinct itself, which is a kind of rigidity of learning based on Darwinian survival, can change course experimentally and *playfully* when challenged by unusual circumstances. Nature abounds in examples of such playful ingenuities on the part of our most ancient ancestors. Darwin insists that it is just such adaptive, playful, experimental spontaneity and ingenuity—the capacity to change course when circumstances demand it—that ensures survival.

For example, the small, beach-dwelling crustacean known as a sand hopper can ditch its inborn directional instincts when dislocated and disoriented, and instead

. . . use the slope of the shore to establish the local axis bearing,
define this as the innate direction specified by their genes, and

then match to it the sun's movement, the rotating polarization patterns, the moon's travels, and the earth's magnetic field, shifting effortlessly from one cue to another as the situation war-rants. [King 2012, p. 32]

Surely, we human beings are heirs to an intelligence that has learned not to be dominated by instinct alone, but to play around with it—to participate in the adaptive, playful, experimental Darwinian ingenuity that lies at the core of enduring existence. *Play and Playfulness* is a tribute to mankind's enduringly playful nature and its alert, creative, and daring spontaneity that continues to cherish instinct even as it insists on transcending it.

REFERENCES

- ADORNO, T. W. (1949). *Prisms (Studies in Contemporary German Social Thought)*. Cambridge, MA: MIT Press, 1983.
- FERENCZI, S. (1913). A little chanticleer. In *First Contributions to Psychoanalysis*. New York: Bruner/Mazel, 1952.
- FREUD, S. (1893). On the psychical mechanism of hysterical phenomena: a lecture. *S. E.*, 3.
- (1908). Creative writers and day-dreaming. *S. E.*, 9.
- (1909). Analysis of a phobia in a five-year-old boy ("Little Hans"). *S. E.*, 10.
- KING, B. J. (2012). Review of *Nature's Compass*, by James L. Gould and Carol Grant Gould. *Times Literary Suppl.*, No. 5717, p. 32.
- KRIS, E. (1936). The psychology of caricature. *Int. J. Psychoanal.*, 17:285-303.
- MAHON, E. J. (1993). Play: its role in child analysis, its fate in adult analysis. In *The Many Meanings of Play: A Psychoanalytic Perspective*, ed. A. J. Solnit, D. J. Cohen & P. B. Neubauer. New Haven, CT: Yale Univ. Press, pp. 172-182.
- (1998). Dreams within dreams. *Psychoanal. Study Child*, 57:118-130.
- OVID (43 B.C.–17 A.D.). *Metamorphoses: Vol. 2, Book XV*, trans. F. J. Miller; ed. E. Capps, T. E. Page & W. H. D. Rouse. (Loeb Classical Library.) London: William Heinemann, 1916.
- Seven Beauties* (1975). A film written and directed by Lina Wertmüller. Medusa Produzione/Jadran Film.
- SHAKESPEARE, W. (1600). *The Merchant of Venice*. In *The Comedies of William Shakespeare*. (The Modern Library.) New York: Random House, 1994.
- (1608). *King Lear*. (The New Folger Library.) New York: Washington Square Press, 1974.
- STEINGART, I. (1983). *Pathological Play in Borderline and Narcissistic Conditions*. New York: Spectrum.

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BOOK REVIEWS

PRIMITIVE AGONY AND SYMBOLIZATION. By René Roussillon. London: Karnac, 2011. 250 pp.

Green once observed that the clinical realities that led Freud to recognize the existence of the areas of the mind that lay beyond the pleasure principle¹—i.e., unconscious guilt, pathological narcissism, masochism, and various forms of negative therapeutic reaction—and that necessitated introduction of the structural theory² brought about a

. . . dispersion, or even fragmentation of psychoanalytic thought into many opposing theories (ego psychology, Kleinism, Lacanism, Bionian, Winnicottian and Kohutian, etc.) . . . all [of which could] be interpreted as attempts to propose a solution to the limitations of the results of classical treatment.³

Contemporary analysts continue to be confronted by these limitations as the expanding frontiers of our field have brought us into contact with increasing numbers of “widening-scope” patients, whose pathologies lie at or even beyond the borders of our theoretical formulations and therapeutic reach. The challenges they present are so fundamental and critical that the current crisis of psychoanalysis,⁴ and perhaps even the ultimate survival of our field, may well turn upon the extent to which our clinical understanding can be extended to encompass a treatment of these patients that is both truly effective and consistently *psychoanalytic*.

With so much at stake, it is gratifying to be able to report that, in *Primitive Agony and Symbolization*, René Roussillon addresses these problems in a way that is lucid, persuasively argued, and grounded in solid

¹ Freud, S. (1920). *Beyond the Pleasure Principle*. S. E., 18.

² Freud, S. (1923). *The Ego and the Id*. S. E., 19.

³ Green, A. (2005). *Key Ideas for a Contemporary Psychoanalysis*. New York: Routledge, p. 47.

⁴ Green, A. (2011). *Illusions and Disillusions of Psychoanalytic Work*. London: Karnac.

clinical experience. The result is a book that may well begin to heal the fragmentation of our clinical theory, extend the authority and reach of psychoanalysis, and more confidently map previously uncharted territories, both theoretical and clinical ones. This is an enormous achievement and should prove invaluable to any practicing analyst, no matter what his or her theoretical orientation.

Drawing inspiration from Winnicott, as well as from Freud, Bion, Green, and others, Roussillon takes as his starting point the problem of early trauma and the narcissistic difficulties that it can produce: disturbances of identity, affect regulation, and affect tolerance; states of emotional fragility; and failures in representation, containment, subjectivization, and psychic development. In contrast to the neuroses, which are adequately conceptualized and treated under the aegis of Freud's topographical theory and the familiar tenets of classical analysis—i.e., forbidden wishes are represented but repressed because of the dangers they present, etc.—these narcissistic disturbances involve elements that cannot be repressed because they have never been adequately represented. They are qualitatively unconscious in the sense of not being available to self-reflection, but—unlike the elements of the repressed unconscious—they are not yet integrated into a subjective sense of self (p. 5).

Consequently, the presence of these narcissistic disturbances will not be signaled by phenomena such as dream images, parapraxes, or symbolically meaningful symptoms, nor will it be pointed to by the signifying pressure exerted on chains of associations. Instead, these disturbances will make their presence known via discharge of affect and unconscious actions (*Agieren*), through which they

. . . tend to show, or to make the analyst feel, something that they [the patients] do not perceive directly as being part of themselves They “ask” their analyst to be what we would call a mirror of the negative aspects of themselves, of what in themselves they are unable to feel, see, or hear—or at best what they have not been able to feel, see, or hear properly. [p. 6]

This places enormous pressure on the analyst's countertransference as a source of information about the patient's not-yet-represented internal world and raises the specter of suggestion and the analyst's influ-

ence, especially as these interactions occur in the face of the patient's weakened sense of identity. Thus:

The analytic undertaking runs the risk of being led astray by the risk of narcissistic seduction that hangs over the whole process once the analyst is called upon to play some kind of active role. With their alienating ghostliness, seduction, suggestion and influence inevitably accompany the shadow of the analyst that falls on the treatment and on the intersubjective model that tries to make this intelligible. [pp. 55-56]

Roussillon's proposed antidote and corrective to these potential problems rests with the analyst's demonstration of a careful respect for the autonomy of the patient, allowing the latter to develop confidence in the ability to say no to the analyst's proposals, and with the analyst's recognition and fostering of the patient's emerging capacity to be alone in the presence of the object. But until these capacities sufficiently develop, and while important parts of the patient's subjectivity are still enmeshed in a split-off, encapsulated, frozen state, patient and analyst may be faced with a variety of conditions in which

. . . perception and sensation replace representation, and what presents as reality and objectivity takes over from subjective fantasy representation . . . [As a result,] the overall atmosphere [of the analysis and/or the patient's life] becomes one in which constraints or binds (paradoxical double-binds or multiple-binds) are uppermost. [p. 6]

Phenomenologically, the hallmark of these difficulties is often the presence of

. . . impasse situations in which no compromise appears to be satisfactory or even conceivable . . . [and] the individual's response is one of distress, despair, or withdrawal rather than one of renunciation or acceptance of loss. *What is at stake here is not loss, but the fact that some part of oneself is unable to come to fruition.* [pp. 6-7, italics added]

Roussillon's conceptualization of the conditions that produce this primary failure of psychic development and the transformational pro-

cesses necessary to bring about that fruition form the heart of his contribution.

The traumatic states that produce these difficulties are thought to be early, often preverbal, massive, and far in excess of the adaptive capacities of the individual's ego, even when assisted by his or her significant objects. Such states give rise to nameless dread, annihilation anxiety, and other "primitive agonies" referred to in the title of this book. These are extreme

. . . experiences of tension and of unpleasure that have no representation (although perception and sensation may well be present) and no way out; that is, there is no internal course of action available (these have all been exhausted), nor can recourse be had to any external object (for these have all proved inadequate). Nothing seems to be available, and there is no hope left. [pp. 11-12]

Given the enormity of the stakes, the hopelessness and potential magnitude of pain involved, the individual has no other recourse but to withdraw from contact with both object and experience by way of an unconscious splitting, which cuts a part of the self off from all subjectivity. Here Roussillon makes a very important contribution and distinction as he notes that this form of splitting differs from the kind that Freud described.⁵ There, according to Roussillon, "the ego is torn between two sets of mutually incompatible representations" (p. 13). In contrast, he maintains, at this level *it is subjectivity itself that is split* "into two parts, one of which is represented while the other is impossible to represent" (p. 13).

The "impossible-to-represent" part of subjectivity, which comes to form something that Roussillon calls an *alienated extra-territoriality*, may be thought of as similar to an autistic enclave,⁶ in that it is not psychically represented, does not develop in the course of subsequent experience, and is not associatively connected to other (represented) mental elements. Although the conditions for the original split are defensive

⁵ Freud, S. (1940). Splitting of the ego in the process of defence. *S. E.*, 23.

⁶ See the following two sources: Klein, H. S. (1980). Autistic phenomena in neurotic patients. *Int. J. Psychoanal.*, 61:395-401; and Tustin, F. (1986). *Autistic Barriers in Neurotic Patients*. New Haven, CT: Yale Univ. Press, 1987.

and therefore come under the aegis of the pleasure principle, once the split is established, it lies *beyond the pleasure principle* and comes under the aegis of the compulsion to repeat. This means that the split-off part of subjectivity may be enacted or otherwise discharged as raw affect, but it is not included in symbol-mediated mental activities, such as associative chains or symbolic condensations. When it does press for return, it is accompanied by a threat of retraumatization that precipitates emergency defensive measures, such as renewed ego-weakening splitting, massive withdrawal from reality, psychic numbness, and repetitive *autosensual* (i.e., objectless) activities and other self-soothing techniques.⁷

From a psychic structural perspective, patient and analyst find themselves in a paradoxical situation:

On the one hand, [the primary traumatic experience] has been experienced [i.e., it has taken place], so that memory traces of the experience must exist; but on the other, it has not been experienced and owned by the self as such. [p. 12]

Thus, we could say that the experience “disappears . . . with respect to conscious subjectivity, but not from ‘unconscious’ subjectivity in the sense of splitting, which keeps traces of it” (p. 13). But since these traces have “nothing to do with representation, its return will not be a matter of representation [i.e., disguised dream images, unconscious pressure exerted on associational chains, slips of the tongue, etc., but instead] . . . will be manifested through enactments” (p. 14) and affective discharges.

Because such traces bring with them the danger that the traumatic state will be reproduced, they must be massively responded to and defended against

. . . by organizing the whole of mental life in such a way as to limit as much as possible any object cathexes and relations that might reactivate the primary trauma and the degenerative feeling of absence that accompanied it. Any such feeling that might recathect the traumatic state and any relationship that might revive that feeling will, therefore, be avoided or frozen;

⁷ Roussillon makes the important distinction between *autoerotic* activities, which occur in relation to an internalized object representation, and *autosensual* activities, which do not (p. 16).

there will be little engagement with it, and any accompanying liveliness will be severely restricted. [p. 17]⁸

And yet—and this is another paradox that these patients present to analysts—it is only through the appearance of an object, whose quality of presence may “warm” these frozen parts, that the traumatized psyche may begin to reclaim, represent, reintegrate, and thereby *subjectivize* the memory traces and sequelae of these primary traumatic experiences. In Roussillon’s description, this thawing process is deeply intersubjective. It takes place in and through the unconscious communication with “an object that is also an ‘other-subject,’ similarly nourished by drive-related impulses, part of which are unconscious” (p. 30).

What makes such transformations possible lies in part in the mute appeal for recognition and transformation by the object of the helpless, encapsulated part of the patient’s not-yet-subjectivized self—a process that Roussillon calls *primary linking* (p. 81), and one reminiscent of Bion’s description of *alpha function* and *container/contained*.⁹

If the thawing that will allow primary linking is to occur, then what is crucial will be the unique and spontaneous receptivity and responsiveness of the object that will tempt the patient to risk true emotional engagement with the analyst and with his or her own potentially traumatizing split-off parts. The metapsychological basis of this process rests heavily upon Roussillon’s assertion that drives not only seek gratification and discharge, but also possess a protocommunicative dimension. That is, they are “messengers” “in search of *acknowledgment* by the object” (p. 35, italics added).

Thus, action and behavior, enactments, and affective pressure on the analyst to join in those enactments,

. . . over and above their impact as interaction, . . . can be seen as a kind of enacted message in search of a symbolic shape and meaning. They can, thus, be looked upon as something other than merely “meaningless ways” of mental avoidance or dis-

⁸ For a similar view, see: Green, A. (2000). The central phobic position: a new formulation of the free association method. *Int. J. Psychoanal.*, 81:429-451.

⁹ See the following two sources: Bion, W. R. (1962). *Learning from Experience*. London: Heinemann; and Bion, W. R. (1970). *Attention and Interpretation*. London: Tavistock.

charge; they are a kind of potential message, bearing witness to something awaiting acknowledgment and verbal expression. [p. 36]

But since they are not yet represented, then—unlike the elements of the repressed unconscious—they contain

. . . no predetermined meaning . . . independent of the object's response. Its meaning is constructed partly as a function of how the object receives it; through the object's response, the latent potentialities of the initial message can be made more explicit. The message then becomes a proposal awaiting some answer. [p. 36]

This last point is of the greatest importance because psychic development will hinge on whether, to what extent, and at what price the message is received, recognized, and responded to. The protocommunications via affect or action of the preverbal infant—and later, the subjectivity-split, narcissistically vulnerable adult—“are merely potential, virtual, in so far as they depend on the environment to appreciate and understand them” (p. 114).

The risk is that a significant “price,” or *narcissistic contract* (p. 10), will be (unconsciously) exacted by the object, so that psychic regulatory assistance will be available but only at the cost of submission and renunciation of one's true self; or, even worse, the object's continuing failure to help regulate the infant will produce—or reproduce—a catastrophic and traumatic, primary narcissistic injury.

Thus, Roussillon places the responsiveness of the object in relation to the communicative dimension of the drive at the center of both the infant's psychic development and therapeutic action in the treatment of primary narcissistic disturbances.¹⁰ In so doing, he links drive and object in such a way as to satisfy and begin to bring together seemingly

¹⁰ This theoretical choice is in the tradition of Winnicott, who described the existence of a transitional space between infant and mother, patient and analyst, and famously declared that “there is no such thing as a baby” (*Through Paediatrics to Psycho-Analysis*, London: Hogarth, 1975, p. 99); and of Bion, who described the intersubjective processes of container/contained; and of Green as well, who noted that since the drive seeks out and internally constitutes the object—just as the object excites and elicits the drive—then the *drive/object couple* must be central to any psychoanalytic theory.

disparate analytic theories that see themselves as either drive based or relational, each to the exclusion of the other.

It is this synthesizing thrust of Roussillon's thinking, anchored in a context that is resolutely psychoanalytic and that resonates with a deep clinical experience, that allows this book to speak so powerfully to the challenges of contemporary practice. It deserves our most careful thought and attention.

HOWARD B. LEVINE (BROOKLINE, MA)

THE SECOND CENTURY OF PSYCHOANALYSIS: EVOLVING PERSPECTIVES ON PSYCHOANALYTIC ACTION. Edited by Michael J. Diamond and Christopher Christian. London: Karnac, 2011. 362 pp.

The catchy title of this book is somewhat misleading! It is more about *therapeutic* action. The volume is a fine, edited collection of papers about that subject and contains comparatively little about the second century of psychoanalysis (which, after all, has only recently begun). The book leads one to wonder what psychoanalysis would be like eighty years from now. It can also be read as an addendum to a fine collection of papers in *The Psychoanalytic Quarterly's* 2007 supplement on "Comparing Theories of Therapeutic Action," edited by Sander Abend.

This is the fourth book in the CIPS (Confederation of Independent Psychoanalytic Societies) "Series on the Boundaries of Psychoanalysis." I am familiar with the first three books in the series and can attest to their quality as well. (CIPS members consist of those societies that enjoy International Psychoanalytical Association membership following the now-famous lawsuit brought against the IPA and the American Psychoanalytic Association.) With the exception of Leo Rangell, all the contributors to *The Second Century of Psychoanalysis* are psychologists who are affiliated with the Los Angeles Institute and Society for Psychoanalytic Studies.

In the book's preface, Fredric Perlman poses the question of which is more curative: the relationship between patient and analyst, or insights gained through interpretation. He states that ongoing debates have shed more heat than light on the issue, leading to either/or positions (pseudo dichotomies), instead of recognizing the complex and inseparable interaction between these two factors.

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This is the fourth book in the CIPS (Confederation of Independent Psychoanalytic Societies) "Series on the Boundaries of Psychoanalysis." I am familiar with the first three books in the series and can attest to their quality as well. (CIPS members consist of those societies that enjoy International Psychoanalytical Association membership following the now-famous lawsuit brought against the IPA and the American Psychoanalytic Association.) With the exception of Leo Rangell, all the contributors to *The Second Century of Psychoanalysis* are psychologists who are affiliated with the Los Angeles Institute and Society for Psychoanalytic Studies.

In the book's preface, Fredric Perlman poses the question of which is more curative: the relationship between patient and analyst, or insights gained through interpretation. He states that ongoing debates have shed more heat than light on the issue, leading to either/or positions (pseudo dichotomies), instead of recognizing the complex and inseparable interaction between these two factors.

In the introductory chapter and in the initial chapter on the history of therapeutic action by Michael Diamond and Christopher Christian, the book's editors, we are reminded that even the most conservative Freudians do not regard interpretation as the single most curative therapeutic agent. Diamond and Christian view therapeutic action as entailing:

(1) a *new relationship to one's internal world or mind*, which might be described as intrapsychic structural change, altered internal object relations, destabilization of forces in conflict, achieved depressive position functioning, self-object development, strengthened affect regulation, and/or improved reflective functioning; and (2) a *new relationship to one's external world*, significant others, and the larger, collective world, each of which involves altered attachment patterns and an increased recognition of the subjectivity of others. [p. xxiv, italics in original]

The editors take the reader through the long and evolving history of theories about what it is that constitutes therapeutic action, starting with hypnosis and suggestion, and progressing through the following: catharsis, abreaction, free association, dream interpretation, the seduction hypothesis, the abandonment of the seduction hypothesis, the structural perspective, the Marienbad Congress, Strachey's Kleinian bent, the Edinburgh Congress, attachment to the analyst, the corrective emotional experience, the role of parameters, Kohut's self psychology, the importance of empathy and environmental failures, Bowlby's attachment ideas, the relational school and mutual participation, and intersubjectivity.

Of course, not all theories of therapeutic action can be included—either by the editors of this book or by me in the list above. Furthermore, many more such theories will follow as new thinkers, including those of the future, approach the seemingly endless task of identifying just what constitutes cure in analysis.

Diamond and Christian view a multiple-factor model as best reflecting the real data of psychoanalysis—that is, a model

. . . wherein a unique, dialectically based interaction is inevitably in play between endogenous and exogenous factors, drives and objects, unconscious and conscious processes, internal and ex-

ternal reality, self knowledge and relationship, separation and attachment, solitude and interaction, one-person and two-person psychologies, linear and non-linear causality, past and present, and theory and experience. [p. 19]

The book's contributions by two of our most long-lived and creative analysts deserve special note. First, Leo Rangell reminds us that, although psychoanalysis burst "upon the scientific scene like a thunderbolt at the turn of the twentieth century, the new system of knowledge has been characterized during its entire life span by tumultuous upheavals" (p. 23). He reviews many of these upheavals, particularly those occurring in Los Angeles, and again reminds us of the need for a total, composite psychoanalysis in which part theories do not constitute the whole. Some of the ideas that Rangell characterizes as part theories or part techniques for therapeutic action are: self-disclosure, the questioning of neutrality, enactments, a two-person analysis rather than one person analyzing another, countertransference analysis seen as equal to transference analysis, projective identification raised to the level of a theory, and metaphor raised to the level of an actuality.

Although many of the thoughts expressed in this chapter are to be found in other writings of Rangell's, they are well worth reading again; his call for a total theory in which part theories are added on rather than replaced remains a valid goal if psychoanalysis is to have even a somewhat unified future. (Full disclosure: I am a fan of Rangell's writing, having myself written positive critiques for the covers of his last two books.)

The second long-lived and especially creative contributor to *The Second Century of Psychoanalysis* is Hedda Bolgar, who at the time of this writing was 103 and still going strong. Rather than a paper written by her, Diamond and Christian have included a wide-ranging interview with Bolgar conducted by Diamond.

Bolgar received a Ph.D. in psychology from the University of Vienna and eventually joined the faculty of the University of Chicago. Thanks to the efforts of Franz Alexander, she was the first nonmedical candidate at the Chicago Institute for Psychoanalysis. She then followed Alexander to Los Angeles, where she helped found the Wright Institute, a mental health training facility that now includes the Hedda Bolgar

Psychotherapy Clinic, which treats patients who cannot afford treatment elsewhere.

When asked in her interview about her concerns about psychoanalysis, Bolgar replied that it is the neglect of, and almost hostility toward, the idea of an unconscious. But she added that she sees psychoanalysis as lasting forever since there will continue to be new discoveries. What optimism at age 103!¹

Morris Eagle, a major contributor to analytic theory, in a very scholarly and carefully reasoned chapter, describes psychoanalysis as a product of the Enlightenment vision to know oneself. He also holds this vision as a clinical goal, writing that “self-understanding, self-knowledge, and insights about oneself were not only autonomous Enlightenment goals and values themselves, but also the means by which clinical cure was to be achieved” (p. 42).

But that is not the whole story, since Eagle sees cracks in the belief that insight and self-knowledge are the sole vehicles of change. He cites the ideas of philosopher Richard Rorty (who was critical of the Enlightenment view) as similar to the thinking of those who emphasize feeling understood as a vehicle to self-understanding, or who stress Kohut’s notion of an empathic bond. Eagle reasons that: “The dichotomy between the two [interpretation and insight] breaks down in light of the following considerations. Interpretation and insight do not take place in an interpersonal vacuum, but rather in the context of an ongoing relationship” (p. 55). Even corrective emotional experiences can provide self-knowledge, he notes.

Beth Kalish’s chapter shows the influence of her background in movement observation. She utilizes what she calls the *muscle memory* of her body to pick up aspects of a patient’s movements while speaking. This gives her additional insight into what is happening within the patient that is not expressed verbally.

Kalish feels that movement motility, including breathing patterns, are greatly underutilized aspects of treatment. She reviews the work of both psychoanalytic and nonpsychoanalytic thinkers who have shown an

¹ For interesting autobiographical musings, see also: Bolgar, H. (1989). An endless becoming. In *Why I Became a Psychotherapist*, ed. J. Reppen. Northvale, NJ: Jason Aronson, pp. 39-49.

interest in movement, from Darwin to Freud, Deutsch, Greenacre, Mittleman, Kestenberg, and Rangell. Freud, she notes, was aware that Dora's playing with her pocketbook suggested early masturbation fantasies.

Kalish presents an interesting clinical case to demonstrate the study of movement, and reminds us of actions by patients that we probably all observe but may not really think about consciously:

Once the door is opened for a session, as the patient moves into the analytic space there is an opportunity for the analyst to observe more than verbal communications. If the analyst views the office environment as a laboratory (i.e., wherein the space does not change over time) s/he can consciously monitor each patient's use of that space in the few minutes it takes to enter, to approach the couch, to settle on the couch, and then to begin verbal discourse. [p. 273]²

Expanding on Gray's method of *close process attention* and putting the patient's self-observations into words, Stephen Portuges and Nancy Hollander ask the reader to consider Gray's overlooked interpersonal and relational dimension, as well as social reality. They feel that, by interpersonalizing and socializing Gray's method, the analyst will be able to gauge his or her impact on the patient's mind. They point out that social reality has historically been kept out of the therapeutic engagement in clinical analysis. "Even for analysts who do not practice close process resistance analysis, their attitudes and values about class and race are embedded in, and for different reasons sequestered in, an enactment of psychosocial resistance that escapes recognition" (p. 93).

Here I am in full agreement with Portuges and Hollander, and I would add that political factors have been barred from clinical analysis as well. I invite the reader-analyst to try measuring his or her countertransference with a patient whose political views are in sharp disagreement with the analyst's own. As a case in point, I recall a discussion during my training, in 1964, in which several candidates wondered out loud whether they could treat a patient who planned to vote for Barry Goldwater. Today in 2013, even greater political extremes are evident.

² Another important (but perhaps forgotten) writer on nonverbal communication is Sándor Feldman; see, for example: Feldman, S. S. (1959). *Mannerisms of Speech and Gestures in Everyday Life*. New York: Int. Univ. Press.

The Second Century of Psychoanalysis contains many other interesting chapters that challenge our thinking about what constitutes therapeutic action. In an excellent one, Christopher Christian, one of the book's editors, discusses Brenner's modern conflict theory as an evolutionary development of ego psychology. He offers a historical outline of the movement, from Anna Freud's work to Heinz Hartmann's difficult writings, to Brenner's giving up the structural theory and his emphasis on experience-near language that is directly connected to clinical work.

Of particular note is Christian's reminder that psychoanalysis is scarcely taught in universities today; in fact, as I have often observed, each year about 1,000,000 college freshman take an introductory course in psychology in which Freud and psychoanalysis are either ignored or trivialized. Although Christian notes that some believe Hartmann's difficult language caused university settings to distrust analysis, in my opinion, it was Freud and organized psychoanalysis that were distrustful of the university.

Christian concludes:

The history of ego psychology makes it clear that psychoanalysis has nothing to gain, and much to lose, by remaining insulated and divorced from other branches of science. The political charade behind the so-called evidenced-based treatments notwithstanding, it is critical that psychoanalysis, through interdisciplinary work, engage in research that can continue to expand its unparalleled explanatory value of human behavior and mental functioning. [pp. 118-119]

In other chapters, Alan Spivak argues that being understood and recognized is the most vital force in the therapeutic encounter, and Linda Sobelson writes that the analyst becomes an idealized parent to compensate for deficiencies in the actual parents, either real or imagined. Peter Wolson's contribution includes the idea that analytic love creates a condition for therapeutic change and is at the core of psychoanalysis. Peggy Porter reasons that the analyst's use of her own emotional responses facilitates change, and Michael Diamond, echoing Reik's *listening with the third ear*, notes the importance of the analyst's being tuned in to himself. Thomas Helscher reasons that a powerful component of

analytic work is the “uncovering and dismantling [of] an internal object relationship” (p. 253) that has become part of the patient’s life without his or her awareness.

As in any edited volume, the chapters range in their level of usefulness for the reader, but many if not all in this book can be read with profitable results. This collection is a testament to the thoughtfulness and seriousness of the contributions of those trained in independent psychoanalytic institutes.

JOSEPH REPPEN (NEW YORK)

THE SILENT PAST AND THE INVISIBLE PRESENT. By Paul Renn.
New York: Routledge, 2012. 213 pp.

According to a story told in Genesis, all of us once spoke a single language. Construction began on a tower that would reach all the way up to heaven to unite us as a people with God, for we felt pretty good about ourselves and sought increasing recognition. But, to slow us down and humble us, God confounded our speech, leaving us unable to communicate with each other. Instead of a common language, we were left with a confusion of tongues, one that made building such a tower impossible.

In *The Silent Past and the Invisible Present*, Paul Renn sets to work on his own tower. It is decidedly a relational tower, one that seeks to integrate the disparate languages of psychoanalysis with those of neuroscience, cognitive psychology, attachment theory, trauma studies, and developmental psychology. In the foreword, Judith Guss Teicholz describes Renn’s project of “dissolving theoretical divisions” (p. xxv) and suggests that such divisions may indeed increasingly disappear through efforts such as this one, leading to a unification of the relational discourse.

Of course, that has not happened, nor is it likely to. Renn’s book does not provide a unified field theory or create a single language. However, what it does do is present another rich perspective, one that joins the author’s far-reaching curiosity and gentle lucidity with his goal of understanding all that is involved in the process of change in psychotherapy. Here is an author whose interest is both wide and deep. He seeks the connections between things, making links and fashioning un-

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derstandings that cross psychoanalytic schools and scientific domains. In doing this, Renn provides a point of view on developments in relational psychoanalysis, one that Teicholz rightly observes downplays the distinctions among theories—but, I would add, in the process creates its own unique perspective.

Renn's through line is a concentration on implicit processes. He investigates in chapter 1 the implicit in memory processes, linking and contrasting implicit-procedural memory with Freud's theorizing about primal repression, screen memories, and the repetition compulsion. In chapter 2, Renn compares the nonconscious world of implicit memory with the Freudian dynamic unconscious. In chapter 3, he investigates the increasingly popular conception of cumulative developmental trauma as it relates to implicit insult.

In the fourth chapter, Renn takes a neurobiological approach to the reemergence of childhood traumatic memory in adulthood, illustrating how disturbance in brain function resulting from trauma may be reflected in the implicit processes of memory. Chapter 5 does not deal primarily with implicit processes, but serves as a synopsis of the work of major analytic theorists, from Sigmund and Anna Freud through several object relations theorists to the modern relationalists—some fifteen analytic thinkers in all. This chapter then briefly takes up the analytic controversy between hermeneutic and empirical approaches.

Chapter 6, entitled "Attachment and Intersubjectivity," traces the beginnings of attachment theory in the work of Bowlby, and follows the development of that theory through modern attachment researchers (e.g., Lyons-Ruth, Liotti, Slade). This chapter then shades into the work of Fonagy and his colleagues, as well as the intersubjective theory of Daniel Stern and the Boston Change Process Study Group. At the end of this chapter, Renn attempts to put together attachment, intersubjective, relational, and neuroscientific views in "an integrated therapeutic model" (p. 83)—a project that extends to form the better part of chapter 7, which also includes sections on therapeutic enactment and self-disclosure.

Chapter 8 considers what self-other representation would look like from the attachment-intersubjective perspective that the author has been developing in previous chapters. This chapter summarizes mirror neuron research and the work of the Boston Change Process Study

Group, as well as intersubjective conceptions developed from Beebe's infant research work. Importantly, Renn concludes that "from a relational/intersubjective/attachment perspective, psychopathology is seen as arising from an accumulation of nonoptimal interactive patterns that result in enduring character and personality traits and concomitant difficulties in interpersonal relationships" (p. 123).

Chapters 9 and 10 move Renn's concentration on implicit memory, trauma, dissociation, and representational systems into the clinical forensic area, where he has spent much of his professional life. Chapter 11 concludes the book with implications for practice. Renn argues here that his focus on implicit processes redefines the analytic project in ways that emphasize the moment-to-moment interaction of analyst and patient over the search for a historical past. Here he reiterates his belief in engaging the implicit as well as the explicit modes of communication, hoping that the traditional analytic model can be opened up to embrace a consideration of implicit dimensions, in addition to the verbal-symbolic:

I am not, however, suggesting that the new model should simply supersede the older model. Rather, I am advocating a clinical model that integrates the explicit, verbal mode of communication and the implicit, nonverbal mode of communication In my view, these therapeutic developments will both facilitate and enhance the process of change. [p. 184]

Given the vast scope of Renn's project as outlined in this brief synopsis of chapters, it is difficult to imagine any synthesis or integration occurring between so many disparate languages; and in fact what we get is something more like a patois. But if we give up the modernist fantasy of integration—that somehow this should or could all fit together and present us with a coherent picture of something that by its very nature is fundamentally incoherent (i.e., people)—then we could look at Renn's project as an important step toward the development of a new psychological science.

Recently, there have been several moves in this direction, something of a groundswell, really, with varied authors attempting to integrate analytic theory, neurobiology, brain science, attachment theory, and trauma

theory. These authors are trying to make something new from the confluence of different approaches, a new science of human behavior that will encompass previously neglected areas. It will be a science that retains many of the most important goals of psychoanalysis, including some that have fallen away over the years.

Renn's science, for instance, will reinsert into our discourse the biological body, the real flesh-and-blood body that analysts do not talk much about any more. It will return us to the early analytic roots of traumatic memory phenomena, albeit with a different focus; and the concentration on the implicit dimension of analyst-patient exchange will expand the ways in which we are able to discuss the experiences of transference-countertransference moments.

Interestingly, though, this new science may well encounter some of the same controversies that psychoanalysis contends with, such as the here-and-now versus there-and-then debate, as well as the problem of epistemic claims that are made by an objectivist science that examines human behavior. At this stage, Renn's science is not yet ready to stand on its own as a psychological approach. Hence we read explanations such as "George's excessive reaction may itself be seen as indicating that implicitly encoded traumatic memories associated with his unresolved childhood trauma had been activated, leading to a concomitant release of stress-related neurochemicals, as discussed in chapter 4" (p. 92), and

I have found that developing mutual awareness of this kind, and sharing bodily as well as emotional experiences can facilitate the process of transforming right-brain, body-based experience into left-brain, subjective states of consciousness. Via this process, visceral-somatic experiences may become available for verbal reflection and elaboration. [p. 55]

Statements such as these still feel laden with the babble of different languages and their different approaches. They seem to unintentionally reinstate a mind-body dualism, to feel mechanistic, and to argue for dramatic changes in technique.

The still-unreached goal of attempts such as Renn's, it seems to me, is to be able to talk about these phenomena in ways that feel more organic, closer to the way life is actually lived. It is unclear that we would

need a new technique to do what we probably do all of the time in psychoanalysis—and outside of psychoanalysis, too.

What, then, would it mean to apply Renn's interest in "transforming right-brain, body-based experience into left-brain, subjective states of consciousness" (p. 55) to already-existing psychoanalytic technique? And if Renn's concentration on the implicit dimension of analyst–patient exchange is to be fully realized, might one not question whether the cultivation of conscious awareness regarding bodily states and emotions is necessary at all?

What I suggest is that what Renn is involved with here is the development of a school of thought that has not yet reached a finality of form. Because of this, *The Silent Past and the Invisible Present* actually has some thrilling new ideas—along with some awkward, ill-fitting ones. Reading the volume is very much like a trip to a foreign country that creates a barrage of multiple impressions that have not yet coalesced into a gestalt, but are moving in that direction.

Even so, the book likely has great value both for graduate students and candidates new to these ideas, as well as for seasoned analysts who have not followed the developments that have come to represent such a large part of the current psychoanalytic conversation, especially around issues of treating trauma. Renn's treatment of multiple theoretical and scientific disciplines and their varied languages will not give the reader an in-depth appreciation of these complex areas, but it will provide a very good introduction to them. Renn's tower is going up, and it will be interesting to see how high it will reach.

BRUCE REIS (NEW YORK)

TECHNIQUE IN CHILD AND ADOLESCENT ANALYSIS. Edited by Michael Günter; translated by Harriett Hasenclever. London: Karnac, 2011. 134 pp.

Some psychoanalytic efforts are laudable. Some are valiant. Others are heroic in scope. The treatments described within the pages of this slim volume are all of these and more. The book describes the work of a number of outstanding European (mainly German and one Italian, as

need a new technique to do what we probably do all of the time in psychoanalysis—and outside of psychoanalysis, too.

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well as one British) child analysts as presented at a 2008 conference. This conference addressed the treatment of severely traumatized, constitutionally and environmentally burdened, very troubled young people on whose behalf they had poured out their energy, their effort, and their souls in order to help them.

Michael Günter, in the first chapter, quotes 1919 Freud as saying that:

The various forms of disease treated by us cannot all be dealt with by the same technique . . . [although] its most effective and important ingredients will assuredly remain those borrowed from strict and un-tendentious psycho-analysis.¹ [p. 4]

He goes on to quote Ella Freeman Sharpe's observation that "a correct technique is not a rigid yardstick but adapts itself to the particular needs of the individual" (p. 4).

He calls attention to Sándor Ferenczi's admonition to psychoanalysts that they need to avoid adhering to "generic" (p. 6) principles and techniques, and he cites his assertion that "our trust in our theories should also only be conditional, for this might be the famous exception to the rule or there might even be a need to correct the theory as it stands so far" (p. 6).

Günter also quotes Sylvia Payne to the effect that

No analytic technique is the right one, however it might be applied, if the analyst regards it as the only method to save the patient and regards it as an exact procedure, on the exactitude of which the success of the analysis will depend. [p. 6]

I was reminded when I read these words of something Jacob Arlow said to me several decades ago during a supervisory session:

People talk about the rules of psychoanalysis. *There are no rules.* Well, actually there are two rules: don't hurt the patient and don't let the patient hurt you. Everything else is a set of guidelines, to be applied individually to each individual patient.

¹ Freud, S. (1919). Lines of advance in psychoanalytic therapy. *S. E.*, 17.

In the chapters that follow, we make the acquaintance of a number of children, and that of the very sensitive, empathic, skillful analysts who have worked with them, who graphically illustrate the message contained in Günter's opening chapter. In chapter 2, by Angelika Staehle, for example, we meet a nine-year-old, learning-disabled girl, Mira, who is so burdened physically, emotionally, and parentally that she clings to her analyst, cannot tolerate verbalization of her feelings or of her emotional problems, and is totally unable to participate in a traditional child analytic treatment process.

Staehle comes through for Mira impressively, as she adapts her therapeutic technique to the child's specific needs. She foregoes the standard interpretive methods that apply to neurotic children in favor of containing, naming, and helping the child name the bodily experienced emotions that overwhelm her. She promotes the building of ego structure necessary for auto-regulation, which the child did not have the good fortune to develop (or appropriate parental assistance in attaining) prior to her treatment. Staehle works patiently, tactfully, and deftly, both with her patient and with her patient's mother (who had responded to loss and abandonment by keeping her daughter connected to her in a symbiosis that impeded her from developing any meaningful degree of ego autonomy or tolerance of separateness), to effect vitally important ego growth and change.

Let me cite some of Staehle's observations in her own words:

For Mira my words were not symbols but signs associated with unprocessed emotion. My words, instead of naming something, were experienced by her as if they conjured up what I named Before therapy Mira had lived in a permanent state of stress-reaction. In the work on the transference-countertransference relationship, the analyst herself dipped into inappropriate forms of regulation, but this frequently offered a key to an understanding of the little patient's state. Bit by bit, the work on this relationship enabled a better regulation of unbearable experiences through the finding of a name for them For a long time I had to tolerate and live with Mira's states without being able to understand them. In order to survive, Mira had

retreated into a mad, grandiose world in which no differences or boundaries existed It was into this world with its clinging and un-separated relationship that I entered, with the therapeutic relationship. Here I had to suffer it with Mira and then find words that gradually allowed her to leave it. [pp. 26-27]

Staehle shares vignettes, in which she describes her interaction with Mira, that are extremely poignant and moving. With such children, she states,

What is needed is to register the child's experience and try to discover a rudimentary sense in it. It is a question of holding, in Winnicott's sense, and of containment, as defined by Bion, i.e., of linking beta elements, so far devoid of meaning, to feeling and meaning. [p. 29]

The two other clinical case reports in Staehle's chapter are briefer, scantier, and less informative about the analytic process that unfolds, but they are nevertheless useful in demonstrating the way in which she works with explosive, emotionally dysregulated, intensely suffering youngsters. As she allows herself to become drawn into and to feel within her own being the intense, murderous rage and the feelings of total abandonment and utter helplessness that threaten to tear them apart emotionally, she obtains entry into their inner world, as an empathic mirror that they can use to gain awareness of and to begin to deal with the phantasmagoric terrors and fantasies that have been torturing them.

One can only admire Staehle's courage, her forbearance, her fortitude, and her willingness to share her young charges' terror and to experience their misery, as she uses herself as a sounding board to get to know firsthand what has been tormenting and defeating them. Working meaningfully with such youngsters is not for the timid or faint of heart.

Antonino Ferro, in his own inimitable style that mixes hard-headed exposition with poetry, provides a chapter in which he outlines his ideas, which in turn lean heavily on the influence of Wilfred Bion, about the treatment of the kind of children Staehle has just described. Like her, he emphasizes the importance of the analyst's willingness to immerse himself into the world of their intense, raw, unfiltered, unregulated *emo-*

tions—in fact, what he terms *proto-emotions* rather than fully formed, recognizable, and namable ones.²

In Ferro's words:

The problem, at least as it regards severely ill patients, or rather as regards the deeper-seated or archaic states of mind, seems to me to lie in the way emotions are treated and sometimes in their transformation from proto-emotive states to emotional representations. [p. 43]

Ferro puts special importance on the analyst's need for "living" the patient's emotions, by dreaming them, by joining in with the patient's dreaming, and by co-creating dreams together with the patient. He provides a note of caution, however:

What is always present is the risk of transference from analyst to patient. I would call this the danger that the analyst's mind may create transformations in hallucinosis so that what is "seen" in the patient's mind is what the analyst projects into him, based on his own theory, his own emotional needs, his own narrative urge. [p. 44]

Ferro adduces a number of thought-provoking clinical vignettes (all too brief) to illustrate his thesis. Unfortunately, they are so truncated and describe so much about the patient and so little about what he as the analyst contributed to the process that I felt teased and frustrated as I read his chapter. I found myself reminded, in connection with Ferro's apology for "the lack of specific instruments in the equipment of [his] analytical 'kitchen' for using transference" (p. 43), of the Tyl Eulen-

² Ferro appears to come close to what Antonio Damasio terms *emotions*—that is, bodily based, physical reactions that are generated in the brain stem and the most primitive cerebral cortex—as opposed to the *feelings* that are the mental representations of awareness of those physical states that are generated in the evolutionarily higher cerebral cortex. See the following two sources: (1) Damasio, A. (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. New York: Harcourt Brace; and (2) Damasio, A. (2010). *Self Comes to Mind: Constructing the Conscious Brain*. New York: Pantheon. Ferro's ideas are also reminiscent of the concept of *figurability*—i.e., co-construction of the capacity to form mental representations of heretofore unrepresented, raw, and primitive protomental states—a concept that is focused on in: Botella, C. & Botella, S. (2005). *Psychic Figurability: Mental States Without Representation*. London/New York: Routledge.

spiegel story in which the service is so slow in the inn at which he has stopped to obtain restorative sustenance that Tyl is forced to satisfy his hunger with the delectable aroma of the innkeeper's cooking rather than receiving actual food.

It is also somewhat unsettling to read that one of Ferro's patients, seven-year-old Raul, is just as explosively out of control, paranoid, unable to use words to tame his feelings, and given to "tsunami" (p. 55) outbursts or to running away when Ferro even gently verbalizes his feelings to him as he was at the outset, despite a good number of years of treatment. The case comes across as an illustration either of how very much time treatment can take with some of these children, or of a failed case; the choice seems to be left to the reader to make.

The following chapter is titled "What About the Transference? Technical Issues in the Treatment of Children Who Cannot Symbolize." In it Maria Rolde pulls together what has preceded it as she addresses the changing nature of the patients who have been arriving in the child analyst's playroom.

Work with children has . . . been greatly extended in the past 30 years, so that the "normal neurotic" child hardly figures in our practice, certainly not in the public sector. Instead, we see traumatized, abused and refugee children, children in foster care, children on the oncology ward, psychotic or borderline children, or those with autism or with serious developmental delay and learning impairment. All of these children tend to be overwhelmed by primitive anxieties concerning physical and psychic survival. Because of this, they resort to extreme measures to protect themselves, and they may experience a therapeutic approach as an additional threat. [p. 61]

She adds that:

[These children] . . . remain in the realm of symbolic equations as opposed to that of symbolism proper. In this realm, there is a failure fully to distinguish the symbol from the object symbolized, self from other, internal from external reality. Separateness is experienced as catastrophic to self and other, so that differences are smoothed over and similarities are exaggerated All this means that a child with problems in symbolizing is un-

likely to be able to benefit from conventional transference interpretations. In order to establish an emotional connection, and express what we have in mind in a way that the child may find helpful, we will have to modify our conventional technique. I think it is essential, however, to be clear that such modifications are only a step, however necessary, towards the more conventional kind of work that becomes possible once the child's symbolic capacity has developed. [p. 62]

Using brief clinical vignettes to illustrate her points, Rolde provides invaluable tips and pointers about the way in which one must, for a long time, work with these very damaged and intensely self-protective children to get to the point at which a shift can be made to a more conventional and traditional analytic approach. She focuses, to a considerable extent, on the technical challenges presented by autistic "shutters-out" and borderline "drawers-in," to use Tustin's³ pithy terms. She concurs with Bion⁴ that "patients whose own capacity for symbol formation is underdeveloped have to wait, sometimes for years, until the outside world presents them with an ideograph that is capable of embodying the issue that concerns them" (p. 67).

One might wonder, in this regard, if Ferro has fallen prey to the very danger of blurring the boundary between one's own and the child patient's dream-world against which he cautioned us on the first page of his chapter, so that he moved in too fast for Raul to be able to accept and process what he was offering to him. This undoubtedly occurs periodically in every meaningful, intensive treatment of the very troubled children and adolescents who are the central focus of this book. The danger lies in not realizing in time what is happening so that one can pull back, regroup, and get back on track.

The final three chapters, by Helga Kremp-Ottenheim and Elisabeth Brainin on adolescence, and by Kai von Klitzing on working with parents, are more general than the preceding chapters on working with child patients, and they include only a smattering of clinical material.

³ Tustin, F. (1981). *Autistic States in Children*. London: Routledge.

⁴ Bion, W. R. (1957). Differentiation of the psychotic from the non-psychotic personalities. In *Second Thoughts*. London: Heinemann.

Nevertheless, they contain bits of clinical wisdom and thought-provoking observations.

In a modest and unassuming way, the contributors to this small but impressive volume have rendered us a gift that is to be cherished. Its overall message is timely and heuristically valuable, and it contains pearls of wisdom that merit gathering. I recommend it whole-heartedly—not only to psychoanalysts and psychotherapists who work with young people, but to everyone who takes satisfaction and pleasure in engaging in the very satisfying professions of psychoanalysis and psychodynamic psychotherapy.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

SUSAN ISAACS: A LIFE FREEING THE MINDS OF CHILDREN. By Philip Graham. London: Karnac Books, 2009. 352 pp.

Philip Graham, an academic child and adolescent psychiatrist with connections to psychoanalysis and education, has written an engrossing and sympathetic biography of the British educator and psychoanalyst Susan Isaacs (1885–1948). The opening chapters offer a reconstruction of her early family life, including the lingering illness and death of her mother when she was six years old, and her adolescent rejection of religion, which prompted her father to refuse to support her educational aspirations.

Isaacs's two marriages are also described in this book. Little is known about her relationship with her first husband, botanist William Brierley, and the marriage lasted only a few years. (He would later marry psychoanalyst Marjorie Brierley.) Isaacs and her second husband, Nathan Isaacs, shared a strong intellectual bond reinforced by mutual respect and affection, which apparently was not undermined by Nathan's long-standing affair with a colleague of Isaacs (Graham, p. 144).

In 1908 Isaacs was finally able to train as an infant teacher at Manchester University, where she so impressed her professors that they encouraged her to switch to a full Honours degree in Philosophy. She then pursued a degree in psychology at Cambridge. For three years between 1924 and 1927, Isaacs directed the progressive school Malting House in

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Cambridge. On the basis of this experience, she wrote two influential books¹ that

. . . established Susan Isaacs as the pre-eminent authority on the education of young children in Britain The educational principles Susan Isaacs articulated were, from then on, widely accepted as the basis for the training of nursery and infant school teachers. [Graham, pp. 240-241]

These books remain invaluable for their inclusion of extensive records of children's spontaneous conversations, cognitive explorations, questions, and play, whose verisimilitude enrich and reinforce Isaacs's observations.

Simultaneously with her advocacy for nurseries and educational environments that nurtured and respected the child's individual development, Isaacs also pursued an interest in psychoanalysis. The Medico-Psychological Clinic in London (1913-1922), the venue for her initial exposure to psychoanalysis, also drew Ella Freeman Sharpe, Sylvia Payne, John Flugel, Nina Searl, Marjorie Brierley, and James and Edward Glover, all future members of the British Psychoanalytical Society.² Isaacs became an associate member of the British Psychoanalytical Society in 1921, and her first analyst was John Flugel. After Melanie Klein's arrival in London in 1926, Isaacs had a second analysis with Joan Rivière and became part of the circle of analysts around Klein.

Graham's discussion of Isaacs's work as a psychoanalyst focuses on the period of the 1930s when the growing influence of Klein's theories within the British Society was increasingly countered by members who, to varying degrees, expressed reservations about her theories of development. The situation was further complicated by the arrival in London in 1938 of Sigmund and Anna Freud and a number of members of the Vienna Psychoanalytic Society. These tensions culminated in the Controversial Discussions, whose meetings lasted from 1942 to 1944. Today Isaacs's renown rests primarily on a seminal paper she presented in

¹ (A) Isaacs, S. (1930). *Intellectual Growth in Young Children*. London: Routledge; and (B) Isaacs, S. (1933). *Social Development in Young Children*. London: Routledge, 1945.

² Boll, E. M. T. (1962). May Sinclair and the Medico-Psychological Clinic of London. *Proceedings of Amer. Philosophical Soc.*, 106:310-326; see p. 324.

1943, which was then discussed at five meetings.³ One intriguing question raised by Graham's biography is whether and how Isaacs's paper may have been influenced by her long professional history of studying and writing about the intellectual and emotional development of young children—documented in her nonanalytic writings—and her immersion in research on these questions outside of psychoanalysis.

This immersion in the young child's world also sheds light on a warm handwritten note of September 1942 from Isaacs to Ernst Kris, whose papers, beginning in the 1930s, record his acute observations of young children. The note reveals a hitherto unknown connection between them, and is a fascinating illustration of how two analysts who wrote from different theoretical perspectives nonetheless appreciated each other's writing.⁴

30 Causewayside
Cambridge
9-4-42

Dear Dr. Kris,

I have long been wanting to acknowledge all your kindness in sending me kind messages [and] the copies of your papers; but above all the book on "Caricature" which I enjoyed immensely!⁵ I have appreciated your remembrances [of me] as well as the actual writings very greatly. I feel I have been ungracious not to write before. I have had a good deal of serious illness this last year (quite better now, fortunately) and life has been very strenuous.⁶ My husband is stationed in Warwickshire, and to meet at the weekends one of us has to travel 6 hours each way. It takes quite a big slice out of one's time!

But I was very pleased to hear from you, and know that your work was going on. I do hope you are both finding life as satisfactory as is possible in wartime and that you and your children are well.

³ Isaacs, S. (1948). The nature and function of phantasy. *Int. J. Psychoanal.*, 29:73-97.

⁴ Isaacs, S. (1942). Susan Isaacs's letter to Ernst Kris. In the Papers of Ernst Kris. Manuscript Division, Library of Congress, Washington, DC.

⁵ Kris, E. & Gombrich, E. (1940). *Caricature*. Harmondsworth, UK: Penguin Books.

⁶ This is a reference to a recurrence, the previous November, of breast cancer that was originally treated in 1935.

My husband joins with me in sending our kindest greetings—and again my warmest thanks for your book of papers.

Yours sincerely,
Susan Isaacs

I do hope it won't be too long before we see you and talk again.

Ernst and Marianne Kris arrived in London in the spring of 1938, after the Austrian Anschluss. They became members of the British Psychoanalytical Society and remained in London until the fall of 1940, when they departed for the United States. During this interim period, there would have been an opportunity for Kris and Isaacs to have personal contact, and her note is evidence that after leaving London Kris sought to maintain their connection. In the mid-1930s, Kris became interested in studying young children, and Isaacs's writings, especially her two books noted earlier, would naturally have been of great interest to him.⁷

While in her note Isaacs remarks on her enjoyment of Kris and Gombrich's book *Caricature*, it is almost certain that she would also have been familiar with Kris's paper in which he introduced the concept of "regression in the service of the ego."⁸ In this paper and a later one,⁹ Kris cites his observations on the behavior of young children, and therefore it seems reasonable to assume that Isaacs would find his papers of great interest.¹⁰

Kris presented "Ego Development and the Comic" (see footnote 9) to the British Psychoanalytical Society on May 27, 1937. He begins by noting that his paper is not part of the series of exchanges between the British and Viennese societies, but he hopes it will contribute to strengthening the connection between the two groups. He will confine

⁷ Thompson, N. (2011). Ernst Kris: the objects of memory. *J. Amer. Psychoanal. Assn.*, 59:1009-1022.

⁸ Kris, E. (1936). The psychology of caricature. *Int. J. Psychoanal.*, 17:285-303; see p. 290.

⁹ Kris, E. (1938). Ego development and the comic. *Int. J. Psychoanal.*, 19:77-90.

¹⁰ Later papers of Kris's that Isaacs may be referring to in her note, and which he may have sent to her, include "On Inspiration" (1939, *Int. J. Psychoanal.*, 20:377-389), "Laughter as an Expressive Process" (1940, *Int. J. Psychoanal.*, 21:314-341), and "Probleme der Aesthetik" (1941, *Internationale Zeitschrift für Psychoanalyse und Imago*, 26:142-178).

himself to “the sphere of Ego Psychology, but at the same time I shall keep genetic problems in mind” (Kris 1938, p. 77). The paper addresses the development of language and the young child’s pleasure in using words from the perspective of the role of play and its relationship to the child’s enjoyment of the comic.

Kris makes it clear that he does not intend to address the role of symbolism in play, nor the pleasure role of fantasies in initiating play. He cites Klein and “especially . . . Miss [Nina] Searl’s work” to distinguish his approach from theirs: “My intention is to pick out some points connected with the psychic achievement of the child at play, without referring to anything pathological and dealing exclusively with the normal” (Kris 1938, p. 84).

In a subtle rhetorical gesture, Kris quotes Isaacs to support the point he wishes to make about the psychic role of play for the child:

In the first phase of a child’s development, play serves to master the plaything—and at the same time or even earlier, to master the body. In a later phase the active repetition of passive experience dominates play, and permits—in the words of Mrs. Isaacs—the active dramatization of the inner worlds of imagination as a means of maintaining psychic equilibrium.¹¹ In both cases we are justified in saying that play serves to overcome the outer world and anxiety. [Kris 1938, p. 84]

Kris’s respect for Isaacs’s intellectual and theoretical abilities is also suggested in a 1945 letter he wrote to Anna Freud, when he suggested inviting Isaacs to write a paper representing the Kleinian point of view for the *Psychoanalytic Study of the Child*, for which he was the managing editor (Kris 1945). Perhaps not surprisingly, in a subsequent letter to Miss Freud, it is evident that his suggestion did not meet with her favor. Nonetheless, Isaacs’s note testifies to Kris’s effort to maintain a relation-

¹¹ In her 1933 book (see footnote 1 [B]), Isaacs wrote: “I have already, in *Intellectual Growth in Young Children* [see footnote 1 (A)], elaborated at length the significance of play for the child’s growth in manipulative skill, in imaginative art and in discovery, reasoning and thought Play is not only the means by which the child comes to discover the world; it is supremely the activity which brings him psychic equilibrium in the early years. In his play activities, the child externalizes and works out to some measure of harmony all the different trends of his internal psychic life” (p. 425).

ship with Isaacs and, in turn, her respect for and enjoyment of his writings. It is also a salutary reminder that, in reconstructing the history of psychoanalysis and relations among analysts, scholars are dependent on the survival and preservation of a wide variety of sources and documents, published and unpublished. If Isaacs's note had been lost, this fascinating link between Kris and Isaacs would have been erased from the historical record. It is a tantalizing reminder of the capacity of analysts who represent different theoretical perspectives to appreciate each other's work.

During the 1930s, Isaacs was appointed head of the Department of Early Education at the Institute for Education, University College London. One strength of Graham's biography is his scholarly reconstruction of Isaacs's enormous influence on the training of teachers and the education of young children. He details the heavy workload of teaching, supervising, and writing she undertook, along with her editorial work for the *British Journal of Psychology* and the *British Journal of Educational Psychology*, while simultaneously maintaining a psychoanalytic practice and writing psychoanalytic papers.

Graham also focuses on Isaacs's writings directed toward the parents of young children—most notably a book that won the Parent Magazine Award for the best book for parents published in the United States.¹² She also penned a column for the magazine *Nursery World* between 1929 and 1936; under the pseudonym Ursula Wise, she answered letters from mothers, and occasionally from nannies, addressing difficulties they were encountering with their infants and young children. These letters and Isaacs's replies were later published in book form.¹³ These responses illustrate Isaacs's ability to imaginatively enter into and pervasively convey to parents the thoughts, needs, and feelings of young children as they develop as individuals and in relation to their parents. While the influence of Klein's theories can be discerned in her responses, it does not overwhelm Isaacs's voice, characterized by a respect for the child's individuality and an emphasis on how the child's behavior is influenced by

¹² Isaacs, S. (1929). *The Nursery Years*. London: Routledge.

¹³ Isaacs, S. (1948). *Troubles of Children and Parents*. London: Methuen. Isaacs also wrote a paper based on 572 of these letters, "Some Notes on the Incidence of Neurotic Difficulties in Young Children" (1932, *Brit. J. Educational Psychol.*, 2:71-91).

his or her stage of development and family life. In this respect, there is a striking difference of tone when Isaacs is writing for a nonpsychoanalytic audience. Why this should be the case is unclear, but it is possible that the controversy around Klein's theories aroused a defensiveness that was otherwise absent from her writings.

While Graham is critical of Isaacs's exclusive reliance on the psychoanalytic approach to child development, he acknowledges that:

The insights that this approach gave her enabled her to communicate to parents an understanding of their children's behaviour in a manner more sympathetic and helpful than had previously been possible; indeed it has rarely been surpassed by those writing "baby books" since her time. [p. 220]

Graham's biography of Susan Isaacs introduces the reader to an aspect of her contributions that has been mentioned in the psychoanalytic literature only fleetingly: her immeasurable influence on the education of young children and her nonpsychoanalytic writings on the young child's experience of growing up. To the latter she brought a deep sympathy and interest, which was informed by her powers of observation and respect for the individual child. It is to be hoped that Graham's biography will stimulate analysts to read Isaacs's valuable contributions in this field.

NELLIE L. THOMPSON (NEW YORK)

EXPERIENCING PSYCHOSIS: PERSONAL AND PROFESSIONAL PERSPECTIVES. Edited by Jim Geekie, Patte Randal, Debra Lampshire, and John Read. New York: Routledge, 2012. 226 pp.

Psychoanalysts often shy away from offering psychodynamic treatment to psychotic patients. The hegemony of biological psychiatry has promulgated the widespread belief that psychoses have largely genetic and biochemical causes, and that pharmacological management is the cornerstone of "evidence-based" treatment. Bedeviled as we are by false dichotomies, biological aspects of psychosis have misleadingly been allowed to derogate the role of psychotherapy in its treatment.

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Experiencing Psychosis challenges these attitudes by citing a wealth of overlooked but compelling evidence. It allows patients who have experienced psychosis to speak for themselves, educating us about the subjective realities of their symptoms and their beliefs about the causes of these, and spelling out what has been helpful in their recovery and what has not been. These patients constitute roughly half the book's authors; the other half are professionals who write companion research chapters.

The book cites "the potentially healing value" for patients in writing narratives of their illness and recovery. This valuable source of clinical information is one solution to the thorny confidentiality dilemmas that interfere with publishing case material written by mental health professionals.

John Read, one of the book's editors, has been a leader in investigating the role of trauma in the etiology of psychoses. In the preface, he writes:

In my twenty years of working with people who hear voices or have unusual beliefs . . . I was often surprised . . . by the disinterest of many psychiatrists . . . in people's life stories and understandings of the causes of their difficulties. When I entered academia in 1994 I found, too, that most researchers in the field are more interested in dopamine receptors and chromosomes than in the actual lives and experiences, and needs, of the people they are studying. [p. xvii]

Larry Davidson, who has championed qualitative research on the experiences of psychotic persons, writes a chapter on the "earliest steps of rebuilding a coherent sense of self" (p. 23) after the onset of psychosis. His research has convinced him that professionals often fail to recognize the afflicted person's need to start by reestablishing "a sense of self as an active, volitional agent and a sense of the world as a coherent and somewhat predictable place" (p. 29) and by mastering activities of daily living, as understood by occupational and rehabilitation therapists.

It is noteworthy that some of the book's strongest voices opposing the unchallenged dominance of biological psychiatry in the treatment of psychoses come from abroad. Studies show that, worldwide, relatives of psychotic patients are more likely than people in general to reject the

medical model of the etiology of psychosis, and to attribute the causation primarily to psychosocial factors. In the United States, by contrast, biological causes are most often cited by relatives of psychotic patients.

The book attributes some of this geographical difference to the greater influence of the pharmaceutical industry on both professional and lay opinions in the United States. It points out that NAMI (the National Alliance on Mental Illness) gets most of its funding from industry, raising the specter of economic self-interest. Sadly, when relatives have more contact with mental health professionals who view psychosis as a brain disease, these relatives become less hopeful about prognosis.

What is the proper role of medication in the treatment of psychoses? The many voices in this book suggest that it does play a legitimate role, but that it should step down from its current lofty position at the center of treatment. It should never replace psychotherapy. Its effectiveness can be undermined unless a good treatment alliance is present. It may be more useful at lower doses and for shorter-term treatment, rather than the currently popular model of lifelong administration.

Medication side effects should not be misdiagnosed as negative symptoms of schizophrenia. Dangerous and lifespan-shortening effects, such as the metabolic syndrome, need to be weighed against potential benefits. The more limited use of antipsychotic medication in Third-World countries may be one reason why schizophrenics there have better outcomes than in the United States.¹

Read has played a leading role in documenting the prevalence of childhood trauma in the histories of adults diagnosed with psychotic disorders. A recent article confirmed that “an explosion of methodologically strong studies have all demonstrated associations between childhood trauma and psychotic symptoms or psychotic disorder.”²

These recent validations of experiential factors in the etiology of psychoses should revive the interest of psychoanalysts in working with psychotic patients. Read underscores one of the blind spots of the os-

¹ Whitaker, R. (2001). *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*. New York: Basic Books.

² Heins, M. et al. (2011). Childhood trauma and psychosis: a case-control and case-sibling comparison across different levels of genetic liability, psychopathology, and type of trauma. *Amer. J. Psychiatry*, 68:1286-1294.

tensibly “scientific” approach to psychiatry—“only those hypotheses that the researcher considers important are investigated” (p. 127). Although the traditional psychoanalytic case study is often devalued as unscientific, Read notes that “the voices of [individual patients] are, inevitably, lost beneath totals, averages, and statistical comparisons” (p. 127).

Psychodynamic perspectives have been demonized as nothing more than a “schizophrenogenic mother” fallacy. However, Read gives a long list of empirically validated psychodynamic risk factors for psychosis:

. . . insecure [and disorganized] attachment in childhood; early loss of parents; witnessing inter-parental violence; dysfunctional parenting (often intergenerational); childhood sexual, physical and emotional abuse; bullying; war trauma; rape or physical assault in an adult; high levels of racist or other forms of discrimination. [p. 127]

Read makes a crucial point that bears repeating: allegations of abuse should never be automatically dismissed as delusional symptoms. Quantitative research has validated the reliability of these allegations, including those made by patients diagnosed as schizophrenic. For survivors of abuse, not being believed is crazy-making; a disbelieving therapist is likely to generate an unworkably traumatic transference. Read reports that “three studies have found that the content of just over half of the psychotic ‘symptoms’ of adults who were abused as children are obviously related to the abuse” (p. 128).

It is always disheartening when experts are found to know less than their patients. One study in the United States revealed that 66% of schizophrenics believed that the way patients were raised was a significant issue in their illnesses, but only 18% of clinicians held this belief. In short, “read Read,” one is tempted to say.

Jay Neugeboren wrote a prize-winning memoir of his relationship with his psychotic brother.³ He contributes an eloquent chapter on helping his brother through one of his many crises. Sadly, the author’s years of humane devotion to his brother’s welfare only highlight the callous inhumanity of those who treated his brother during the episode he narrates. And when he interviewed hundreds of patients who had been

³ *Imagining Robert: My Brother, Madness, and Survival*. New York: Morrow, 1997.

mentally ill, whether or not they had found medication helpful, “they all, without exception, said that the crucial difference [in a successful treatment] lay in a *relationship*” (p. 206, italics in original).

Although the diagnosis of Dissociative Identity Disorder (DID) is nowhere mentioned in the book, it is difficult to ponder many of the patients’ prominent dissociative symptoms without considering this traumatogenic disorder. Why do the editors and authors omit the term DID? Does this omission stem from a concern that tying trauma too closely with that diagnosis would allow skeptics to continue denying the role of trauma in the etiology of schizophrenia? Perhaps. As the author of one chapter observes, “in psychiatric practice, psychosis and dissociation seem to be viewed as being mutually exclusive. In my experience they are different but not separate. Trauma can connect them” (p. 125).

In any case, several authors write compellingly of typical symptoms of DID. Some examples:

- “In sessions I would say things, during a stream of consciousness, which felt disconnected and confused” (p. 19);
- “All of my voices were in fact disowned selves” (p. 20);
- “I started to think about myself as ‘she’” (p. 80);
- “One evening, writing in my diary, I noticed a sentence that ended in a completely different way from what I’d planned. So I . . . asked, ‘who wrote that?’ and ‘he’ answered (using my hand to write the answer), ‘It was me. I’m the Captain’” (p. 81);
- “I suppose these negative voices represent people who subjected me to abuse” (p. 123);
- “The maternal voice was a welcome companion” (p. 140).

Our understanding of these dissociative symptoms is of the utmost importance for treatment. As one contributor writes:

Healing becomes possible when the content of what is generally considered as psychotic phenomena is taken seriously and is related to painful truths in the past . . . [Symptoms] can be translated into what really happened in the past. Yet so far, this has not been common practice in psychiatry. [p. 126]

This author observes that the diagnostic label of *dissociation* opens the door to effective treatment more than does the diagnosis of *psychosis*. I certainly concur that all psychotic patients deserve psychotherapy, not solely those who have DID. And self states in schizophrenic patients may resemble “alters” in DID.

As I read the book, I kept missing references to the writings of Fromm-Reichmann and Searles⁴ on the humane, psychodynamic treatment of psychoses, and to Greenberg’s landmark first-person account of her recovery from psychosis through psychodynamic treatment.⁵ As I reflected on my disappointment, however, I was brought up short by the implicit parochialism of my expectation that writers in the United States would automatically be cited in a book whose editors are from New Zealand. (After all, psychoanalysts in the United States are often woefully uninformed about contributions from elsewhere.) Chapter 20 does cite the work of Harry Stack Sullivan, along with that of Ludwig Binswanger, Eugene Minkowski, Herbert Spielberg, and John Strauss.

Some contributors to the book seem unaware of the long history of psychodynamic understanding and treatment of the psychoses. In particular, it was jarring to find cognitive-behavioral therapy (CBT) celebrated as though it were the first treatment to discover psychological meaning behind psychotic symptoms:

It is beginning to be acknowledged [sic] that exploring the subjective experience of delusions is an important area of study. For example, Rhodes and Jakes examined people’s experiences of delusions in terms of motivational themes. From their experience of providing cognitive therapy, these authors explain that the content of people’s delusions seems to relate in various ways to aspects of their life and concerns. [p. 165]

As Samuel Goldwyn allegedly said of the sundial, “What will they think of next?!”

⁴ For example: (1) Fromm-Reichmann, F. (1939). Transference problems in schizophrenics. *Psychoanal. Q.*, 8:412-426; and (2) Searles, H. F. (1955). Dependency processes in the psychotherapy of schizophrenia. *J. Amer. Psychoanal. Assn.*, 3:19-66.

⁵ Greenberg, J. (1964). *I Never Promised You a Rose Garden*. New York: Signet Books.

For a more enlightened view, see, for example, one author's recent acknowledgment of his teachers who "viewed psychotic patients as human beings who were often just as capable as nonpsychotic ones of participating in intensive, dynamically oriented psychotherapy that could lead to a successful outcome."⁶

In fairness, however, some of the patients' narratives in *Experiencing Psychosis* show how much they valued the CBT they received. And at least these insights about the treatment of psychoses are being rediscovered rather than forgotten altogether.

A minor criticism: for some reason, this book's index contains dozens of tantalizing references to pages that do not exist. And why is it that, as I age, the font in books keeps getting smaller? Nevertheless, this book was well worth the effort of reading it.

RICHARD M. WAUGAMAN (CHEVY CHASE, MD)

⁶ Silverman, M. A. (2010). Psychoanalysis and the treatment of psychosis: a book review essay. *Psychoanal. Q.*, 79:795-818, p. 804.

ABSTRACTS

RIVISTA DI PSICOANALISI

Translated and Abstracted by Gina Atkinson

The *Rivista di Psicoanalisi*, published quarterly, is the journal of the Italian Psychoanalytic Society, formed in 1925. The journal was established in 1932 as the *Rivista Italiana di Psicoanalisi*; its founder was Edoardo Weiss (1889–1971), also considered “the founder of psychoanalysis in Italy” (Castiello d’Antonio 2012, p. 492).

A native of Trieste, Weiss studied medicine in Vienna, where he joined the Viennese Psychoanalytic Association. He was analyzed by Paul Federn (Bolognini 2010, p. 203), to whom he had been introduced by Freud (Castiello d’Antonio 2012, p. 492). With his first psychoanalytic publication in the *Internationale Zeitschrift für Psychoanalyse* in 1913 and his subsequent writings, he was influential in determining the early course of psychoanalysis in Italy (Pirillo 2013). However, after the Fascist regime instigated stringent racial laws in 1938, Weiss, a Jew, was forced to leave Italy and emigrated to the United States (as did many other Italian analysts during this period). Weiss settled in Chicago and became a colleague of Franz Alexander’s.¹

Due to Fascist oppression, the *Rivista di Psicoanalisi* had had to cease operations even before Weiss’s emigration. It was only in 1954—eight years after the reconstruction of the Italian Psychoanalytic Society, which had also been disbanded—that the *Rivista* was reestablished by Cesare Musatti (1897–1989), who continued to serve both as the journal’s Editor and as President of the Italian Society until 1971.² Musatti was the first psychoanalyst to translate and publish Freud’s entire opus into Italian, a project that was completed only in 1980 (Giuliani 2009, p. 318).

¹ For more information about Weiss and his contributions to psychoanalysis, see Roazen (2005).

² Interestingly, Musatti, like Weiss, was Jewish, but during World War II he chose to “live underground” rather than emigrating (Giuliani 2009, p. 318).

During Musatti's editorship, the *Rivista* was published by the University of Florence, while its editing and administration were carried out at the University of Milan's Institute of Psychology. In 1972, management of the journal moved to Rome under the editorial direction of Francesco Corrao (1922–1994), where the journal's administration remains today.

The Sicilian-born Corrao, who has been called “the force that shaped Italian psychoanalysis toward a Bionian theoretical framework” (Di Donna 2005, p. 45), had a profound impact on psychoanalysis in Italy. His most well-known psychoanalytic contribution is a comprehensive, two-volume opus (Corrao 1998a, 1998b). Corrao's clinical ideas were influenced by Racker's work on countertransference; furthermore, he advocated a narrative point of view with a tendency toward hermeneutics.

Other Editors of the *Rivista* have included Franco Fornari, credited with introducing Melanie Klein's ideas into Italian psychoanalysis, from 1974 to 1978; Eugenio Gaddini—a Winnicottian who wrote extensively on infant mental life and whose 1989 book was later translated into English (Gaddini 1992)—from 1978 to 1982; and Patrizio Campanile, who has published a number of articles in both Italian and English, from 2005 to 2009.

Since 2009, the *Rivista* has been edited by Alberto Luchetti of Rome, also a significant contributor to the psychoanalytic literature. Later in 2013, its editorship will be assumed by Giuseppe Civitarese of Pavia, well known for his expertise in both the work of Bion and in the application of field theory to psychoanalysis (see, for example, Civitarese 2012).

The *Rivista* continues as the official organ of the Italian Psychoanalytic Society, which today is the second largest in Europe, with more than 700 members and 250 candidates. The Society's presidency has recently been assumed by Antonino Ferro of Pavia, also a member of the *Rivista*'s Editorial Board, who has published extensively in English (e.g., Ferro 2011; see also his article coauthored with Giovanni Foresti in this issue of *The Psychoanalytic Quarterly*).

Since 2007, the *Rivista* has published an annual volume in English containing translations of selected articles that appeared in the journal during the previous year. According to the journal's website (www.rivistapsicoanalisi.it; see Pirillo 2013), its current goal is to offer a broad

vision of psychoanalysis, with the aim of capturing its essence in relationships between the clinical dimension, literature, art, mythology, the biological sciences, and philosophical thought.

Following are abstracts from the *Rivista's* recent content.

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Volume 58, Number 1 – January/March 2012

“Freud in Chinese/The Real Relationship?”

When Freud Was Introduced to the Orient: Toward a Chinese Translation of His Works. By Tomas Plänkers, pp. 73-96.

Translation of the main body of psychoanalysis, Freud's works, can represent a milestone in the dialogue between East and West. Many believe that this objective cannot be accomplished, however, since a translation of Freud into the Chinese language is not only a translation into another language not composed of letters, but also involves profound cultural differences, in comparison to which the problems of translation into European languages seem minimal. By referring to the specifics of Freudian writing and language, as well as to the Chinese language and the history of Freudian translations into Chinese, Plänkers explains the “Freud Chinese Translation Project” currently being carried out. He asks whether Freud can truly be translated, *trans-ferried* into China, in the double sense of the terms *to translate* and *to ferry across*. To quote from his conclusion:

One must rightly ask whether Freud's psychoanalysis, deeply rooted in the European spirit of the Enlightenment and in the autonomy of the individual, can flourish in a China beyond the restrictions of its cultural environment An open question is whether in the future psychoanalysis . . . will be able to establish a broader public orbit [in the East] beyond a strictly therapeutic one, as has happened in the Western world. But equally important are . . . the connections that psychoanalysis will be able to develop in the Chinese culture with the basic spiritual traditions of Taoism, Confucianism, and Buddhism. To the degree that that succeeds, there will be a Chinese Freud *translated* and *trans-ferried* to China. [p. 92]

Analysis via the Internet: Changes of Setting and Transference-Countertransference Issues. By Giuseppe Fiorentini, pp. 29-45.

Using clinical material from long-distance tele-analysis with a patient living in another country, the author examines the effects of global communication on treatment enabled by the Internet. He deals with the pros and cons of virtual reality in tele-analysis, which is likely to become increasingly common.

The Real Relationship: Method or Technique? By Pier Luigi Rossi, pp. 99-115.

The “real relationship” was the name of a complex issue introduced by Greenson and Wexler (1969), which endured until the time of Gill’s (1981) conclusive statement; it consists of the attempt to liberate oneself from “classical technique” that is too rigid and moves farther and farther away from the actual Freudian method. Rossi also discusses a related article by Lipton (1977), noting its emphasis on aspects of the Rat Man’s treatment that appeared to be at variance with Freud’s stated principles of technique. According to Lipton, firsthand accounts by Freud’s patients “all demonstrate the cordial relationships which Freud established with his patients” (Lipton, p. 261). In short, in Rossi’s words: “Freud was not a ‘classical’ analyst and did not behave as such!” (p. 107).

Volume 58, Number 2 – April/June 2012
“Associations, Dissociations, Working Through”

Durcharbeitung: The Time of Working Through. By Roberta Guarneri, pp. 277-290.

From a theoretical point of view, the author elaborates a particular aspect of temporality in analytic treatment: the time of working through. Her line of thought has developed starting from themes relative to Freud’s triple concerns: remembering, repeating, and working through—including in repetition the problem of *agieren* (acting out).

Dreaming and the Revelation of Dissociated Truths. By Alessandra Ginzburg, pp. 421-436.

Ginzburg’s hypothesis is that dreams function within the analytic frame as a means of revealing truths that have been dissociated because

they seem incompatible with the patient's affective relationships with his objects. Dissociation thus becomes evident as a defensive process, which in contrast to repression arises in situations experienced as traumatic to the integrity of the self, rather than in the presence of the intrapsychic refusal of conflicting contents. Included are clinical examples of dreams from a patient who, in identifying with Hamlet, staged the gradual revision of his relationships with his parents; this process led him to an awareness of his feelings both of hate and of protest, as well as those of profound love for his mother, which he had dissociated in order to safeguard the relationship.

The Truth Drive and the Grid. By Giuseppe Civitarese, pp. 335-360.

Bion was the first to express dissatisfaction with the concept of the Grid. Still, he gave it a central role in some of his most important writings. In fact, the Grid does not prove useful for the purpose for which it was created (to document the session, to enhance the observational ability of the analyst, etc.), but it does prove useful to comprehend and expand upon Bion's thought. With intuitive immediacy, the Grid shows the dialectic relationship between the various concepts of Bion's theory of the mind. In particular, column 2, aptly reinterpreted by Grotstein as the dream column, helps us grasp the significance that Bion assigned to the "truth drive."

Volume 58, Number 3 – July/September 2012

**"Actions, Memories, Countertransference:
Pervasiveness and Transformations"**

The "Pervasive" Countertransference: Clinical Manifestations of the Patient's Way of Being. By Paolo Fabozzi, pp. 567-586.

The author describes a function of countertransference that he defines as "pervasive," distinguishing it from Heimann's description and from what has been traced back to the mechanism of projective identification. Such a form reveals the effect on the analyst of the re-creation in the analytic relationship—through nonverbal, primitive communications—of what has been the child's world, before achievement of the depressive position, allowing us to investigate experiences of the patient's self. While countertransference reducible to projective identifica-

tion transmits split contents and takes place in the sphere of the object dimension, “pervasive” countertransference constitutes a modality in which there is a re-creation of the form in which the primary environment is diffused and has impregnated the life of the child’s self during his states of physiological fusion with the environment.

The Evolution of Psychoanalytic Thought: Acting Out and Enactment. By Maria Ponsi, pp. 653-670.

The notion of acting out arose from analytic treatment, when Freud ran into a kind of resistance in which the patient, instead of remembering and putting into words a meaningful event from his past, put it into action or acted it out through his behavior. Subsequently, while acting out has entered the vocabulary of dynamic psychiatry to describe impulsive behaviors that replace thinking and verbal expression, in the psychoanalytic sphere, the phenomenon of acting out is explored not so much in its negative characteristics as in its communicative potential. The type of clinical event known as enactment is of particular interest—an event in which the present iteration of an unconscious fantasy involves, to a variable degree, the analyst as well. Clinical material illustrates an instance of acting out followed by an enactment, the working through of which promotes progress in the analytic work.

Memory’s Fidelity and Infidelity. By Maurizio Balsamo, pp. 723-735.

Freudian discoveries showed that there are many types of memory. In the clinical context, we face a set of phenomena and mnestic forms, as well as a complex relationship between fidelity to a traumatic event and the necessary reconstruction of its infidelity in treatment; therefore, within the analytic dimension, we encounter memories of what has been happening to the subject and, even more radically, what he has not yet experienced. In other words, the question is again one of how to construct the past.

Volume 58, Number 4 – October/December 2012
“Rules, Subjective Topics, Paradoxicalness, Autism”

The Paradoxical in Winnicott. By Celestino Genovese, pp. 865-882.

The author begins by considering that very often, especially in clinical practice, Winnicott’s contribution is trivialized. By contrast, this ar-

ticle highlights the complexity of the British analyst's thinking, a complexity that rests on the paradoxical structure of the entire theory. The emphasis, then, is not placed on a single paradox (such as the transitional area, frequently underlined in the literature), but on a modality of thought, the thread of which can be followed in all of Winnicott's work. Also pointed out are some implications that merit further exploration, such as aspects of paradox that could be considered the precursors of elements that, in the course of the individual's development, will later become intrapsychic conflict.

From Procedure to Rule: Analytic Free Association. By Jean-Luc Donnet, pp. 885-902.

Free association remains inscribed at the heart of the analytic method, but the evolution of conceptions of cure render the evaluation of its practical and metapsychological utility a tricky process. To clarify that utility, the author sets up a distinction, which remained latent in Freud, between the procedure of free association and the actual associativity of connections, which, under the aegis of the fundamental rule, constitute the analytic process. Privileging the spontaneity of speaking, the rule introduces the issue of speaking within the contents of what is said, and links the interpretation of transference to transference onto the word.

What We Talk About When We Talk About Autism. By Chiara Cattelan, pp. 1001-1015.

This paper highlights the role of the psychoanalyst in autistic states. The author demonstrates how the principles of the psychoanalytic method may be respected in working with these patients, though with some technical adaptations, and that these principles are suitable to work in these areas. She emphasizes the necessity of more accurate diagnostic distinctions during consultation through careful use of countertransference, and she shows that work with the autistic child, as well as with the adult who has pockets of autistic functioning, may be complementary to understanding. Considering autism to be a privileged field of observation for knowledge of the mind's development, Cattelan hopes that a space for teaching these subjects can be created within both child and adult training programs.

REFERENCES

- BOLOGNINI, S. (2011). *Secret Passages: The Theory and Technique of Interpsychic Relations*, trans. G. Atkinson. London: Routledge.
- CASTIELLO D'ANTONIO, A. (2012). Review of Edoardo Weiss: *The House That Freud Built*, by Paul Roazen. *Psychoanal. Q.*, 81:492-500.
- CIVITARESE, G. (2012). *The Violence of Emotions: Bion and Post-Bionian Psychoanalysis*. London: Routledge.
- CORRAO, F. (1998a). *Orme [Footprints], Vol. 1: Contributi alla psicoanalisi*. Milano: Raffaello Cortina Editore.
- (1998b). *Orme, Vol. 2: Contributi alla psicoanalisi di gruppo*. Milano: Raffaello Cortina Editore.
- DI DONNA, L. (2005). Psychoanalysis in Italy: its origins and evolution. *Fort Da*, 11:35-59.
- FERRO, A. (2011). *Avoiding Emotions, Living Emotions*, trans. I. Harvey. London: Routledge.
- GADDINI, E. (1992). *A Psychoanalytic Theory of Infantile Experience: Conceptual and Clinical Reflections*, ed. A. Limentani. London: Routledge.
- GILL, M. (1981). *Analysis of Transference: Theory and Technique, Vol. 1*. New York: Int. Univ. Press.
- GIULIANI, J. (2009). Abstracts of *The Italian Psychoanalytic Annual, 2007*. *Psychoanal. Q.*, 78:317-340.
- GREENSON, R. & WEXLER, M. (1969). The non-transference relationship in the psychoanalytic situation. *Int. J. Psychoanal.*, 50:27-39.
- LIPTON, S. (1977). The advantages of Freud's technique as shown in his analysis of the Rat Man. *Int. J. Psychoanal.*, 58:255-273.
- PIRILLO, N. (2013). Storia della *Rivista di Psicoanalisi*. www.rivistapsicoanalisi.it/popup/storia.html.
- ROAZEN, P. (2005). *Edoardo Weiss: The House That Freud Built*. New Brunswick, NJ/London: Transaction Publishers.

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