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Bion Today

**SAMPLE  
CHAPTER**

Edited by Chris Mawson

PUBLISHED IN ASSOCIATION WITH THE INSTITUTE OF PSYCHOANALYSIS, LONDON

First published in 2011  
by Routledge  
27 Church Road, Hove, East Sussex BN3 2FA  
Simultaneously published in the USA and Canada  
by Routledge  
270 Madison Avenue, New York NY 10016

*Routledge is an imprint of the Taylor & Francis Group, an Informa business*

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Typeset in Bembo by RefineCatch Limited, Bungay, Suffolk  
Printed and bound in Great Britain by TJ International Ltd, Padstow, Cornwall  
Cover design by Sandra Heath

**Cover image:** *Swimming Pool in California*, derived from an original painting by Wilfred Bion. Reproduced with the kind permission of Francesca Bion.

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This publication has been produced with paper manufactured to strict environmental standards and with pulp derived from sustainable forests.

*British Library Cataloguing in Publication Data*

A catalogue record for this book is available from the British Library

*Library of Congress Cataloging-in-Publication Data*

Bion today / edited by Chris Mawson.

p. cm.

Includes bibliographical references.

ISBN 978-0-415-57072-5 (pbk.) — ISBN 978-0-415-57071-8 (hardback)

1. Psychoanalysis. 2. Psychoanalysts—Great Britain. 3. Bion, Wilfred R. (Wilfred Ruprecht), 1897–1979 I. Mawson, Chris, 1953–

BF173.B492 2010

150.19'5092—dc22

2010007262

ISBN: 978-0-415-57071-8 (hbk)

ISBN: 978-0-415-57072-5 (pbk)

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## Introduction: Bion today – thinking in the field

*Chris Mawson*

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A lot of the time I want to turn the volume down on all these words, and just trace the characters' emotional connection to what it is they are talking about.

(Enda Walsh, playwright)

Wilfred Bion was a potent and original contributor to psychoanalysis. He was one of the first to analyse patients in psychotic states using an unmodified analytic technique; he extended existing theories of projective processes and developed new conceptual tools. The degree of collaboration between Hanna Segal, Wilfred Bion and Herbert Rosenfeld in their work with psychotic patients during the late 1950s, and their discussions with Melanie Klein at the time, means that it is not always possible to distinguish their exact individual contributions to the developing theory of splitting, projective identification, unconscious phantasy and the use of countertransference. As Donald Meltzer (1979, 1981), Denis Carpy (1989, p. 287), and Michael Feldman (2009, pp. 33, 42) have pointed out, these three pioneering analysts not only sustained Klein's clinical and theoretical approach, but through an extension of the concept of projective identification and countertransference they deepened and expanded it. In Bion's clinical work and supervision the goal remains insightful understanding of psychic reality through a disciplined experiencing of the transference–countertransference; the setting and the method – however much Bion's terminology might suggest otherwise – remain

rigorously psychoanalytic. This book is an attempt to demonstrate, mostly through clinical work and a discussion of it, (a) how Bion's work is used in contemporary settings; (b) which phenomena have been made more comprehensible through the lenses of his concepts; and (c), in turn, to indicate which of Bion's ideas are better understood today and which, at this stage, remain more opaque.

In this introductory chapter I summarise briefly how each of the contributing authors have sought to illuminate their specific use of Bion's ideas. First, however, I give an outline of my view of Bion as a penetrating and influential clinical thinker whose work exists not in isolation but, as I said, initially as part of a triumvirate, rooted in the pioneering work of Freud and Klein, leading to an expansion and a deep enrichment of core concepts in our field.

Because they inform the work described in many of the chapters, I also consider the related concepts of countertransference and enactment, which have become significant features of modern British analysis, and I discuss Bion's early distinctive way of thinking about this in a way that integrates group and individual phenomena.

### **Bion and clinical thinking**

Although some analysts (e.g., Ferro, 1999; Grotstein, 2007; Symington & Symington, 1996) have at times written of Bion's work – particularly that concerning the concept of 'O' – as constituting a qualitatively new kind of analysis, a new departure from Kleinian thinking, there are compelling reasons for regarding the main thrust of Bion's work as having clear lines of continuity with that of Melanie Klein, just as her work has an essential continuity with the later work of Freud. Although his more pithy and drily humorous comments have received attention, Bion practised a rigorously psychoanalytic method with its roots in the Kleinian model of technique, centred on the immediacy of the transference and countertransference, something to which Grotstein (2007) attests from his personal experience of his analysis with Bion.

The clinical thinking of Wilfred Bion extended further Melanie Klein's own expansion of Freud's metapsychology, as described by Meltzer (1979, 1981). Together with the work of Segal, Rosenfeld, Henri Rey, and, more recently, Betty Joseph and colleagues in the

United Kingdom, it initiated what can be called the Contemporary Kleinian development, which – as the chapters in this volume show – continues to be both vigorous and fertile. North and South American strands of this development are also represented in the book.

By the term ‘clinical thinking’ I am making use of André Green’s (2005) contention that there exists in psychoanalysis today not only a theory of clinical experience, but a clinical mode of thinking. Green identifies this as ‘An original and specific mode of rationality arising from practical experience’. It is a specific form of what Bion has described as learning from experience. Green (2005, pp. 9–12) writes:

Theoretical elaboration can be pushed to a level of reflection that becomes removed from clinical experience, but even if there is no explicit reference to the patients, clinical *thinking always makes one think of them*. Psychoanalytic writings ‘speak’ or ‘do not speak’ to their readers. One can – and I recognise that I once succumbed to this temptation – yield to the charms of a theoretical elaboration that is seductive by its very abstraction, even if it is disembodied. But clinical thinking can be recognised beyond doubt when the theoretical elaboration raises associations for the reader that refer to this or that aspect of psychoanalytic experience. This means that even when clinical thinking does not speak expressly about clinical work, it awakens the memory of a patient or group of patients and brings to mind this or that moment of an analysis. These associations are an integral part of the way in which clinical thinking is articulated . . .

. . . Although sometimes explicitly absent from the discourse, the analysand, in spite of appearances to the contrary, has neither gone absent nor got lost in the process of the formulation of ideas; he is simply lurking, as it were, in the folds of writing.

This clinical thinking, in which the analytic patient has not been dropped in the process of the formulation of psychoanalytic ideas but remains enfolded in the descriptions, is a feature of some of Bion’s later work and does not appear to be confined to the more directly clinical earlier papers of the 1960s. This is a contentious question, but, since several of the contributors to this book are convinced that it is so, readers will by the end be able to make their own assessments of the clinical relevance to them of the later work. I am thinking

particularly of the chapter by Meg Harris Williams and her discussion of *Memoir of the Future*. The *Memoir*, probably the most difficult work in this respect, makes use of the form of an allusive novel to explore the meanings of analytic and philosophical concepts that, if worked on, may be of relevance to the clinician.

Meltzer's thesis (1979, 1981) was that the psychoanalytic models of the mind developed, respectively, by Freud, Klein and Bion, while not being integral, could at least be superimposed loosely upon one another to form a continuous thread of conceptual development, and he called this the Kleinian expansion of Freud's metapsychology. This line of thinking, he wrote, concerns the development of 'an apparatus for mental life which embraces meaning and emotion', within the framework of a structural concept of the mind.

Meltzer summarised Bion's model as beginning with his analyses of schizophrenic patients and, in particular, their disorders of thinking, which enabled Bion to extend Klein's formulations of splitting processes and projective identification and to apply them to the functions of the ego which had been described by Freud – attention, memory, action and thinking. Bion believed that his analysis of his psychotic patients showed that a part of the mind or personality could attack itself and was capable of splintering off particular mental functions. Expanding Klein's notion of projective identification, he believed that the psychotic part could also propel, in phantasy and also in subtle action, fragments of the personality containing these isolated functions into others, who as a consequence were felt to contain and also to perform these split-off mental functions. A further important consequence of this was that the self was no longer felt to possess the capacities lost through this mechanism. Bion's theory of thinking was derived from these observations, and he extended it further to non-psychotic functioning. Another important step in his speculations was Bion's heuristic use of a logical distinction between thoughts and the mental apparatus containing them.

### **Countertransference and enactment**

Bion, Segal and Rosenfeld agreed on the subject of the clinical usefulness of the analyst's countertransference, whereas Klein was closer to Freud in this respect. She was highly sceptical of its clinical value and remained so to the end of her life (Spillius, 2007). The work of

Melanie Klein and subsequent generations of analysts – Rosenfeld, Bion, Paula Heimann, Segal and Joseph in particular, and, in South America, Heinrich Racker – resulted in an increased understanding of projective mechanisms and, following Klein's death in 1960, to further work that brought an expanded clinical meaning of the concept of countertransference. Taken together, these advances in technique and clinical thinking have formed one of the most important developments in psychoanalysis today, and they are exemplified in the work and ideas described in this book. Bion's work has been central to this development, even though in some of his writings he highlighted the problems involved in considering the analyst's countertransference as an analytic tool. These are the difficulties concerning the *unconscious* nature of countertransference, a fact highlighted by Segal (1977), and the hazards involved in making a proper differentiation between the analyst's own unresolved difficulties (*countertransference* as formulated originally) and those emotional reactions and impressions that can emerge, in the session or later in supervision or during clinical discussion, into the analyst's consciousness, and which can be seen as having been at least partly mobilised and activated by the projective identifications of the patient.

In a letter to Carl Jung on 7 June 1909, Freud referred to the dangers for the analyst, and the patient, of countertransference impulses (in McGuire, 1974, pp. 230–232). In hinting at the potential usefulness of such feelings, if acknowledged and harnessed to the task, he showed the same genius with which he had salvaged his concept of transference from being a major obstruction to analysis into its being recognised fully as the medium for analytic change. Freud, in referring to Jung's enactment of the transference–countertransference with his patient 'Sp' (Spielrein), wrote, concerning countertransferences:

Such experiences, though painful, are necessary and hard to avoid. Without them we cannot really know life and what we are dealing with. I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a narrow escape. I believe that only grim necessities weighing on my work, and the fact that I was ten years older than yourself when I came to  $\Psi A$ , have saved me from similar experiences. But no lasting harm is done. They help us to develop the thick skin we need and to

dominate ‘countertransference,’ which is after all a permanent problem for us; they teach us to displace our own affects to best advantage. They are a ‘blessing in disguise’.

Elizabeth Bott Spillius (2007), drawing upon evidence from published and unpublished writings in the Melanie Klein archives, has shown how Klein herself did not give her support to the idea that the analyst’s countertransference can be a useful source of information about the patient. Like Freud, she considered strong countertransference feelings to be a sign that analysts needed to gain more insight into themselves, a sentiment that Bion also expressed from time to time – distinguishing, as I remarked earlier, between the countertransference as defined originally and the countertransference evoked primarily by the patient’s powerful use of projective processes. In retrospect one can see that Freud, Klein and Bion, as well as Paula Heimann in her famous 1950 paper (see below), all shared the concern that the countertransference concept could lend itself, in its clinical application, to a defensive *misuse* by the analyst – including the justification of the analyst’s acting out – and they were therefore understandably cautious about the widening of the concept, with none more so than Klein herself. In a tape-recorded interview in 1958 with a small group of recently qualified analysts, Klein said:

Yes, well, if I start with that then I have altogether to say [a] little more about countertransference which has seen extremes of fashion in recent years. And [on] one occasion I have been called counter-countertransference. Now, it isn’t so. You know, of course, that the patient is bound to stir certain feelings in the analyst and this varies according to the patient’s attitude, according to the patient, though there are of course feelings at work in the analyst which he has to become aware of. 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.

(reported in Spillius, 2007, p. 78)

Heimann (1950) is credited with being the first to articulate the expanded use of the concept of countertransference. In a short paper that she presented at the 16th International Psycho-Analytical Congress in Zürich in 1949 she stated:

I have been struck by the widespread belief amongst candidates that the counter-transference is nothing but a source of trouble. Many candidates are afraid and feel guilty when they become aware of feelings towards their patients and consequently aim at avoiding any emotional response and at becoming completely unfeeling and ‘detached’.

(Heimann, 1950, p. 81)

Heimann contrasted this view with that of Sándor Ferenczi and Alice Balint, both of whom used a technique that included sharing with the patient their own feelings towards them, a practice that can be found today in the work of intersubjective therapists of the Relational school, frequently promoted in terms of a need to demonstrate a ‘more human face’ to the patient. Heimann was not so concerned with the debate about the analyst’s relative warmth or coolness in the analytic setting. She was part of a small group of colleagues treating and discussing highly disturbed patients whose defences appeared to make extensive and intensive use of a capacity to stir up powerful emotions in their analysts. This capacity to ‘get under the analyst’s skin’, and to mobilise action rather than reflection, was seen to be a function of what Melanie Klein had formulated in 1946 with the concept of projective identification.

Seeing the analyst’s countertransference as being, in part, elicited by the patients’ projections into the analyst, Heimann and her colleagues saw the analyst’s specific emotional reactions to the patient in the analytic setting as: ‘. . . one of the most important tools for his work. The analyst’s counter-transference is an instrument of research into the patient’s unconscious’.

(Heimann, 1950, p. 81)

Heimann wrote that she and a small group of Kleinian analysts were making the basic assumption, following Freud, that the analyst’s Unconscious understands that of his patient. In the report of the 1949 congress (summarised by Anna Freud), Heimann’s contribution was described as follows:

Our basic assumption is that the analyst’s *Ucs.* understands that of his patient. This rapport on the deep level comes to the surface in the analyst’s counter-transference. The term counter-transference

is here used to cover all the feelings which the analyst experiences towards his patient.

The thesis of this short note is that the analyst's counter-transference represents an instrument of research into the patient's *Ucs*. In addition to an evenly hovering attention the analyst needs a freely roused emotional sensitivity. This, however, needs to be extensive rather than intensive, differentiating and mobile. Freud's demand that the analyst must 'recognize and master his counter-transference' does not lead to the conclusion that the analyst should become unfeeling and detached, but that he must use his emotional response as a key for the patient's *Ucs*.

The use of counter-transference as an instrument of research can be recognized in Freud's description of the process by which he discovered resistance and repression. Hysterical amnesia can be defined by its twin facets of which one is turned outward and felt by the analyst as resistance, whilst the other works intrapsychically as repression. More thorough investigation of the counter-transference may establish fuller knowledge of the way in which the character of the counter-transference corresponds to the patient's unconscious impulses and defences.

(A. Freud, 1949, p. 199)

Racker (1953), in an important passage, referred to the contributions of Helene Deutsch (1926) on the subject of the analyst's identifications with the patient:

H. Deutsch differentiates two components: (a) the identification of the analyst with certain parts of the patient's ego (i.e. the impulses and defences) and (b) the 'complementary position', or the identification with the patient's *imagos* (according to the phantasies of transference). Thus, if the analyst reacts, for instance, with oral resentment to the avarice of a (female) patient, this does not prevent him from identifying himself *intellectually* with her defence mechanisms and object images, and he is able to understand that she is avaricious because for her he is a thief (namely, her rapacious mother), but it does prevent him from doing so *emotionally*, because for his feelings it is she that has these meanings. Moreover, the *counter-transference is instrumental in bringing to his notice a psychological fact about the patient*, for his experience of frustration and his ensuing hatred made him aware of the patient's avarice. . . . Nevertheless,

his inner reaction is neurotic; he is not prevented from *understanding* but from *reacting understandingly*. The latter will only be possible for him once he has analysed and overcome his situation and is able to identify himself with the patient's ego emotionally as well.

(Racker, 1953, p. 323; italics in original)

Following recognition of the clinical importance of Klein's conjoined concepts of splitting and projective identification (1946), various analysts who were making use of her ideas began to recognise more fully the potentially informative aspects of countertransference, even though Klein herself, as we saw earlier, did not. Foremost among these were the students and analysands of Klein, who were carrying out unmodified analyses of patients suffering from psychotic states. In *Learning from Experience* (1962a) Bion wrote:

The theory of counter transferences offers only partly satisfactory explanation because it is concerned with the manifestation as a symptom of the analyst's unconscious motives and therefore leaves the patient's contribution unexplained.

(1962a, p. 24)

And in his *Transformations* (1965) this idea is taken further, with a passage that today forms the basis of an important strand of modern British analytic technique pursued in the United Kingdom by Betty Joseph, Michael Feldman, John Steiner and colleagues. Bion wrote:

A patient will manipulate his analysis and his environment in a manner which is consistent, determined, bearing the impress of a plan which is set but of which the pattern remains obscure.

(1965, p. 164)

He discusses his patient's communications in a way that clearly is linked to the experience of countertransference (although the caveat about its unconscious nature still applies), as follows:

1. Whenever the patient arouses pity or compassion he associates it with 'statements' that leave the analyst a choice between hating the patient or feeling that he has been guilty of inexperience of the world as it is.

2. Associated with 1. above the analysand exudes a sense of his superiority, an aloofness from humanity and the particular specimen that is his analyst. How he does this must be experienced in detail by the analyst and demonstrated to the analysand.

3. The patient's statements give an impression, sharp enough to evoke forebodings in the analyst yet vague enough to evoke forebodings about the forebodings. The qualities of 1. and 2. above are thus in evidence, 'splitting' the analyst by leaving him evenly balanced on the horns of a dilemma, unable to remain indecisive and unable to decide on one interpretation without misgivings that the other was correct, thus contributing to the establishment of the superiority of the analysand. . . .

From observation in the consulting-room the analyst is left to deduce the patient's skilful use of psychological insight in manipulation of the individual (the analyst) and the group (the patient's associates outside the consulting-room).

(1965, pp. 164–166)

It is not always appreciated that by 1961<sup>1</sup> Bion had applied his own clinical thinking to the experience of countertransference:

in group treatment many interpretations, and amongst them the most important, have to be made on the strength of the analyst's own emotional reactions. It is my belief that these reactions are dependent on the fact that the analyst in the group is at the receiving end of what Melanie Klein (1946) has called projective identification, and that this mechanism plays a very important role in groups. Now the experience of counter-transference appears to me to have quite a distinct quality that should enable the analyst to differentiate the occasion when he is the object of a projective identification from the occasion when he is not. The analyst feels he is being manipulated so as to be playing a part, no matter how difficult to recognize, in somebody else's phantasy – or he would

1 Bion described his new model of group mentality in a series of papers published in the *Tavistock Gazette* and *Human Relations* between 1948 and 1951, and in a 1952 paper in the *International Journal of Psychoanalysis*. These were collected and published together as *Experiences in Groups and Other Papers*, after John Harvard-Watts, editor of the *Tavistock Gazette*, had suggested to Francesca Bion that she persuade Bion to agree to them being published together as a book. This was done nine years later, in 1961.

do if it were not for what in recollection *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 explanation of their causation. . . .* I believe ability to shake oneself out of the numbing feeling of reality that is a concomitant of this state is the prime requisite of the analyst in the group: if he can do this he is in a position to give what I believe is the correct interpretation, and thereby to see its connection with the previous interpretation, the validity of which he has been caused to doubt.

(Bion, 1961, pp. 149–150; my italics)

Bion refers to the capacity of the analyst to recognise the ‘numbing sense of reality’ that accompanies this operation of projective identification, and the ability to shake himself out of it in order to think about what is going on, as *‘the prime requisite’* of the analyst in the situation, which in the passage quoted is the group. In his later work he applied this finding to another kind of group – the individual human being in analysis – but in an unpublished 1961 paper with the working title, ‘The Conception of Man’, which was to have been a chapter in a proposed book with the same title, he had already foreshadowed the implications of the operation of powerful projective identification for observing the individual:

When the group or the individuals composing it wish to manipulate the group without observation, resort is made to these highly concretized objects which are then dealt with by the evacuatory and ingestatory processes typical of the mechanisms of projective identification. These objects may be observed as being roughly divisible into two main classes. One consists of elements that are strong in emotion but weak in ideas, the other of elements weak in abstraction, or the qualities associated with abstraction and abstract thought, but strong in concretization. The method of projective identification may also be seen to operate in two different states: Melanie Klein described it as a mechanism that was in fact the product of omnipotent phantasy. However in my opinion it is capable of change in the way that so many ideas that start as omnipotent phantasies can ultimately be translated into realistic activity. If the group or the individual is resorting to omnipotent phantasy, then it does nothing and the observer may only be aware

of a somewhat passive but otherwise well-behaved group or individual. Consequently, although projective identification in its most extreme form is highly active, paradoxically it makes little or no impression on the observer. But if individual or group becomes less omnipotent and better based on reality, then the observer becomes aware of an emotional situation in which he appears to be participating unwittingly, and suffering disagreeable emotions as a result.

Bion's 1961 use of countertransference foreshadows the Sandler's concept of role-responsiveness (Sandler, 1976), and it is similar to the phenomena described by León Grinberg (1962, 1979) in his papers on projective counteridentification. Grinberg coined this term to describe a particular aspect of countertransference, induced in the analytic couple under conditions of intense, powerful projective identification stemming from the patient.

As a result of the pathological quality of this mechanism, the patient is able to induce different roles, affects and fantasies in the analyst, who unconsciously and passively feels himself 'carried along' to play and experience them.

(1979, p. 226)

Ronald Britton (2003, p. 77) has drawn upon this insight which Bion had expressed in his 1965 statement, and the earlier (1961) reference to *'being manipulated so as to be playing a part, no matter how difficult to recognize, in somebody else's phantasy – or he would do if it were not for what in recollection I can only call a temporary loss of insight'*, to bring together some of his earlier ideas on the subject (Britton, 1995), those of Segal on the nature of unconscious phantasy, and more recent ideas concerning the role of enactment present in the clinical technique of Joseph, Feldman, Steiner and Ruth Malcolm. He writes:

In that 1995 paper I suggested that it follows that one of our major tasks in analysis is to reveal the unconscious beliefs that underlie our patient's experiences and prompts their actions. Others, particularly Betty Joseph, Ruth Malcolm, and Michael Feldman, have emphasized that the undisclosed and undetected activities of the patient within analysis create the very situations that cause the

patient to malfunction in the rest of his or her life and to prevent the analysis being used to gain insight. I think that these two approaches are complementary since enactment within analysis is prompted by a desire to retain a defensive organisation and *probably to recruit the analyst into its personnel.*

(Britton, 2003, p. 77)

Britton continues:

I have argued that unconscious belief systems lie at the heart of the organizations that John Steiner (1987) has described. I suggest that until the enactment is recognized and described, the belief system that lies behind it cannot be disclosed, but, at the same time, until the patient's beliefs that drive it are disclosed, the enactment will continue.

(2003, p. 77)

Britton describes later how Klein's original, related concepts of projective identification and splitting were developed further, not only by Bion, with his notions of alpha function, beta elements and container–contained (♀ ♂), but also by Rosenfeld (1964) and, later, by Joseph (1989) – both of whom concentrated on the detection of the subtle actions of the patient and his or her relationships to early object relations being revived in the analysis of patients who present particular difficulties for the analyst's stance and attention. This component of modern psychoanalytic theory and practice Britton calls the *Unconscious in action.*

An awareness of this concept can be discerned operating in the background, and sometimes in the foreground, of the minds of many of the clinicians contributing to this book, in the different ways in which group and individual mental phenomena are investigated by each of these contributors.

While there are conceptual and clinical components to many of the chapters, I have organised the book to help the reader to grasp how the authors have made use of Bion's ideas by arranging them in Sections I and II according to whether they are mainly one or the other, in a way that mirrors the classification used by Elizabeth Spillius in her volumes of *Melanie Klein Today* (1988a, 1988b). In addition, there are sections on aesthetics, group mentality and Bion's later work.

## Section I. Introduction to Bion

The opening section comprises the first two chapters of the book – this introduction and a companion chapter – and together these are intended to provide an overarching context for the contributions that follow. In this introductory chapter, Bion's work is located in the context of the Kleinian development of Freud's metapsychology, placing special emphasis on the expansion of Klein's concept of projective identification and on the developing ideas of countertransference. This is followed by O'Shaughnessy's chapter, 'Whose Bion?', in which she takes up the fact that there are many different *readings* of Bion's published work, something fostered perhaps by Bion's evocative and analogical way of expressing and generating his ideas,<sup>2</sup> which induce highly individual associations in his readers, and that we therefore need to consider the question: to which Bion – or whose Bion – are we referring? This is an important background chapter to bear in mind when reading the chapters of the book.

Throughout Bion's writings, from 1948 to the 1970s, there is a particular use of the English language which disrupts complacency. I think that Bion was particularly conscious that the language of psychoanalysis itself is not free of what Wordsworth called 'The round of smooth and solemnized complacencies'.<sup>3</sup> He was aware of the need for vigilance in the face of routine formulations that dilute the potency and creativity of psychoanalytic thought, leading us to 'discover' only what we already knew, and here he was close to Freud in his 1912 'Recommendations to Physicians Practising Psycho-Analysis'. In O'Shaughnessy's view, it is the conjunction of this non-complacent use of language with the rigour of Bion's clinical observation and thinking that makes the papers of the 1960s more scientifically useful to practising analysts than his later papers, in which the link to observation and to the clinical setting is weaker, the language more purposely figuratively playful, and the whole enterprise less bound to clinical facts.

2 Because Bion often wrote in order to clarify his own thinking, much of his writing has an unusual tendency to induce a state of mind in the reader which possesses essential points of correspondence with the concepts being described. Examples are Bion's writings on alpha-function, container-contained (♀ ♂) and PS↔D. David Bell makes a similar point in chapter 5.

3 Wordsworth, *Excursion*, v. 372.

In asking what it is that gives Bion's work a sense of coherence, it is clear that she regards Bion's version of the epistemophilic impulse (Freud, 1909b, p. 245) – which as the 'K link' was given equal placing by Bion with the relations of Love (L) and Hostility (H) – as being of central importance in the corpus of Bion's work, giving coherence and clinical sense to his later elaborations, and in so doing she shows us that much of Bion's work is anchored fundamentally in Freud's 1911 work, 'Formulations on the Two Principles of Mental Functioning', as well as in Klein's emphasis on unconscious phantasy as an underlying process both continuous and implicated in every aspect of human functioning, physical and mental. Again and again Bion builds his ideas on the primary distinction of a mind employing *procedures designed to evade frustration and those designed to modify it*.

## **Section II. Mainly conceptual**

Following the introductory chapters, the importance of the K link mentioned by O'Shaughnessy is continued in chapter 3, in which James Fisher concentrates on Bion's K as a critically important clinical and theoretical contribution to psychoanalysis. Fisher explores what it means for Bion to speak of K as an *emotional experience*. Although beginning with some fairly straightforward observations, Fisher draws out how the implications of these observations have the potential to lead us to challenge some fundamental psychoanalytic assumptions.

Fisher is concerned to throw light on the role and function of the container (♀) in the container–contained (♀ ♂) relationship, which he sees as being central to psychoanalytic work. He suggests that containing as a developmental function is in fact an expression of a K-state-of-mind, and that as a consequence the container is a 'container-in-K'. He speculates that what Bion called –K is an attack, fundamentally, on a K-state-of-mind by an intrusion of L/H states, which under certain conditions can usurp the urge to get to know.

An important part of Fisher's argument is that he takes Bion's abstract notation of L, H and K links to be an attempt to transform Freud's account of human experience, which was in terms of instinctual impulses, into terms of emotional experience. Second, says Fisher, Bion's model transforms Freud's primary developmental dichotomy, which regards the primary tension as existing between

the pleasure principle and the reality principle, into one in which the main conflict arises between the emotional experience of L/H and the emotional experience of K, a tension whose resolution is crucial to what occurs between the analyst and patient in the transference-countertransference. Fisher goes on to show the similarity between this view and that proposed by Ronald Britton, who considers the 'drive for knowledge' (Freud's *Wissentrieb*) as 'on a par with love and hate' and 'complicated by and merged with love and hate but not derived from them' (Britton, 2003, p. 90).

O'Shaughnessy had asked whether Bion's work implies a psychoanalytic model that has a similar relation to Klein and Freud as quantum physics does to Newtonian science, and she concluded that the evidence does not bear this out. In chapter 4, Ronald Britton begins by asking whether Bion was influenced by the basic paradigm of quantum mechanics: Heisenberg's Uncertainty Principle. In his chapter, Britton writes how fundamental concepts of physics lurk 'behind the scenes', as it were, in analytic theorising and that because they function as something *more* than analogies, we need to make them explicit. Britton understands that in psychoanalysis we are not good at letting go of theories that prove inadequate. Here he asks, if psychoanalytic models have as their implicit backgrounds the theories of physics accepted at the time of their inception, to what extent are these models required to be abandoned when new paradigms arrive? Britton asks whether the concept of the pleasure principle has to be discarded as a theoretical entity, based as it was in an outmoded economic model of energetic constancy taken from Gustav Theodore Fechner? What implications would this have for Bion's theorising, which stemmed from Freud's 1911 paper on the two principles of mental functioning?

After outlining some of the fundamental changes in twentieth-century physics relevant to psychoanalysis, Britton pursues these ideas in ways that have clinical implications, and as well as illuminating aspects of Bion's thinking, he takes us into new territory by expanding further Bion's PS $\leftrightarrow$ D extension of Klein's concept of the two positions, with an idea that he schematises by the expression PS(n+1), elsewhere referred to as the post-depressive position. I urge the reader not to be put off by the use of algebraic terms here. With the background of Klein's use of the terms *depressive* and *paranoid-schizoid*, in relation to both the principal anxieties of infancy and the constellations of defences marshalled against them throughout life, and with a



phenomenology of absence and loss, Bell emphasises that today we are still dealing with the consequences and implications of Bion's thinking, involving as it does ideas that force us to abandon our complacency with familiar psychoanalytic concepts and to struggle afresh with the fundamentals of our subject matter. Much as Wittgenstein did in the fields of philosophical enquiry, Bell reminds us, Bion turns our attention to a close examination of our method of investigation itself.

Chapter 6, by David Taylor, has the title 'Anticipation and Interpretation'. In this chapter, Taylor draws attention to the dynamic (kinetic) dimension of mental life, demonstrating how psychical processes require the vital quality of impulsion if the mental apparatus is to be capable of carrying out the functions of attention. Taylor clarifies the link of such attention to the development of object relations, and he further develops these themes clinically with material from analytic sessions.

Section II ends with a chapter by Lia Pistiner de Cortiñas that shows us something of Bion today in South America. She considers some of the clinical difficulties presented by patients who appear to have developed something resembling an 'exo-skeleton' in place of the kind of vital contact with their emotional life described by David Taylor in chapter 6. Pistiner de Cortiñas draws imaginatively on key concepts developed by Bion in *Learning from Experience* and *Transformations*. Her intensive clinical experience of work with children and adolescents informs the work she describes in this account. In her view, Bion's clinical ideas have profound implications that allow her to introduce some changes in her psychoanalytic technique, but without modifying its fundamental structure. In the quotation below, concerning the analyst's transformation of moral condemnation, interpersonally and within the psyche, we can see important conceptual links between primitive superego functioning, as described in O'Shaughnessy's chapter on the superego (chapter 9), Bion's work on group mentality, and the particular form adopted by him in his *Memoir of the Future*, in which shifts in ego functioning are reflected in the positions taken by the different characters in the 'story'.<sup>6</sup> Pistiner de Cortiñas writes:

6 For example, Bion has a 'character' called *Container* in the *Memoir of the Future*, who says at one point, 'It distends me' (p. 438). (Also commented upon by Meg Harris Williams in chapter 21.)

To transform criticism, feelings of guilt, reproofs, inhibitions into characters that are able to begin a dialogue with each other and with those that are criticised has been in my experience a very useful instrument. It helps the patient develop more of an ego-related capacity to observe these conflicts instead of being crushed by them. The usurpation of ego functions by a precocious development of the primitive ‘super’-ego (the ego-destructive superego) is also linked to the ‘group mentality’ functioning. With its characteristics of fiction and dramatic playing, *personification* helps to develop a separate mind, which is able to think the primitive group functioning instead of transforming it into action. This ‘group mentality’ is present in every human being even if isolated, because of our condition of being a herd animal.

She also provides a useful discussion of Bion’s concept of *vertex* and gives it a clinical meaning:

The definition of the vertex highlights the points of disagreement and of agreement. To be able to sustain disagreements between the patient’s and the analyst’s vertices is a good container for primitive groupish functioning and helps to understand the psychoanalytic communication as a dialogue between feelings and ideas. When instead of vertices we have closed worlds, inhabited by different aspects of the personality isolated and without communication, divided by impenetrable caesuras, the personification of different kinds of functioning enables us to give up a tenacious search for certainty and meaning and to develop a disposition for curiosity and knowledge (the K link).

In addition, Pistiner de Cortiñas makes the following conjecture about the possible reason why Bion added the term ‘alpha’ to the concept of dream-work:

[that] certain innate capacities of the species, such as the capacity for producing synthesis, the importance of which had been demonstrated by workers of the Gestalt school, in the realm of perception, also act for thinking when emotions are detoxified.

### Section III. Mainly clinical

Section III begins with chapter 8, 'Clinical Implications of Bion's Thought' by Antonino Ferro and ends with chapter 12, 'Taking the Transference', by Judith Mitrani. Ferro brings detailed descriptions of clinical interactions to discuss the impact and the consequences of Bion's thought on clinical practice and on the theory of technique in daily psychoanalytic work. Additionally he discusses his ideas concerning the meaning of the concept of *field* in psychoanalytic work and makes links with the work in South America of Madeleine and Willy Baranger.

Ferro describes the role of projective identification in relation to the state of mind Bion called *reverie*, the oscillation between Klein's two positions, and the importance in analysis of evenly suspended attention (Freud) and the clinical use of what Bion, following Keats, described as *negative capability*.<sup>7</sup> In his chapter Ferro explains why he thinks that the most significant of all Bion's contributions is his concept of the 'waking dream thought'.

With chapter 9, Edna O'Shaughnessy's landmark work on the superego, we see an important contribution to the Kleinian development of Freud's thinking about this clinically and theoretically important psychic structure. Freud had described in 1923 an aspect of the superego in which a condensed culture of deathly impulses gives rise to a *systematic torturing of the ego*, in contrast to the 'striving towards perfection' that he had described in the *New Introductory Lectures* (1933b). As Bridge (2000) noted, Klein too had distinguished between an archaic but normal pre-oedipal superego and another early version of the structure, formed in a defusion of the instincts and proceeding autonomously, unaltered by the normal processes of growth. This is similar conceptually to the *ego-destructive superego* described by Bion, a 'super'-ego that asserts the superiority in potency of un-learning (1962a).

Through the clinical material of two patients, O'Shaughnessy illustrates the conflict between these two forms of superego, as well as the functioning of an 'abnormal superego'. She describes the latter as a psychic structure that usurps the status and authority of a normal superego and aims at the subjugation of the ego and the destruction

7 For Keats's original use of this term in a letter to his brothers, see Keats (1817, pp. 477–478); see also footnote 6 in chapter 12.

of its vital relationship with its objects. She points out the clever, cruel and relentless ways in which this abnormal superego moves between sadism and seduction, between tormenting the ego and enticing it away from its objects.

One recurrent theme in Bion's work, and one of the principal foundations of it, is the distinction between *procedures designed to evade frustration* and *those designed to modify it*. Bion found the basis for this in Freud's 'Formulations on the Two Principles of Mental Functioning'. In chapter 10, Howard Levine presents clinical material from a patient who seemed unable to 'suffer' her own experience and so was under pressure to make use of pathological defences to be rid of it.

Bion (1970) had stated,

There are patients whose contact with reality presents most difficulty when that reality is their own mental state. For example, a baby discovers its hand; it might as well have discovered its stomach-ache, or its feeling of dread or anxiety, or mental pain. In most ordinary personalities this is true, but people exist who are so intolerant of pain or frustration (or in whom pain or frustration is so intolerable) that they feel the pain but will not suffer it and so cannot be said to discover it. *What* it is that they will not suffer or discover we have to conjecture from what we learn from patients who do allow themselves to suffer. The patient who will not suffer pain fails to 'suffer' pleasure and this denies the patient the encouragement he might otherwise receive from accidental or intrinsic relief.

(1970, p. 9)

Levine discusses his clinical work in relation to how the analyst can help such patients to develop a capacity to deepen their ability to free-associate, to represent their experience in the analytic situation, and to begin to integrate their disturbing mental states and contents.

This emphasis on deepening free association is continued in chapter 11, 'Clinical Vignette Encompassing Bion's Technical Ideas'. This short chapter is by James Grotstein, an analyst who, as well as being a former analysand of Bion, has written extensively on Bion's work. He offers some clinical details from a four-times-a-week case to demonstrate how he makes technical and imaginative use of some of Bion's concepts, including his repeated warnings to clinicians about

the obscuring effects of recognition-memory and powerful but subtle desires to comprehend the patient too quickly or to rid patients of their conflicts.

In chapter 12, Judith Mitrani considers three papers by Bion: 'A Theory of Thinking' (1962c), 'Notes on Memory and Desire' (1967b), and one of his last papers, 'Evidence' (1976). Mitrani discusses some technical implications likely to interest all practising analysts, illustrating her ideas using clinical vignettes.

### Section IV. Aesthetic

The next two chapters draw upon creative artistic sources to illuminate aesthetic aspects of Bion. Anna Dartington in chapter 13 describes some correlations between Bion and T. S. Eliot. Although Bion was not an avid reader of Eliot's work – his preferred poets were Donne, Yeats, Manley-Hopkins and Frost – there is a striking commonality and resonance between their approaches to their respective subjects, a resonance and underlying brotherhood of meaning convincingly brought out in Dartington's essay. Thus she states:

When an analyst describes an interpretation like this, 'I was listening to the silence; I was listening to the interference; I was listening to what came between him and me; I can now draw you a picture in words . . . a representation of what I intuited during so many minutes, or weeks, or years' (Bion, 1975), it reminds us of a poem. When a poet describes poetry like this, 'the abstract conception of private experience at its greatest intensity, becoming universal', it reminds us of an interpretation.

Chapter 14 is by Janet Sayers and has the title 'Bion's Transformations: Art and Psychoanalysis'. Sayers makes connections between Bion, Lacan and Kristeva and compares the transformations that concern psychoanalysts with the transformations effected by an artist. In *Transformations* (1965) Bion referred to Monet's famous 1873 painting of a poppy field, distinguishing between the fact that everybody knows that it is 'about' poppies and the direct emotional experience of being in front of the painting itself. Sayers compares this to the difference between the analysand knowing what the analyst's interpretation is *about* and experiencing it in a way that enables them, as

Bion put it, ‘to “know” that part of himself to which attention has been drawn’.

Bion enjoyed painting and drawing. There are reproductions of some of his paintings in Sayers’s paper.<sup>8</sup> She reiterates the point made by Merleau-Ponty that ‘If no painting comes to be *the* painting, if no work is ever absolutely completed and done with, each creation changes, alters, enlightens deepens, confirms, exalts, re-creates, or creates in advance all the others’ – a quotation that also epitomises Bion’s attitude to the work of analytic interpretation. As Sayers puts it, Bion believed firmly that psychoanalysis and art were provisional and ‘unsaturated’. ‘Each is provisional, like art, as means, at best (at least in Bion’s terms), of enhancing the recipient’s capacity to imagine and dream their experience into knowable and thinkable form.’

## **Section V. Group mentality**

Chapters 15 to 18 concern the mental workings of groups and organisations. Bion was asked frequently why, after qualifying as an analyst, he had ‘given up on groups’. He tended to reply that he did not have sufficient time to devote to individual work and group meetings but, more importantly, that studying mental processes in the individual was a means of furthering his researches into group phenomena because, in Bion’s way of thinking, the individual *is* a group. In ‘Group Dynamics: A Re-View’ (1952), which was later incorporated into *Experiences in Groups and Other Papers* (1961), Bion stated that the human individual is, whether he or she likes it or not, a ‘group animal’. He meant this radically, not only that we are emotionally and physically dependent on our family group and the wider community as external providers, but, following Freud and Klein, to include the fact that we are composed of, and constituted by, our *internal object relations* as well as by our external relations. Thus the human individual is not only a ‘group animal’ but *is* also a group. As Bion wrote in 1961,

I have already said I do not consider it necessary for a number of people to be brought together – the individual cannot help being a

<sup>8</sup> Full colour reproductions can be viewed online at <http://www.psyoanalysisarena.com/bion-today-9780415570725> and at <http://www.melanie-klein-trust.org.uk/bionart.htm>

member of a group even if his membership of it consists in behaving in such a way as to give reality to the idea that he does not belong to a group at all. In this respect the psycho-analytical situation is not 'individual psychology' but 'pair'. The individual is a group animal at war, not simply with the group, but with himself for being a group animal and with those aspects of his personality that constitute his 'groupishness'.

(Bion, 1961, p. 131)

David Armstrong, in 'The Plurability of Experience' (chapter 15), revisits the large-group experience. He focuses his attention on the inevitable anxieties stirred up in us when we are faced with the bewildering and disturbing emotional impact of vivid and complex aspects of the inner world of others. Bion had written about emotional turbulence, storms of emotion, and in his thoughts about countertransference he had described the difficulties for the analyst of being induced to feel powerful emotions that had the effect – and sometimes the unconscious intention – of drawing him into playing the role of a particular figure belonging to the patient's internal world. Armstrong in his paper uses the term *plurability* to delineate the difficulties we experience in entering into, and receiving, the projections of the multiple 'characters' of the other and, by identification with these, our selves. It may appear to some readers that Bion does not make a loud appearance in this chapter, but for others it will be clear that he is very present 'in the folds' of it.

The second chapter in this section, chapter 16, is by Caroline Garland. In 'Group Therapy: Myth in the Service of Work', she considers the nature and importance of myth and, in particular, discusses the functioning of myths in the transitions between a working group mentality and various forms of phantasy-dominated group functioning. This has connections to Bion's approach to the function of *myth*, which he incorporated into his Grid (1962a), before eventually losing interest in it. She observes that once there has been what she calls, following Bion, a 'public-ation' of the myth in the context of a group, it can be made available for work if the unconscious phantasies and beliefs at its core are able to be recognised.

In chapter 17 Robert Lipgar shows the impact of Bion's world-wide legacy on work with groups. He examines in particular three aspects of Bion's work on groups: first, the principle that silence gives consent; second, the concept of the group's mentality as a repository

of anonymous contributions; and third, how the concept of the *proto-mental* is thought about by those who work with groups. Lipgar also describes Bion's influence on the methods developed by the Chicago Center for the Study of Groups and Organizations, and towards the end of the chapter he widens his subject to include political groupings and war.

Concluding the section on group mentality is the chapter by John Gordon, in which he begins by summarising and discussing the three non-exclusive theoretical models produced by Bion in response to his experiences in groups, both military and civilian. These are the theory of *group mentality*; the *basic assumptions*; and the *Re-View* of these, in which Bion emphasised the importance of the latter in defending against the primordial anxieties that are inherent in being a member of a group. Gordon stresses that, contrary to the opinion of some writers, Bion did not fail to appreciate the *work group*, but he emphasised that conflict between it and the basic assumptions are as inevitable and ubiquitous in group mental life as those described by Freud in his structural model of the individual mind.

Readers will notice that Gordon's discussion of Bion's third model, with its references to unconscious phantasy and the group as a phantasied object, makes a bridge between Bion's work on the coexisting institutional, group and individual levels. His comments concerning the interest or otherwise shown by group members in using their minds to get to know the group and its contents as a maternal object will be seen to connect with the chapter by Fisher on the K link (chapter 3). Consistent with the individual clinician's interest in the factors involved in getting to know objects versus annihilating the means by which we come to know and learn, as well as between probabilistic learning and terrifying omniscience, Gordon states his belief that the essence of Bion's approach is *the clinical focus on events in the here and now*, on the emotional experience as it evolves and can come to be observed by participants – a view shared by many of the contributors to this book. Gordon's chapter builds to a discussion of some unusual clinical material described by Bion towards the end of *Experiences in Groups*, a neglected vignette that shows Bion working with the suspicious and hostile expectations of group members. Making a parallel with the creative potency of Freud, Gordon writes, concerning what this vignette demonstrates about Bion:

How many clinicians find that patients to whom a group is recommended, rather than individual therapy, respond with a similar suspicion, if not with frank disappointment, antagonism or fear? How many of us entertain similar reactions ourselves? It is typical of Bion's approach that he faces up to and recognises these feelings and attitudes in relation to groups, and acknowledges their validity; but instead of concluding that this apparent severe disadvantage undermines the case for groups, he makes its further delineation and exploration the *raison d'être* for group work. In this regard, Bion's creativity parallels that of Freud, who transformed that severe obstacle to analytic treatment – the transference – into a second royal road to an understanding of the unconscious.

## Section VI. Later Bion

The final three chapters are concerned with Bion's later work. One of the ideas from this that undoubtedly has proved most off-putting to many British psychoanalysts has been Bion's concept of O. As Caper (1998) has pointed out, the notion – and Bion's exposition of it – lends itself to being understood as belonging to mysticism. A careful reading of Bion, however, allows us to see that it is an epistemological idea relating to *the limits of representation*. I see this notion, O, as representing the dimension of real life which lies behind what we can articulate in language and to which Wittgenstein was referring in the final proposition (7) of his *Tractatus Logico Philosophicus* (1922) when he wrote: 'Whereof one cannot speak, thereof one must be silent', and which Bertrand Russell clarified in the following sentence from his introduction to that work:

The essential business of language is to assert or deny facts. Given the syntax of language, the meaning of a sentence is determined as soon as the meaning of the component words is known. In order that a certain sentence should assert a certain fact there must, however the language may be constructed, be something in common between the structure of the sentence and the structure of the fact. This is perhaps the most fundamental thesis of Mr Wittgenstein's theory. That which has to be in common between the sentence and the fact cannot, he contends, be itself in turn *said* in language.

It can, in his phraseology, only be *shown*, not said, for whatever we may say will still need to have the same structure.<sup>9</sup>

(Russell, 1922, p. x)

Bion uses the deliberately empty sign ‘O’ to point towards this unspeakable reality that he says can be ‘intersected with’ but not grasped. Tempting though it is to attach words to it, such as ‘Origin’, or ‘totality’, as many have done, forming their own associations to the letter used by Bion, it probably makes more sense in approaching Bion’s *meaning* to allow it to remain undeciphered, or simply to say that it refers to something like the ‘suchness’ or truth of a situation, bearing in mind that this can never be known absolutely. This can be seen to be consistent with Bion’s usage across many of his works, and with the suggestion made earlier concerning the work of Wittgenstein on representability and the logical relations between a representation and the thing represented. As Bertrand Russell stated, the former and the latter must exhibit the same ‘logical manifold’,<sup>10</sup> which ‘cannot be itself represented since it has to be in common between the fact and the picture’.

There are many references, over the entire span of Bion’s working life, to *real life* and the importance of gaining a close approximation to it in analytic work. Such references usually imply the need to tolerate relatively undefended contact with turbulent emotions.

In chapter 19, Rudi Vermote tackles Bion’s concept of O by first of all warning us that there is something seductive about this concept which can cause the reader to become caught up in and bewildered by the apparent mysticism of Bion’s terminology. Vermote is adamant that the pursuit of mysticism was not Bion’s aim, and he addresses this difficulty by clarifying the paths along which Bion arrived at his later formulations. To aid in the understanding of some of his later ideas

9 When Russell goes on to state the following about Wittgenstein, we can see some possible conceptual roots of Bion’s use of the terms ‘constant conjunction’ and structural invariant: ‘He compares linguistic expression to projection in geometry. A geometrical figure may be projected in many ways: each of these ways corresponds to a different language, but the projective properties of the original figure remain unchanged whichever of these ways may be adopted. These projective properties correspond to that which in his theory the proposition and the fact must have in common, if the proposition is to assert the fact.’

10 In Kantian terms, a *manifold* is the sum of the particulars furnished by sense *before* they have been unified by the synthesis of the understanding.

and technical recommendations, Vermote points out the roots in Bion's earlier work. He includes a brief overview from the period during which Bion treated severely ill patients at the Tavistock Clinic through to the period when he treated patients with a more neurotic structure in California. He then focuses more closely on the last part of Bion's work. In attempting to apprehend the clinical meaning of O, Vermote elaborates the notion of the *psychoanalytic object*, by which he means, 'the point where the ultimate truth or O of a personality evolves to a point where it becomes apprehensible'.

In chapter 20, Margot Waddell asks how it is that we can get to know what underlies the self's official version of the self. Bion had remarked in 1979, in his last published paper, that the tendency to engage in self-idealising internal narratives means that we need to explore how the self communicates with the self:

real-ization . . . the feeling that the world, the thing, the person, is not adequate unless we alter our perception of that person or thing by idealizing it. Real-ization is doing the same thing when we feel that the ideal picture which we present by our statement is inadequate. So we must consider what is the method of communication of Self with Self.

(Bion, 1979a, p. 326)

Waddell delineates Bion's ideas of the evolution of experience in her close description of the process unfolding between a patient and an analyst in a single analytic hour. She asks as her crucial question: what is the difference between a realistic picture of our true identity and representations of the self, or personality, which is a semblance of the real thing? Reminding us of O'Shaughnessy's comment that, 'under the unusual conditions of an analytic hour an analyst gains privileged access to a patient's interiority', Waddell focuses on a single analytic session, a particular aspect of narrative, with the aim of throwing light on those 'mysterious processes which underlie a "coming into mind", the beginning of thinking, that which, in turn, enables a person to become him/herself'.

Waddell enables us to consider the possibility that Bion's last work, *A Memoir of the Future*, is a continuation of his clinical thinking using an allusive literary form. She sees the work as a great autobiographical account of an interior story of the self's development and the becoming of a psychoanalyst, drawing upon a lifetime of

analytic reflection. The mode of writing in the *Memoir* is not wilfully obscure but represents, according to Waddell, an attempt to express the nature and functioning of psychic reality. This view concurs with that of Meg Harris Williams (see final chapter), who states that Bion made the investigation of himself as a person and a psychoanalyst inseparable from a search for an appropriate artistic form, given the inescapable fact that ‘the thing itself is altered by being observed’ (Bion, 1991, p. 216).

The book concludes with a work by Meg Harris Williams, “‘Underlying Pattern” in Bion’s *Memoir of the Future*’, which is an updated version of a paper written in the 1980s. I have included it here it because it enables us to consider the relationship between Bion’s early, more directly expressed clinical thinking and his later writing, which, being more allusive in form, making much more use of condensation and displacement, is of less obvious clinical relevance. Harris Williams describes the progress of Bion’s search – using the relationships of the *Memoir of the Future* – for an underlying pattern (1) in the sense he used in studying ‘catastrophic change’ in the personality<sup>11</sup> and (2) in the sense of a search for appropriate artistic form. As Harris Williams puts it,

Bion’s ‘internal voices’ (including P.A. – Psychoanalyst) struggle towards ‘disciplined debate’ as they experience past and future catastrophes in the present. The internal ‘Group’ gradually achieve coherent genre as they increase in self-awareness and in resilience to catastrophic change. By Book 3, their history becomes recountable in the terms of a single life-cycle, from pre-birth to approaching death. Key points of catastrophic change are represented by birth itself, by the transition from latency to adolescence, from adolescence to adulthood, and by death. The approaching catastrophe of the future, unknown although imaged by death, becomes containable artistically casting its ‘shadow before’; and catastrophic anxiety no longer fragments the Group. Their original chaotic ‘Dream’ undergoes successive transformations part revealing, part constructing a ‘pattern’ until it comes to metaphorically express the process of thinking itself, equipped to face the birth of an ‘idea’.

11 Following Poincaré, with his concept of the ‘selected fact’.

Looking back at the earlier version of her chapter, Harris Williams felt her original view of the *Memoir* and its significance to be unchanged, though she would now give even more emphasis to the aesthetic aspects of catastrophic change and its relation to symbol formation.

★ ★ ★

In the chapters that follow, the reader will be able to see how Bion's insights are applied clinically in a range of settings in ways that retain the freshness and truthfulness of his original conceptions. There is inevitable repetition in this book, partly because most of the chapters were not originally written for this collection. There is repetition, too, in Bion's own writings, though in places there is fertile ground to be tilled in studying the apparently minor variations on a theme, and the same could be said of some of the repetitions in this volume.