

Teaching Bion. Modes and Approaches

Edited by Meg Harris Williams, London: Karnac, 2015, pp. 93-100.

Dreaming the Patient Into Being: A Methodology for Clinical Seminars

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'Teaching Bion,' like doing analysis, is a highly subjective enterprise. In my experience, it has been less about content than it is about facilitating the development of a certain analytic attitude. Consequently, I have come to prefer not to teach content-specific seminars or lecture courses, but instead try to recreate the experience of the analytic session in clinical workshops through an exercise that I call '*dreaming the patient into being*.' As raw material for this exercise, I ask someone to present detailed process from two or three consecutive sessions, accompanied by only the barest minimum of context and history.

I begin the session by announcing that the work task of the group will be for each participant to try to place him or herself into the imagined role of the analyst as the presentation unfolds. In order to help them to do so, I describe the system for practicing jazz improvisation that I encountered many years ago as an aspiring tenor saxophone student. There was a series of recordings of jazz arrangements for saxophone quartet of classic songs called 'Music Minus One,' which included only piano, bass and drums. The saxophone part was left out, so that each student could play along and provide his or her own improvisation. Although each student was presented with the same song and was responding to the same basic rhythm, melody and chord changes, we had the freedom – indeed the requirement - to interpret and interpolate the sax line in our own personal way. The analogy to the seminar as 'rehearsal' is clear.

I next remind the group that each presenting analyst will unconsciously carry more of the turbulence of the treatment than he or she can possibly know of and that we can expect that something of or related to the not yet metabolized elements of this

turbulence will be unwittingly projected into the group by the words and affective currents unconsciously and silently embedded in the presentation. This sets up the idea of a parallel process that exists between presenter and group and patient and analyst and encourages participants to free associate to the material that they will be hearing and to 'make room for wild thoughts.' The rationale is that if we pay attention to what strikes each of us and share our observations and feelings, we stand a better chance of 'unpacking' more of the enigmatic and unspoken dimensions of the analytic encounter that we are hearing about.

I then caution that we can expect that hearing a presentation of process material without a great deal of accompanying history or context will usually generate a number of questions in the listening audience. However, I suggest that the impulse to ask questions, especially historical factual questions, is often an expression, at least in part, of a reaction to an emotional disturbance set off in the listener. (That is, "irritable reaching after fact"). And so I ask participants to resist that impulse, keep open the internal space for not knowing ('negative capability') and reflect upon and perhaps share their thoughts on why they might want to ask that question at that moment, so that we might learn something about the disturbance that has been induced. This request also underlines the analyst's role as 'guardian of the process,' a role which I then try to model whenever possible, especially at the start of the case discussion, by encouraging and prioritizing hearing the responses of the members of the group to the material presented, rather than offering my own.

What I am aiming for is the creation of a setting in the classroom that allows participants to practice establishing an analytic mind set and exercising an analytic function, so that they can have a first hand analytic-like experience in the group. This goal is consistent with the view drawn from Bion that

"Rather than being a decoder of the patient's unconscious or an arbiter of some "truth," the analyst functions as catalyst and guardian of an emergent,

inexhaustible process that expands the bounds of the patient's psyche - the very realm that analysis seeks to explore." (Levine 2012b, p. 19).

Just as in the clinical setting, where the analyst's ultimate aim is not to inform the patient or transmit knowledge, but rather to help patients develop the tools for thinking, dreaming and creating meaning in their lives, so it is in the classroom. Assisting the students in the discovery and strengthening of their own capacities to think, inquire and bear not knowing takes precedence over the transmission of 'facts.'

The exercise that I am describing helps train and reinforce the development of the analyst's capacities to listen, free associate, 'dream while awake,' dwell in uncertainty and keep open an internal psychic space in which to engage in a receptive and free ranging reverie. These are the means through which the analyst in the consulting room attempts to make room within him or her self for and observe the emergence of the unbidden and the unexpected – i.e., 'wild thoughts,' fantasies, dreams and inclinations to action– that appear in reaction to and in concert with similar phenomena in the patient. Allowing this process to spontaneously occur is particularly important, because it is

“... this mind-set [that] will allow analysts to function in the service of helping patients transform what was once ineffable, unthinkable and beyond the bounds of language into the very elements that thought, articulatable feelings and dreams are made of. In so doing, analysts will help their patients develop their own capacities to think, feel, dream, grieve and learn from experience.” (Levine 2012b, p. 19).

What I am trying to convey is that my sense of teaching Bion is far more about experience, listening stance, the deepening of one's capacity for reverie and enhancing the receptivity of one's mind than it is about specific dynamics, complexes or factual knowledge. To be sure, there is a language and notation that must be

learned in order to gain facility in reading Bion – alpha and beta elements, container/contained, emotional turbulence, catastrophic change, making room for wild thoughts, different transformations, even the grid, etc. – but more than familiarizing students with a strange and new technical vocabulary it is about *how to use Bion to prepare analysts' minds for their encounters with their patients – and with themselves.*

Put another way, teaching Bion is more **O** than **K**; *becoming* rather than *knowing about*. In that sense, Bion offers us a meta-theory that transcends any particular psychoanalytic school or tradition. Some of his work, especially his early writing, is rooted in Kleinian theory, but increasingly, he moved away from the limits of a particular school to general principles and attitudes related to how minds work, individually and in groups, and perhaps most importantly, how two minds may work together unconsciously and intersubjectively in concert.

Bion (2005) was famous for having said “I will try to tell you something about how I understand I do analysis, so that you might understand something more about how you do analysis.” He was not interested in creating disciples, acolytes or clones. But what does ‘learning something about how one does analysis’ imply or require? For Bion, the truest form of learning is ‘learning from experience.’ All else is ‘hearsay evidence.’ And in order for that learning to take place, one must *suffer* (face and tolerate) the truth of one’s own existence, even – or especially – when that truth is painful, difficult or unpleasant. If we examine this statement further, we will uncover some of the central tenets of what I have come to rely upon and use as the core of Bion’s teachings.

The first thing to notice is that Bion is doubly tentative about knowing. He will *try* to tell you how he *understands* how he does analysis. This leaves open the possibility that he may try and fail or be limited and that his ‘understanding,’ which is a *belief* rather than a certainty and therefore subject to all of the many pitfalls that can bedevil human thought and opinion, may be partial or incorrect. His epistemic

humility is consistent with his emphasis on *negative capability*, the importance of the analyst's being able to tolerate ignorance and uncertainty, to wait and allow the organization or relations that may exist between the various elements of the session to begin to coalesce and emerge around a *selective fact*.

In contrast to other authors, whose theories might endorse or imply a *knowing* analyst, Bion reminds us that we can only 'know' what we *believe* to be so, rather than what with certainty *is*. For example, in Cogitations he wrote:

"It is very important that the analyst knows not what *is* happening but that he *thinks* it is happening. That is the only certitude to which he lays claim." (Bion 1992, p. 70).

So, whatever 'doing analysis' means, Bion views it as a highly subjective and individualistic endeavor. One cannot teach anyone to 'do analysis like Bion,' but one may perhaps help them to do analysis even more deeply or courageously within the limits and opportunities of their own subjectivity and personal idiom. I am reminded of a parable re-told by Martin Buber (1994, p. 17) about Rabbi Zusya, who told his students: When I die and appear before the throne of the Almighty in heaven, He will not ask me why I was not in my life more like our forefather Moses. He will ask me why I was not more like Zusya!

The analogous lesson that I would draw from Bion's work is that each analyst must continue to learn to understand and develop his or her own subjectivity (become even more him or her self) so that it may be used in the service of their 'doing analysis' in their own unique and individual way. This lesson was humorously underlined for me in a clinical case conference many years ago by Jim Grotstein, that unparalleled analyst, explicator, student and teacher of Bion. After Grotstein eloquently described what he would say to the patient in a certain difficult situation, he cautioned that he didn't think the presenter should say it. When we asked him why, he responded, "Because you don't have the courage of my convictions!"

Grotstein was emphasizing the point that each analyst had to 'do analysis' in their own subjective, unique and individual way, a point that is also rooted in Bion's assumptions about raw existential Experience¹, **O**, being only partially knowable, because the elements that make up psychic reality are dependent upon the recognition and exploration of a kind of experience that is not "of the senses" and therefore does not lend itself to empirical observation. It follows that the ways in which we come to know things related to psychic reality are usually partial and approximate, rather than certain and incontrovertible, and therefore often highly subjective. This subjectivity is reflected in the many different responses to the process material expressed by the group, almost none of which are 'wrong.' Experiencing this as it emerges in the group also begins to help participants to experientially understand Bion's (1970) metaphor of the analyst as 'genius' or 'mystic' and his valorization of the analyst's intuition in the analytic process.

In *Attention and Interpretation* Bion (1970) argued that unlike a physician, who may observe (see) a patient's jaundice, feel (touch) their irregular pulse, or recoil at the stench (smell) of an infected wound, "the realizations with which a psycho-analyst deals cannot be seen or touched; anxiety has no shape or colour, smell or sound." (p. 7). Of course, anxiety may produce physiological changes that are observable, such as rapid pulse or respirations, sweating, etc. However, Bion considered these to be secondary to the thing-in-itself, the psychic state. While these changes may lead one to infer its presence, that inference or indication is not assumed to be the same as observing the psychic state.

Thus, there is a sense in which Bion's comments disqualify – or at least limit – the value of empirical observation as a fundamental tool for psychoanalysis. As an

¹ I use the term, capital E Experience to signify the raw existential Experience of **O**, which is by definition only partially knowable and the term, small e experience to signify that portion of Experience that is potentially knowable.

alternative, he proposes “to use the term ‘intuit’ as a parallel in the psychoanalyst’s domain to the physician’s use of ‘see,’ ‘touch,’ ‘smell,’ and ‘hear’” (p. 7).

In my own initial exposure to Bion, as a young psychiatric resident learning how to lead ‘Bion groups’ with psychiatric in-patients on a hospital ward, I was often asked by my supervisor, Harold Boris, who first introduced me to Bion, not what did the patients say or do, but how did it feel to me? Or what did it feel like? A breast? A penis? While initially, these questions confused and disturbed me, they ultimately planted the seed of an idea that took me beyond the realm of the ‘medical/empirical’ to the intuitive and the realization that my feelings, impulses and fantasies were an intrinsic part of the group dynamic process and, since they were uniquely mine, I was potentially lending myself in a ‘mystical’ or ‘oracular’ way to giving form to something that was previously unformed or ineffable.

In elevating the analyst’s intuition to a place analogous to the physician’s empirical observation, Bion implicitly laid the groundwork for a theory of unconscious, intersubjective co-construction of narrative forms that rested upon the foundation of the concept of unconscious communication based upon the communicative dimension of projective identification and the processes of container/contained.

Embedded in and behind Bion’s assertions is a strong epistemological position about the nature of the psychic facts that are the object of analytic inquiry. This position may be whimsically illustrated by the story of the 3 baseball umpires discussing their craft and the problem of calling balls and strikes behind home plate. The first umpire, the most junior of the lot, says humbly, “I calls ‘em as I sees ‘em.” The second, more seasoned umpire says with brash assurance, “I calls ‘em as they are.” The third, most senior umpire, a true Bionian in spirit, says, “ They ain’t nothing’ till I calls ‘em.”

Restating this more formally, we would say that:

“From a phenomenological perspective, ... data is frequently not found, but *constructed* and so what we deem to be ‘analytic data’ is not objective and pristine, but rather is itself a function of – and therefore determined by – the act of being observed and the subjectivity of, including the theory held by, the observer.” (Levine 2012b, p. 21).

This is another feature of Bion’s teaching that the plurality of responses to the clinical material within the group can illustrate.

The idea that elements of psychic reality are unsaturated and may have no fixed form until named is consistent both with Freud’s theory of representation in general and his (1915) description of how unconscious drive elements (‘thing presentations’) reach consciousness as ideational representations only after they are linked with ‘word presentations.’ (See Levine, Reed and Scarfone, eds. 2013). It is also consistent with Bion’s (1963) valorization of *myth making* as an important dimension of the analyst’s interpretation.

Elsewhere (Levine 2011), I have described how Bion’s valorization of the analyst’s personal myth reflects a movement from a predominantly de-coding or uncovering psychoanalysis to one that emphasizes *transformation* and creation of mind. In particular, I suggested that statements of ‘personal myth’ are:

- particularly powerful containers and conveyers of emotion.
- reflect the subjectivity, emotional engagement and therefore ‘passion’ of the analyst.
- may serve as catalysts of an emotional turbulence, that ‘makes a demand for work’ upon the minds of the analytic pair.
- are useful to approximate previously unarticulated aspects of the unstructured, non-dynamic unconscious of the patient.

It was one of Bion's greatest accomplishments that he recognized that the projective identifications of the infant and patient, in addition to

“serving a regulatory and defensive function for the individual and within the analytic couple or infant-caretaker dyad – a point that Melanie Klein had made early on –,... also communicate distress, the need for assistance and *activate the psychic transformational capacities of the object*. (See also Aisenstein 1993).” (Levine 2012b, p.24).

The analyst, in a state of reverie, one that tends towards non-tendentious listening aiming as much as possible to eschew memory, desire or specific theoretical expectations, absorbs the patient's projections and works upon (transforms) them unconsciously, so that they become capable of giving rise *in the mind of the analyst* to images, affects and ideas that will become the stuff of the analyst's thoughts, fantasies, etc. Having achieved psychic representation in the mind of the analyst, these images, affects and ideas may then be noticed and used by the analyst to either inform an interpretation or other comment that may or may not be given to the patient and/or to adjust the analyst's internal state, listening stance or perspective, degree of activity, etc.” All of this is amply illustrated in the unfolding process of the clinical groups.

Bion's recognition of this *communicative function of projective identification* helps link the *archeological analysis* of Freud's Topographic theory to the *transformational analysis* (Levine 2010) that is required in the treatment of very young children, 'widening scope patients,' and situations resulting from pre-verbal and/or massive psychic trauma. In so doing, he helps build a bridge between the understanding and treatment of neurotic and non-neurotic patients that can allow analysts to feel “analytic” as they follow and work with their patients “beyond the pleasure principle.’ Thus, another important goal of my attempts to teach Bion is to emphasize that the aims of psychoanalysis

“are transformational rather than informational. That is, rather than aiming predominantly at revealing what is hidden in the unconscious, analysis aims to create and expand the unconscious and the category of what is thinkable for the patient, starting with expanding what can be thought and felt within the analytic pair, and to strengthen and help develop the patient’s capacity for tolerating and constructing their own thoughts and feelings.” (Levine 2012b, p. 25).

Put in terms of technique, the interpretation of the here-and-now is not a

‘destination,’ does not exhaust meanings, but is instead a point of departure for new meanings and places not yet known. “Psychoanalysis is not a symbolic system charged with ‘deciphering meaning,’ but a ‘system for generating new thoughts” (Ferro and Basile 2009, p. 92), which can then become progressively interlinked.” (Levine 2012b, p. 25).

What this requires of both analyst and patient is the creation and maintenance of a potential or unsaturated space, in which new thoughts may emerge. This, too, is ably illustrated in a first hand, experiential manner in the groups that I am describing. My ultimate goal is that participants will take what they have learned and developed through experience in these groups back to their analytic settings, increasing their capacity for reverie, receptivity and response.

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April 12, 2014