

CLINICAL SEMINARS and other works

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Evidence 1976

The following free association was made to me by a patient in analysis. "I remember my parents being at the top of a Y-shaped stair and I was there at the bottom . . . and . . ." That was all; no further associations; finish. I waited, and during this time I, as usual, had plenty of free associations of my own (which I keep to myself because I am supposed to be the analyst). It occurred to me that this was very like a verbal description of a visual image, simply a Y-shape. The thing that struck me straight away about a statement that was so brief, so succinct, and stopped short at that point, was that it must have a lot of meaning that was not visible to me. What did in fact become visible to me I could describe by writing 'Y'. Then it occurred to me that it would be more comprehensible if it was spelled, 'why-shaped stare'. The only trouble was that I could not see how I could say this to the patient in a way which would have any meaning, nor could I produce any evidence whatsoever for it—excepting that this was the kind of image that it called up in my mind. So I said nothing. After a while the patient went on, and I started producing what seemed to me to be fairly plausible psycho-analytic interpretations.

Thinking about this later, I imagined a Y-shape which, when pushed in at the intersection of the three lines, would make a cone or a funnel. On the other hand, if it was pulled out at the intersection, then it would make a cone shape sticking out or, if you like, a breast shape. In fact it was an evocative free association on the part of the patient as far as I was concerned, but I was still lost because I had no idea of what I could say that would reveal an interpretation, and would also be comprehensible to the patient. In other words, could I possibly be perspicacious and perspicuous?

In the next session I seemed to be killing time with conventionally acceptable interpretations. Then I thought I would launch out on what I have been saying here. "I suggest that in addition to the ordinary meaning of what you have told me—and I am perfectly sure that what you said means exactly what you meant—it is also a kind of visual pun." And then I gave him the interpretation. He said, "Yes, that's right. But you've been a very long time about it."

Now the question is, what was the *evidence* that the patient was giving me, and what was the *evidence* that I saw, or thought I saw, for the interpretation? It is all very well for the patient to say, "Yes, that's right." I believe him. But I do not know why he thought it was right, or why it *was* right. In fact I don't know what the evidence is for that statement.

Freud, in his obituary notice of Charcot, lays great stress on, and obviously was enormously impressed by, Charcot's idea of going on staring at an unknown situation until a pattern begins to emerge and can then be interpreted. Charcot was, of course, talking about physical medicine, surgery and neurology. When it comes to psycho-analysis it is another matter; conventionally at any rate, we are not supposed to use our senses in physical contact with the patient. But we can attach enormous importance to the patient's presence—if he turns up. The problem, in a sense, is that of trying to make it worth while for the patient to come again another day. In theory there is no difficulty whatsoever; in practice it is very difficult indeed. So I think it is a matter of some congratulation if one retains the patient's curiosity or interest enough for him to come again.

There is still, however, this problem: what are we to say to people who are not psycho-analysts, or have not had psycho-

analytic training, or, for that matter, if they have? So much of what we learn between the time we are born and the present is crudely perceptible through our senses; whatever else we learn is difficult to describe. Had I been able to verbalize it, I could have said what the evidence was for my supposing that this statement the patient made was a pun, but I still do not know what language to use if I am trying to communicate with somebody 'not me'.

Leaving that subject for a moment, I would remind you of Freud's statement, 'There is much more continuity between intra-uterine life and earliest infancy than the impressive caesura of the act of birth would have us believe.' He did not follow that up very far; on the whole he seemed to dismiss it in the way that he says, 'I learned to restrain my speculative tendencies and to follow the forgotten advice of my master Charcot, to look at the same things again and again until they themselves began to speak.' That also seems to me to be very important; I have thought of it in terms of trying to dismiss memory and desire—memory as being a past tense; desire, a future tense. In other words, trying to start a session with as nearly blank a mind as one can get—which is not altogether very near because one has such an enormous past history between the time that one is born and the present day; such an extraordinary amount has been learned since becoming an inhabitant of a gaseous medium, the air. How much has been forgotten I do not know; indeed one of the revolutionary and disturbing theories in psycho-analysis is that it is questionable whether *anything* is forgotten in the sense of really disappearing. The important point about Melanie Klein's idea that at a very early stage the infant has a phantasy that it is able to split off what it does not like and evacuate it, is that it is an omnipotent *phantasy*; nothing happens, the situation remains unchanged, the personality remains unchanged. However, there is now an added layer of this phantastic belief that something has been got rid of. But suppose that it is not forgotten, that it simply becomes part and parcel of an archaic mentality, unconscious thought—in spite of the contradiction in terms—which is extremely active.

A surgeon is relatively lucky: he can say, "I think we could operate to relieve this pain that you are suffering in your back",

because he has decided—although he doesn't say so—that the patient has a tumour in the form of a vestigial tail. Or, "Yes, we can operate on you." Again, he does not say why, but believes that the patient has a branchial cleft tumour. A surgeon would not be very popular if he behaved or talked as if he thought that the patient was a monkey or a fish or an amphibian. So it is not going to be popular if we psycho-analysts behave as if we think that the person of forty or fifty or sixty shows vestiges of states of mind that he thought he got rid of years ago. He prides himself on being grown up and on not believing that sort of psycho-analytic rubbish.

So we are back again to this same old problem: what are we to say? How are we to communicate to a patient? The surgeon can usually fall back on well-cared-for instruments that have been properly preserved and are already available in aseptic conditions. What we have to use is articulate speech; the instruments with which we are to carry out *our* surgery are a sort of debased currency, words which are worn absolutely smooth till they are meaningless—terms like 'sex', 'fear', 'hostility' and so on. It is not surprising, therefore, that the patient thinks the analyst is talking the usual nonsense when we have to use words which are so debased—and which are pretty sure to get still more debased in the future. The alternative to that is to use technical terms, but that is just as bad because they are indistinguishable from jargon, just noises, 'learned' nonsense. For this reason I think that each analyst has to go through the discipline—which cannot be provided for him by any training course that I know of—of forging his own language and keeping the words that he uses in good working order. I do not think it has to be a particularly profound vocabulary, or particularly broad—it may be quite a narrow one—but it is very important that it should be the one that he chooses for himself. Nobody can tell you how you are to live your life, or how you are to think, or what language you are to speak. Therefore it is absolutely essential that the individual analyst should forge for himself the language which he knows, which he knows how to use, and the value of which he knows—knows so well that he can detect, when he gives an interpretation and the analysand repeats it with a slight change of intonation or emphasis, that although it sounds as if it is a repetition, in fact it is not. This is where the

practice of analysis is so appallingly difficult: if you say nothing, you leave the patient to assume that he has correctly reported what you have just said to him; if you do draw his attention to the difference, you leave yourself open to the accusation that you are being pedantic and fussy, complaining about what he has said when he really repeated exactly what you said to him. You can point out, "You can't have repeated exactly what I said to you because this is about one and a half minutes later; time has been passing since I spoke to you, so what may *sound* just like what I said, in fact cannot be. You either understood what I meant—in which case there is nothing further to be said about the matter; either it was correct or it wasn't—or you are now saying something else."

If we attach so much importance to the caesura of birth, then we have to consider what language the full-term foetus speaks or understands. We are not so far called upon to analyse full-term foetuses, but we *are* expected to analyse grown-up children. People come to us, probably through despair because they do not in fact think that much can be done for them, but they are in a state of turmoil. This state of turmoil is well illustrated by Leonardo in his drawings of hair and turbulent water, but it is not really made clear by him, nor even by Shakespeare. I think it is made clear by Francis Bacon who wrote, in *Novum Organum*, 'There are two ways, and can only be two, of seeking and finding truth. The one, from senses and particulars, takes a flight to the most general axioms, and from these principles and their truths, settled once for all, invents and judges of intermediate axioms. The other method collects axioms from senses and particulars, ascending continuously and by degrees, so that in the end it arrives at the more general axioms; this latter way is the true one, but hitherto untried.' To exaggerate the difference between Leonardo, Shakespeare and other artists, and what Francis Bacon is driving at in his statement here, I could resort to Kant's statement, 'Intuitions without concepts are blind; concepts without intuition are empty.'

Our problem is, how are we to introduce the intuitions to the concepts, and the concepts to the intuitions? Putting it another way, how are we to state, in conscious rational speech,

something which can be recognizably married to a feeling? I sometimes think that a feeling is one of the few things which analysts have the luxury of being able to regard as a fact. If patients are feeling angry, or frightened, or sexual, or whatever it is, at least we can suppose that this is a fact; but when they embark on theories or hearsay we cannot distinguish fact from fiction. Or, as Freud put it, individuals suffer from amnesias, and then invent more paramnesias to fill the gaps. It would be so nice if it were only patients who did it. And so fortunate if *we* did not. It is just as well to bear in mind the possibility that we, as psycho-analysts, are dealing with a most extra-ordinary thing—a personality, a character. You cannot touch it, smell it, or feel it, and if you are at all tired and more than usually ignorant, it is useful to reach out for the nearest paramnesia that is handy, the nearest psycho-analytic theory that you find lying about. What if the whole of psycho-analysis turned out to be one vast elaboration of a paramnesia, something intended to fill the gap—the gap of our frightful ignorance?

To resort to yet another pictorial image, the comment by Beachcomber [J. B. Morton] on the Ship of State—and I must say it was a very eminent statesman indeed [Winston Churchill] who talked about ‘Sailing on the Ship of State’. ‘It just shows that, whatever else may be wrong with the Ship of State, there is nothing wrong with the bilge.’ In short, there is an inexhaustible fund of ignorance to draw upon—it is about all we do have to draw upon. But let us hope that such a thing as a mind, a personality, a character exists, and that we are not just talking about nothing. I must confess that I do feel, partly I suppose because of my prejudice, that in analysis we are dealing with *something*, something that is very difficult to describe. The artists have a great advantage because they can resort to the aesthetic as a universal linguistic. The defects of verbal communication were clearly discerned about two thousand years ago by Plato: in the *Phaedo*, describing the trial of Socrates, he points out what a great disadvantage it is that in spite of the fact that Socrates and Phaedrus can apparently talk very accurately and precisely, they are actually using extremely ambiguous terms. I do not see that we have made much progress in that regard in the last two thousand years.

If we consider that there is a thing called a mind or a character, is there any way in which we can verbalize it which is not a complete distortion? The mathematicians talk about 'quantum intermediacy', something unknown in between; we can imagine some sort of screen onto which these various elements project themselves. For example, Picasso paints a picture on a sheet of glass so that it can be seen from either side. Using my hand, I suggest something of this sort: look at it from one side; there is a psycho-somatic complaint; turn it round; now it is soma-psychotic. It is the same hand, but what you see depends on which way you look at it, from what position, from what vertex—any term you like. But does one look at a character from any direction at all? I cannot see how this problem is to be solved except in the practice of analysis, and except by the particular analyst. It is no good anyone trying to tell you how you look at things, or from where you look at things—no one will ever know except you.

Let us take flight into fantasy, a kind of infancy of our own thought. I can imagine a situation in which a nearly full-term foetus could be aware of extremely unpleasant oscillations in the amniotic fluid medium before transferring to a gaseous medium—in other words, getting born. I can imagine that there is some disturbance going on—the parents on bad terms, or something of that sort. I can further imagine loud noises being made between the mother and the father—or even loud noises made by the digestive system inside the mother. Suppose this foetus is also aware of the pressures of what will one day turn into a character or a personality, aware of things like fear, hate, crude emotions of that sort. Then the foetus might omnipotently turn in hostility towards these disturbing feelings, proto-ideas, proto-feelings, at a very early stage, and split them up, destroy them, fragment them, and try to evacuate them. Suppose this caesura takes place and the infant is subjected to the trauma of birth, and the further trauma of having to adjust to a gaseous medium. I can imagine the foetus being so precocious, so premature that it tries to get rid of its personality to start off with, and then after birth—still being highly 'intelligent', if that is the correct term—is able to learn all the words and phrases which people consciously use. In the very severe,

very obtrusive situation such as the one I have in mind, that person learns well the difference between right and wrong; the M'Naghten Rules (the governing decision as to criminal responsibility of the insane) present no difficulty whatever. But as far as he is concerned he may preserve a mind at the deeper level which knows nothing about that, but which might nevertheless have well-established feelings of guilt. I have been amazed to see the way in which, if you make a faintly disapproving sound to a baby, it will wince as if it had been subjected to an almost intolerable accusation. Has the baby a kind of well-established 'conscience'? What is one to call it? I have invented terms for my own private purposes like, 'sub-thalamic fear', meaning the kind of fear that one would have if no check on it at all was produced by the higher levels of the mind. A patient may in fact be subject to tremendous feelings of fear. I remember one who was quite articulate, in fact articulate enough to make me think that I was analysing him rather well. Indeed the analysis did go extremely well, but I was beginning to think that nothing was happening. However, the patient checked all that. After a session he went home, sealed up all the crevices throughout his room, turned on the gas, and perished. So there was my highly successful analysis—a very disconcerting result indeed, and no way of finding out or learning for myself what exactly had gone wrong, excepting the fact that it had undoubtedly gone wrong.

Supposing we are in fact always dealing with some kind of psychosomatic condition. Is it any good talking to a highly articulate person in highly articulate terms? Is it possible that, if feelings of intense fear, self-hatred, can seep up into a state of mind in which they can be translated into action, the reverse is true? Is it possible to talk to the soma in such a way that the psychosis is able to understand, or vice versa?

It would be useful if we could formulate our own impressions about this before giving them an airing. It is important to recognize that there is a world in which it is impossible to see what a psycho-analyst can see, although it may be possible for some of those who come for analysis to realize that we see certain things which the rest of the world doesn't see. We are investigating the unknown which may not oblige us by con-

forming to behaviour within the grasp of our feeble mentalities, our feeble capacities for rational thought. We may be dealing with things which are so slight as to be virtually imperceptible, but which are so real that they could destroy us almost without our being aware of it. *That* is the kind of area into which we have to penetrate.