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What's true and whose idea was it?

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In this paper, the author explores the idea that psychoanalysis at its core involves an effort on the part of patient and analyst to articulate what is true to an emotional experience in a form that is utilizable by the analytic pair for purposes of psychological change. Building upon the work of Bion, what is true to human emotional experience is seen as independent of the analyst's formulation of it. In this sense, we, as psychoanalysts, are not inventors of emotional truths, but participant observers and scribes. And yet, in the very act of thinking and giving verbally symbolic 'shape' to what we intuit to be true to an emotional experience, we alter that truth. This understanding of what is true underlies the analytic conception of the therapeutic action of interpretation: in interpreting, the analyst verbally symbolizes what he feels is true to the patient's unconscious experience and, in so doing, alters what is true and contributes to the creation of a potentially new experience with which the analytic pair may do psychological work. These ideas are illustrated in a detailed discussion of an analytic session. The analyst makes use of his reverie experience—for which both and neither of the members of the analytic pair may claim authorship—in his effort to arrive at tentative understandings of what is true to the patient's unconscious emotional experience at several junctures in the session.

Keywords: truth, reverie, memory, initial session

The practice of psychoanalysis is, I believe, most fundamentally an effort on the part of analyst and analysand to say something that feels both true to the emotional experience of any given moment of an analytic session and utilizable by the analytic pair for psychological work. In this paper I entertain a number of ideas related to the question of what we, as psychoanalysts, mean when we say something is true and what one person's thinking has to do with that of another with regard to what is true. I am not laboring under any illusion that I am doing anything more than raising questions and suggesting directions in which these questions might lead. My intention is to begin to explore the paradox that human emotional truths are both universal and exquisitely idiosyncratic to each individual, and are both timeless and highly specific to a given moment of life. As will become apparent, the various questions that I raise spill into one another and, as a result, the discussion often doubles back on itself as I rethink, from another perspective, matters addressed earlier.

Many of the ideas in this paper are responses to concepts discussed by Bion. I attempt to locate the source of the ideas I present, but it is difficult for me to say with any confidence where Bion's ideas leave off and mine begin. Since the matter of 'Whose idea was it?' is at the core of this contribution, it seems only fitting that it be faced in the experience of writing and reading this paper.

The question of whether an analytic exchange achieves an articulation of something that is true—or at least 'relatively truthful' (Bion, 1982, p. 8)—is not an abstruse theoretical matter best left to philosophers. As analysts, we are at almost every moment of an analytic session

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asking ourselves and tentatively answering (or, more accurately, responding to) this question. I present a detailed account of an initial analytic meeting in which I illustrate some of the ways I approach both the question of what is emotionally true at specific junctures in the session and the question of who is the author of the idea that is felt to be true.

Whose idea was it?

In asking, 'Whose idea was it?' I am enquiring into what it means for a person to claim, or to have attributed to him, original authorship of an idea regarding what is true to human emotional experience and how those ideas serve as an influence on the thinking of others. In reading Freud and Klein, for example, how are we to determine who is to be credited with original authorship of the concept of an unconscious internal object world. In 'Mourning and melancholia' (1917), Freud introduced what I view as the essential elements of what would later be termed by Fairbairn (1952) 'object-relations theory' (see Ogden, 2002, for a discussion of the origins of object-relations theory in 'Mourning and melancholia'). However, many of the components of Freud's theory of internal object relations contained in 'Mourning and melancholia' are presented only in rudimentary form and often, in all probability, without Freud's awareness of the theoretical implications of his ideas. In considering the question of how one person's ideas concerning what is true influence those of others, we routinely adopt a diachronic (chronological, sequential) perspective in which the thinking of one person (for example, Freud) is seen as influencing the thinking of contemporaries and those who follow temporally (for example, Klein, Fairbairn, Guntrip and Bion). Despite the seeming self-evidence of the merits of such an approach, I believe it may be of value to call into question this conception of authorship and influence. In reading 'Mourning and melancholia', if one listens carefully, I believe one can hear the voice of Klein in Freud's discussion of the 'internal world' of the melancholic. Freud posits that the structure of the unconscious internal world of the melancholic is determined by a defensive dual splitting of the ego leading to the creation of a stable unconscious internal object relationship between the 'critical agency' (later to be termed the superego) and a part of the ego identified with the lost or abandoned object:

> The melancholic's disorder affords . . . [a view] of the constitution of the human ego. We see how in [the melancholic] one part of the ego sets itself over against the other, judges it critically, and, as it were, takes it as its object . . . What we are here becoming acquainted with is the agency commonly called 'conscience' (1917, p. 247).

In saying that the reader can hear Klein's voice (her concept of internal objects and internal object relations) in this and many other passages of 'Mourning and melancholia', I am suggesting that influence does not occur exclusively in a chronologically 'forward' direction. In other words, influence is not only exerted by an earlier contribution on a later one; later contributions affect our reading of earlier ones. One needs Klein to understand Freud, just as one needs Freud to understand Klein. Every piece of analytic writing requires a reader who assists the author in conveying something of what is true, something that the author knew, but did not know that he knew. In so doing, the reader becomes a silent co-author of the text.

While this form of mutual influence of earlier and later contributions (mediated by the reader) is undoubtedly important, I would like to focus for a moment on another sort of influence that ideas exert on one another—often spanning great stretches of time, both chronologically forward and backward. Turning once again to the the example of the influence of Klein's ideas on Freud's, and vice versa, I am suggesting that the ideas Klein formulated in 1935 and 1940 on the subject of internal object relations may already have been available to

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Freud in 1915[1] and were utilized by him (unwittingly) in writing 'Mourning and melancholia'. Though he used the ideas, he could not think them. To say this is to entertain the possibility that the ideas that we think of as Klein's and as Freud's are creations of both and neither. The ideas that each articulated are formulations of the structure of human experience, a structure, a set of truths, which psychoanalysts and others attempt to describe, but certainly do not create.

Bion, I believe, held similar views on the question of the temporal bi-directionality of influence of ideas on one another and articulated 'his' formulations with far greater grace than I have achieved:

> You can look at this [the inconsolable cries of a baby in his mother's arms immediately after his birth] as you like, say as memory traces, but these same memory traces can also be considered as a shadow which the future casts before [an anticipation of the future in the present as opposed to memories of the past] . . . The caesura that would have us believe [Bion is quoting Freud's clause here—word for word—on the way in which the caesura of birth seems to speak for itself in an effort to convince us of its power over us]; the future that would have us believe; the past that would have us believe—it depends on which direction you are travelling in, and what you see (1976, p. 237).

The future, for Bion, is as much a part of the present as is the past. The shadow of the future is cast forward from the present and is cast backward from the future on to the present—'it depends on which direction you are travelling in'. (A great many questions regarding the relationship of an author to 'his' ideas, and of the relationships among past, present and future ideas, will have to be left in a suspended state for the time being, pending a discussion of what we, as psychoanalysts, mean when we say something is true.)

What's true?

The foregoing discussion of temporal bi-directionality of influence (Whose idea was it?) is inseparable from the question 'What's true?' I will take as a premise for my discussion of this question the idea that there is something true to human emotional experience which an analyst may accurately sense and communicate to a patient in words that the patient may be able to utilize. In assuming that there is something potentially true (or untrue) about psychoanalytic formulations and verbal interpretations of human emotional experience, it follows that emotional experience has a reality, a truth,[2] to it that is independent of the formulations or interpretations that the patient or the analyst may impose (Bion, 1971).

The idea that the truth is independent of the investigator lies at the core of the scientific method and is taken for granted in natural science. In molecular biology, for example, it seems self-evident that Watson and Crick did not create the double helical structure of DNA. That structure pre-existed their formulation of it: DNA has a double helical structure regardless of whether they or any other scientific investigator discern it (and provide evidence for the formulation).

The double helix is a structure that can be 'seen'—albeit by inanimate objects (machines) that offer us the illusion that the human eye is capable of seeing the structure itself. In psychoanalysis, we do not have machines with which to see (even in illusory ways)

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[1]Although 'Mourning and melancholia' was written in 1915, Freud, for reasons that remain a mystery, chose not to publish this paper until 1917.

[2]Absolute (and unknowable) Truth, referred to by Bion (1971) as O, roughly corresponds to Kant's 'thing-in itself', Plato's 'Ideal Forms' and Lacan's 'register of the Real'. Bion, at times, labels it simply, 'the experience' (1971, p. 4). In this paper, I am almost exclusively addressing humanly apprehensible, humanly meaningful, relative truths concerning human experience (as opposed to Absolute Truth).

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psychological structures; we have access to psychological 'structures' only in so far as they are experienced in the medium of unconscious, preconscious and conscious dreaming, thinking, feeling and behaving. We give shape to these structures in the metaphors that we create (e.g. the archeological metaphor of Freud's topographic model or the metaphor constituting Freud's structural model which involves an imaginary committee comprised of the id, the ego and the superego attempting to deal with external and internal reality). And yet, there is something real (non-metaphorical) that psychoanalytic formulations—whether they be in the realm of meta-psychology, clinical theory or interpretations offered to a patient—are measured against and that 'something' is our sense (our 'intuition' (Bion, 1992, p. 315)) of what is true to a given experience. In the end, it is emotional response—what feels true—that has the final word in psychoanalysis: thinking frames the questions to be answered in terms of feelings.

The analyst's feelings regarding what is true are mere speculations, however, until they are brought into relation to something external to the psychic reality of the analyst. The patient's response to an interpretation—and, in turn, the analyst's response to the patient's response—serves a critical role in confirming or disconfirming the analyst's sense of what is true. This methodology represents an effort to ground psychoanalytic truth in a world outside the mind of the analyst. It takes at least two people to think (Bion, 1963). The 'thinking' of one person on his own may be interminably solipsistic or even hallucinatory, and it would be impossible for a solitary thinker to determine whether or not this is the case.

Nevertheless, despite the analyst's efforts to ground what he feels to be true in a discourse with others, human beings are highly disposed to treat their beliefs as if they were truths. So who gets the last word on what is true? How are the various 'schools' of psychoanalysis to be differentiated from cults, each of which is certain it knows what is true? I will not attempt to address directly these questions concerning how we develop some degree of confidence regarding the question of what it true. Instead, I will respond indirectly by offering some thoughts about what I think we, as analysts, mean when we say something is true (or has some truth to it). If we have an idea about what we mean when we say something is true, we may gain some sense of how we go about differentiating what is true from what is not.

As a starting point for thinking about what we mean when we say an idea is true, let us return to the idea that there are things that are true about the universe (including the emotional life of human beings) that pre-exist and are independent of the thinking of any individual thinker. In other words, thinkers do not create truth, they describe it. Thinkers from this perspective are not inventors, they are participant observers and scribes.

A comment made by Borges in an introduction to a collection of his poems comes to mind here:

> If in the following pages there is some successful verse or other, may the reader forgive me the audacity of having written it before him. We are all one; our inconsequential minds are much alike, and circumstances so influence us that it is something of an accident that you are the reader and I the writer—the unsure, ardent writer—of my verses [which occasionally capture something true to human experience] (1923, p. 269).

Borges and Bion are in agreement: truth is invented by no one. For Bion (1971), only a lie requires a thinker to create it. What is true already exists (e.g. the double helical structure of DNA) and does not require a thinker to create it. In Bion's terms, psychoanalysis prior to Freud was 'a thought without a thinker' (p. 104), that is, a set of thoughts that are true, 'waiting' for a thinker to think them. Psychoanalytic conceptions of what is true to human emotional experience were not invented by Freud any more than the heliocentric solar system was invented by Copernicus.

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Nonetheless, from a different vantage point, thinking thoughts that are expressive of what is true alters the very thing that is being thought. Heisenberg brought this to our attention in the realm of quantum physics. It is equally true in psychoanalysis and the arts that, in interpreting or sculpting or making music, we are not simply unveiling what has been present all along in latent form; rather, in the very act of giving humanly sensible form to a truth, we are altering that truth.

Shapes in nature do not have names; they do not even have shapes until we assign them visual categories of shapes that we are capable of imagining. Entities in nature simply are what they are before we assign them a place in our system of symbols. So despite (or in addition to) what was said earlier about the independence of the double helical structure of DNA from those who formulated it, Watson and Crick did alter the structure of DNA—they named its structure and, in that sense, gave it shape. The truth of the name of the shape was borne out by its power to give humanly sensible and humanly comprehensible organization to what had formerly lacked coherence. However, the fact of the creation of coherence is not a sufficient basis for establishing the truth of an idea. Religious systems create coherence. The truth of an idea, both in natural sciences and in psychoanalysis, rests on evidence brought to bear on an idea. Evidence consists of a set of observations (including the emotional responses of participant observers such as psychoanalysts working in the analytic setting) of the way things work (or fail to work) when one applies the idea/hypothesis to actual lived or observed experience.

In summary, we require what Bion refers to as 'binocular vision' (1962, p. 86)—perception from multiple vantage points simultaneously—to articulate what we mean by the truth in psychoanalytic terms. What is true is a discovery as opposed to a creation, and yet, in making that discovery, we alter what we find and, in that sense, create something new. Nothing less than the psychoanalytic conception of the therapeutic action of the interpretation of the unconscious depends on such a view of the truth and the transformations effected in naming it. The analyst in making an interpretation (which has some truth to it and is utilizable by the patient) gives verbal 'shape' to experience that had once been non-verbal and unconscious. In so doing, the analyst creates the potential for a new experience of what is true which is derived from the patient's inarticulate unconscious experience.

Saying something one believes to be true

Let us pause a moment to take stock of what has been said thus far. Aside from issues of an author's narcissism, it is immaterial who it is that articulates something that is true—what is important is that a thought that is true has 'found' a thinker who has made it available for a patient or a colleague to use. Neither does it matter, or even make sense to ask, 'Whose idea was it?' What does matter in psychoanalysis—and it matters greatly—is finding words with which to say something that has a quality that is true to lived experience (whether it be an interpretation offered to a patient or a contribution made by an analyst to the analytic literature).

In this effort to say something that is true, the analyst must overcome Freud and the entire history of psychoanalytic ideas as well as the history of the analysis of the patient with whom he is working. In a somewhat whimsical aside made during a consultation, Bion spoke of the role of preconception in his clinical work: 'I . . . would [rely on theory only] if I were tired and had no idea what was going on' (1978, p. 52). For Bion (1975), every session is the beginning of an analysis with a new patient. He was fond of saying that a patient may have had a wife and two children yesterday, but today he is single.

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An analyst must also overcome himself in his written communications of ideas that he feels may have some truth to them. When analytic writing is good, the author is able to avoid getting in the reader's way by being too much of a personal presence in the writing. It makes for a very unrewarding experience for the analytic reader when the real topic of the paper one is reading is the author himself and not what the author is saying or what is being created by the reader in the act of reading.

Borges said of Shakespeare that he had a capacity equaled by no other writer to make himself transparent in his poems and plays. In his work, there is no one between the art and the audience. Borges wrote in a parable about Shakespeare (Borges's Shakespeare),

> There was no one in him; behind his face . . . and his words, which were copious, fantastic and stormy, there was only a bit of coldness, a dream dreamt by no one . . . History adds that before or after dying [Shakespeare] found himself in the presence of God and told Him: 'I who have been so many men in vain want to be one and myself'. The voice of the Lord answered from a whirlwind: 'Neither am I any one; I have dreamt the world as you dreamt your work, my Shakespeare, and among the forms in my dream are you, who like myself are many and no one (1949, pp. 248–9).

This rendering of Shakespeare as 'a person with no one in him' is a harrowing picture of a human life, and yet I find that this portrayal of Shakespeare's relationship to his writing offers the psychoanalyst something to emulate in the sense of making himself available to becoming everyone in the patient's life (transferentially) and no one (a person who is content not to be noticed, not to be attended to). Borges's depiction of Shakespeare captures something of the task faced by an analyst in not inserting himself—his cleverness, his agility of mind, his capacity for empathy, his unerring choice of *le mot juste*—between the patient (or reader) and the interpretation.

In trying to stay out of the way of patients (or readers) in their efforts to discern something true, the analyst strives in his use of language and ideas to be both emotionally present and transparent. There was little that Borges more deplored in literature than 'local color' (1941, p. 42) and little that Bion more deplored in analytic interpretations than the analyst's explicit or implicit claim that the interpretation reflected the unique qualities 'of *his* knowledge, *his* experience, *his* character' (1971, p. 105)—his own 'local color'.

Literary critic Michael Woods, speaking of the place of the writer in his writing, observes, 'To write is not to be absent, but to become absent; to be someone and then go away, leaving traces' (1994, p. 8). How better to describe what we, as psychoanalysts, strive for in making interpretations. We offer interpretations not for the purpose of changing the patient (which would be to attempt to create the patient in our own image), but to offer the patient something that has some truth to it, which the patient may find useful in doing conscious, preconscious and unconscious psychological work. Accompanying any psychological growth achieved in this way, we find not the signature of the analyst (i.e. his presence), nor his absence (which marks his presence in his absence), but traces of him as someone who was present and has become absent, leaving traces. The most important traces the analyst leaves are not the patient's identifications with him as a person, but traces of the experience of making psychological use of what the analyst has said and done and been.

What's true and for whom?

What is true to the relatively stable structure of human nature in general, and to an individual personality in particular, is bound by neither time nor place nor culture—even allowing for the influence of a wide range of value systems, forms of self-consciousness, religious beliefs and

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customs, forms of familial ties and roles, and so on. For example, there are no political or cultural borders separating human beings in the experience of the pain felt following the death of a child, the fear of bodily mutilation, the anguish of recognizing that one's parents and ancestors do not have the power to insulate themselves or their children from life's dangers and the inevitability of death. A culture may afford forms of defense against (or ways of evading) the pain of loss; or may provide traditions, myths and ceremonies that facilitate grieving; or may create rituals that help (or interfere with) efforts to loosen one's hold on infantile wishes. Whatever the cultural influences may be in a given instance, our responses to the basic human tasks of growing up, aging and dying take place in cycles of love and loss; of dreaming oneself into existence and confronting the full force of the constraints of external reality; of feats of daring and the search for safety; of wishes to identify with those one admires and the need to safeguard (from one's own wishes to identify) the undisrupted evolution of one's self; and on and on.

These human tasks and the cycles in which they are played out contribute to a body of experience that I believe to be true of all humankind. It seems that paradoxically what is true is timeless, placeless and larger than any individual, and yet alive only for an instant and unique to the set of circumstances constituting that moment of lived experienced by one person. In other words, in an analysis, what is universally true is also exquisitely personal and unique to each patient and to each analyst. An analytic interpretation, in order to be utilizable by the patient, must speak in terms that could only apply to that patient at that moment while at the same time holding true to human nature in general.

I am reminded here of another comment by Borges:

> though there are hundreds and indeed thousands of metaphors to be found, they may all be traced back to a few simple patterns. But this need not trouble us since each metaphor is different: every time the pattern is used, the variations are different (1967, p. 40).

Borges's observation is itself a metaphor suggesting that there are only a handful of qualities that make us human and that every person who has ever lived or whoever will live is an absolutely unique being made up of variations on a very small number of human qualities. And, in that sense, we are all one.

What's true and whose idea is it in an analytic session?

What has been said thus far concerning what we, as analysts, mean when we say something is true, remains pure abstraction until it is grounded in the lived experience of analytic work. As an analyst, I am not striving for Absolute Truth in what I say to a patient; I consider myself fortunate if once in a great while the patient and I arrive at something that is 'very close/to the music of what happens' (Heaney, 1979, p. 173). The relative truths arrived at in poetry (and in psychoanalysis) represent 'a clarification of life—not necessarily a great clarification, such as sects or cults are founded on, but a momentary stay against confusion' (Frost, 1939, p. 777). In the following account of a piece of analytic work, the patient and I strive to make psychological use of such momentary stays.

Mr V phoned me asking for a consultation concerning his wish to begin analysis with me. We set up a time to meet and I gave him detailed instructions about how to get to the waiting room of my office suite, which is located at the ground level of my home. Just before the appointment time we had agreed upon, I heard a person (whom I assumed to be Mr V) opening the side door of my house. There is a short passageway between that door and a glass-paned interior door, which is the entrance to the waiting room. I anticipated hearing the waiting-room

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door open, but instead I heard the person walk back to the outer door, which was followed by a period of quiet lasting a minute or two. He—the footfalls sounded like those of a man—repeated this pattern of walking to the waiting-room door and then returning to the outer door where he remained for another couple of minutes.

I found this man's movements distracting and intrusive, but also intriguing. Ms M, the patient who was with me in my consulting room, commented that someone, probably a new patient, seemed to be pacing in the hallway. Immediately after Ms M left my office by a door that exited into the same passageway in which the man had been walking, I heard shuffling of feet and the voice of a man mumbling words of apology. I quickly went to see what was going on and for the first time encountered Mr V, a tall man of stocky build in his early forties. I said, 'Mr V, I'm Dr Ogden', and, motioning toward the glass-paned door, 'Please have a seat in the waiting room'. He had a sheepish but slightly bemused expression on his face as I spoke.

Then, about five minutes later, when it came time for Mr V's session, I went to the waiting room and showed him to my consulting room. Once he was settled in his chair and I in mine, Mr V began by telling me that he had been thinking about beginning an analysis for some time, but 'one thing and another' had caused him to delay. He then began to tell me about how he had been referred to me. I interrupted saying that there was a great deal that had already occurred in the session and that it would be important for us to talk about it before he and I could meaningfully talk about anything further. He looked at me with the same bemused expression I had observed in the passageway. I went on to say to Mr V that of all the ways he might have introduced himself to me, the one he had arrived at took the form of what had occurred in the passageway. So it seemed to me that it would be a shame not to take seriously what he had been trying to tell me about himself in that introduction.

There was a short pause after I finished speaking during which I had a fleeting memory (in the form of an emotionally intense series of still images) of an incident from my childhood. A friend, R, and I were playing on a frozen pond imagining ourselves to be Arctic explorers—we were both about 8 years old at that time. The two of us ventured too close to an area which unbeknownst to us was not solidly frozen. R fell through the ice and I found myself looking down at him floundering in the freezing-cold water. I realized that if I were to get down on my hands and knees to try to pull him out, the ice would probably give way under me, too, and we both would be in the water unable to get out. I ran to a small island in the middle of the pond to get a long branch that I saw there. When I got back to R, he took hold of one end of the branch and I was able to pull him out of the water.

In the reverie, I pictured us (in a way that felt like peering intently into a photograph) standing there silently on the ice, R numb in his cold, wet clothes. As this was occurring, I felt a combination of fear and guilt and shame about his having fallen through the ice. The pond was much closer to my house than to his and I felt I should have known the signs of weak ice and should have protected him from falling through. The shame was in part connected with the fact that I had run away from him (the reality that I was running to get a branch with which to try to pull him out did not diminish the shame). But for the first time, it occurred to me on looking back on this event that there was shame felt by both of us about his being dripping wet as if he had wet his pants.

It had been years, perhaps a decade, since I had thought of that incident. While recalling these events in the session with Mr V, I felt sadness in response to the image of R and me becoming so separate and alone in the fear and shame that I assume he had felt, and that I know I had felt, after the accident. This had been no Tom Sawyer–Huck Finn adventure. R (I imagine) and I experienced our fear as well as our shame separately: we each felt stupid for having walked on the thinly frozen section of the pond and cowardly for having been so afraid.

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He and I never once mentioned the incident to one another afterwards, nor did I ever tell anyone other than my mother about it. These fleeting thoughts and feelings occupied only a moment of time, but were an emotional presence as I went on to say to Mr V that, from the sound of his footsteps in the passageway, I suspected that he had been in some turmoil as he approached our first meeting. (Even as I was saying them, these words—particularly 'turmoil' and 'approached'—felt stiffly 'therapeutic' and lifeless to me.)

Mr V responded by telling me that when we spoke on the phone, he had written down the directions I had given him about how to get into the waiting room from the outside of the house, but on arriving he found that he had forgotten to bring the scrap of paper on which he had written the instructions. When in the passageway between the door to the outside and the door to the waiting room, he was not sure whether the door with the glass panes was the waiting-room door. He vaguely remembered my having mentioned a glass-paned door, but there was another door (the exit door from my consulting room) so, not knowing what to do, he went back to the outer door. The door to the outside has an opening in its upper third which is divided by vertical wooden spindles with wide spaces between them. Mr V said that, as he stood inside the passageway peering out through the 'bars' of the door, the daylight seemed blinding. He had felt as if he were in a prison in which, over a long span of time, his eyes had become so acclimatized to the dark that he could not tolerate daylight. So he turned and went back to the glass-paned door and stood in front of it uncertain as to whether or not he should go in. He then returned to the outer door and stood for a while more, looking from what felt like a great distance at the people outside who had lives they led in ways he could not imagine.

I told Mr V that I thought that he had not had a way, other than through his actions in the passageway, to convey to me what it felt like to him to be coming to meet with me. I said that without words he had told me how alone he felt in the no man's land of the passageway. He felt barred both from coming in to see me to begin analysis and from going out and living as he imagined the people outside are able to do. The patient responded in a strikingly monotone voice, 'Yes, I feel like a visitor everywhere, even with my family. I don't know how to do and say what seems to come naturally to other people. I'm able to keep that fact a secret at work because I am very good at what I do [there was a note of haughtiness in his voice here]. People are afraid of me at work. I think it's because I am abrupt. I don't know how to chat'.

The patient, in the first part of the hour, tended to move to generalizations about experience outside of the session, while I periodically redirected his attention to what had occurred and what was in the process of occurring in the session. About halfway through the hour, Mr V seemed to become interested in, and less fearful about, discussing what had occurred at the very beginning of the session. He said he had felt startled, first by the woman and then by me, as she and I came out of my office into the passageway. 'I felt caught doing something I shouldn't have. No, that's not right . . . I felt caught at being weird and clueless about what everyone else knows.'

After a brief pause, Mr V went on to say with little feeling in his voice, 'I've learned to use my detachment from other people to my advantage in business because I can see things from an outside point of view. Being removed allows me to be ruthless because I say and do things to people that other people don't do in business. Either they don't think to do it or they don't want to . . . I'm not sure which. In a stand-off, I'm never the first to flinch'. I said to the patient in a series of short comments that I thought he was telling me that he was afraid his extraordinary capacity for detachment and ruthlessness would make it impossible for him to be present in his own analysis; in addition, I said I thought he was suggesting that it was very likely that I would be frightened and repelled by him to the point that I would want nothing to do with him.

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There was then another silence of several minutes' duration which felt like a long time at such an early stage of the work. But it did not feel like an anxious silence, so I let it go on. During this silence, my mind 'returned' to the reverie concerning the incident from my childhood. This time I experienced the childhood scene quite differently—I had a far greater sense of seeing and feeling things from inside of the two of us (R and me). This reverie experience was not that of a series of still images, but of a lived experience unfolding. I felt a good deal more of what it had been for me to be an 8-year-old boy on that frozen pond in winter. It was a state of mind that was a combination of living in a day-dream made up of sensations that have such great immediacy that there is no room (or desire) to think. Things just happen, one after another. The events on the pond now had the emotional impact of a balloon exploding—not only had R fallen through the ice, we both were hit in the face with a blast of reality that annihilated the dreamy aspect of exploring on the frozen pond/Arctic Circle. It felt to me in the reverie that I had no choice but to become in an instant someone who could do the things that had to be done. R was in the water. I had to become someone I feared I could not be, someone more grown-up than I was. I did not feel the least bit heroic in the experience constituting this (second) reverie; I felt a bit disconnected from myself, but mostly I felt keenly aware that I was in over my head.

By this time Mr V had broken the silence and had begun to tell me about having been in therapy when he was in college. He had not been able to make friends and felt terribly homesick. The patient said that it had been a real stretch for his parents to pay for the therapy. After some time, I said to Mr V that I thought that, when he realized in the passageway that he had forgotten the directions he had written down, he felt embarrassingly childlike and that for him to behave or even feel like a child is a very shameful thing. The patient said nothing in response to my comment, but the tension in his body visibly diminished. We sat quietly for a while. (It seemed to me that Mr V was worried that being in analysis would be a stretch for him—in a great many ways.) He then said, 'Outside there, I felt so lost'. There was softness to Mr V's voice as he spoke these words, a quality of voice that I had not heard from him, a softness that would prove to be a rarity in the course of the next several years of his analysis. (I was aware that the patient's feeling that there was an 'outside there', was also a feeling that there was beginning to be an 'inside here'—inside the analytic space, inside the relationship with me—in which he did not feel as lost.)

Discussion

Mr V's initial analytic meeting began in earnest about ten minutes before we actually met for the first time. His communications were made in the medium of sounds that echoed through the rest of the initial meeting and from there down the labyrinthine corridors of the analysis as a whole.

In my first interaction with Mr V in the passageway, I responded to his anxious non-verbal communications by identifying myself as Dr Ogden, thus naming not only who I was, but also what I was and why I was there. I firmly, but not coldly, directed him to the waiting room. The effect of my intervention was to both interrupt Mr V's communications in the medium of action (over which he appeared to have little, if any, control) and to define the geographic space in which analysis was to take place.

In his manner of speaking to me once he was in the consulting room, Mr V seemed to ignore—and seemed to invite me to ignore—the events that had transpired in the passageway. I soon interrupted Mr V's second introduction of himself. In telling him that I viewed his actions in the passageway as a way of telling me of his fears about beginning analysis, I was conveying

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to him the fact that I took him seriously in his unconscious efforts to be heard. My interpretation represented a continuation of my introducing myself to him as a psychoanalyst and my introducing him to psychoanalysis. Implicit in what I was doing and saying was the idea that the unconscious speaks with a quality of truthfulness that is different from, and almost always much richer than, what the conscious aspect of ourselves is able to perceive and convey. I was also introducing myself to the patient as a psychoanalyst for whom his behavior in the passageway did not represent an infraction of 'analytic rules'; rather, it represented intense, urgent communications of some things he unconsciously believed to be true about himself which he felt were important for me to know from the very outset.

Mr V's reflexive response to what I said was to give me the sheepish, bemused smile I had noticed in the passageway. He seemed to be showing me in his facial expression a mixture of what felt like abject surrender and arrogant defiance, a particular mix that I would learn over time was characteristic of the patient as a response to certain types of narcissistic anxiety. A brief silence followed in which I recalled a series of still images, my boyhood experience with R when he fell through the ice. Particularly vivid in this reverie were feelings of fear, shame, isolation and guilt. A component of the shame in this reverie experience seemed new and very real to me: the idea/feeling that R's pants were wet because, in his fear, he had soaked them with urine.[3] Just as immediate, for me, as my image of R (with whom I thoroughly identified) in his shamefully soggy clothes, were my feelings of sadness concerning the isolation from one another that R and I had felt.

The emotional field of the session was changed in ways that I was only beginning to understand by my having lived the experience of this reverie in the context of what was occurring at an unconscious level between the patient and me. Following my reverie, Mr V gave a detailed, but affectively muted, account of his experience in the passageway. He recounted having forgotten the scrap of paper on which he had written the directions I had given him; he went on to describe his inability either to enter the waiting room or to leave the passageway (which felt like a prison) and enter the blindingly lit world outside. My response to Mr V's depiction of himself in the passageway involved an effort to restate what he had said in slightly different language and with expanded meaning. My intention was to underscore the ways in which the patient knew, but did not know that he knew, about another level of the experience he had just described. My use of the phrase 'no man's land' in retelling the story Mr V had told me suggested that he not only felt alone, but also unmanly and like no one. Moreover, in my making explicit that entering the waiting room was, for him, emotionally equivalent to beginning analysis, I was also suggesting that entering the waiting room posed the danger of entering into the potentially crazed world of the unconscious. (The patient's fear of the out-of-control world of the unconscious was already alive in me in the form of the frightening reverie image of R falling through the ice.)

An important shift occurred midway through the session, when Mr V, on his own, returned to the experience in the passageway. He made a delicate, yet critical, emotional distinction in saying, 'I felt caught doing something I shouldn't have' and then corrected himself: 'No, that's

[3]My 'new' thought/feeling (that R's water-soaked pants were emotionally equivalent to the urine-soaked clothing of a baby) did not necessarily represent an unearthing of a repressed aspect of my childhood experience. Rather, I conceive of the experience at the pond as having generated elements of experience (Bion's (1962) 'alpha-elements') which I stored and later 'recollected' in the context of what was occurring at an unconscious level in the session. My 'recollecting' elements of my boyhood experience was not the same as remembering that experience; in fact, it is impossible to say whether the newly recollected aspect of the childhood experience had actually been a part of the original experience—and it does not matter. What does matter is that elements of experience (past and present) were available to me in the form of a reverie that was true to the emotional experience that I was having with Mr V at that moment.

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not right . . . I felt caught at being weird and clueless about what everyone else knows'. There was a sense of relief in Mr V's voice in being able to say something that felt true (and significant) to his emotional experience. The patient then quickly retreated to the familiar ground of reliance on defensive omnipotence in asserting that he could be more ruthless in business than others dare to be (or even aspire to be) and that he was never the first to flinch.

The long silence that occurred at that juncture was a period in which it felt to me that the patient and I were able to do a good deal of unconscious psychological work that had not been possible up to that point in the session. My reverie during that silence was one in which the memory of the incident on the pond was reworked in the context of what had transpired in the session in the interval between the first and second reverie. In contrast with the first reverie, which I experienced as a series of still photographic images, the new reverie was an experience of an unfolding event that felt much closer to and more alive with the feelings of an 8-year-old boy. In that sense, it was a far more understanding, more compassionate rendering of the event. I was less fearful of experiencing the feelings that the reverie involved.

At the heart of the second reverie was a feeling of myself as a boy being called upon (and calling upon myself) to do something that I was afraid was emotionally and physically beyond me. This feeling of shameful immaturity was a new version of a feeling I had experienced in the earlier reverie in identifying with R as an 8-year-old boy who was behaving like a baby (who, in fantasy, had peed in his pants).

The more emotionally accepting affective state generated in the second reverie allowed me to listen differently to Mr V. I heard his reference to his parents' financial 'stretch' (in paying for his therapy while he was homesick at college) as a comment on how he was feeling at that moment in the analysis. I told him that I thought he had felt painfully and embarrassingly like a child when he was in the passageway and that for him to behave like or even feel like a child was a very shameful thing. He did not respond with words, but there was visible relaxation in his body. Not only my words, but also the feeling-tone of my voice reflected my own experience in the reveries in which I had felt painfully over my head and shamefully infantile.

Mr V then said, 'Out there, I felt so lost'. These words were alive in a way that was different from anything that the patient had previously said or done, not only because of the softness of his voice as he spoke these words, but also because of the words themselves. How different it would have been if he had said, 'In the passageway, I felt lost' or 'Out there, I felt very lost', instead of 'Out there, I felt so lost'. There is something unmistakable about the truth when one hears it.

In closing this clinical discussion, I would like to address briefly the question of who it was who came up with the ideas that felt true in the analytic session I have described. As I have previously discussed (Ogden, 1994, 1997, 2001), I view the analyst's reverie experience as a creation of an unconscious intersubjectivity that I call 'the analytic third', a third subject of analysis, which is jointly, but asymmetrically, created by analyst and patient.[4] It would make no sense to me to view the reveries involving my boyhood experience on the pond solely as reflections of the work of my unconscious or solely as a reflection of the unconscious work of the patient.

From this perspective it is impossible (and meaningless) to say that it was my idea or the patient's that was conveyed in the interpretation of Mr V's feeling shamefully infantile and over

[4] I view the co-created unconscious analytic third as standing in dialectical tension with the unconscious of the analysand and of the analyst as separate people, each with his own personal history, personality organization, qualities of self-consciousness, bodily experience and so on.

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his head when 'caught' being clueless both about how to enter analysis and how to be present and alive in the world. Neither Mr V nor I alone was the author of this and the other understandings (relative emotional truths) that were spoken and unspoken during this initial session. If there was an author, it was the unconscious third subject of analysis who is everyone and no one—a subject who was both Mr V and myself, and neither of us.

Translations of summary

Was ist wahr und wessen Idee war es. In diesem Artikel erörtert der Autor die Idee, dass Psychoanalyse in ihrem Kern eine Anstrengung sowohl auf Seiten des Patientens als auch des Analytikers beinhaltet zu artikulieren, was an einem emotionalen Erlebnis wahr ist in einer Form, die für psychologische Veränderung nutzbar ist. Aufbauend auf dem Werk Bions wird das, was wahr am menschlichen emotionalen Erleben ist, als unabhängig von der Formulierung des Analytikers davon gesehen; in diesem Sinne sind wir als Psychoanalytiker nicht Erfinder von emotionalen Wahrheiten, sondern teilnehmende Beobachter und Schreiber. Und doch, dadurch dass wir denken und verbal symbolische „Muster" dem geben, was wir intuitiv als wahr an einem emotionalen Erlebnis erfassen, ändern wir die Wahrheit. Dieses Verstehen davon, was wahr ist, untermauert die analytische Konzeption der therapeutischen Handlung der Interpretation: Durch das Deuten symbolisiert der Analytiker verbal das, was er das Gefühl hat wahr an dem unbewussten Erleben des Patientens ist und ändert dadurch das, was wahr ist und trägt zur Schaffung eines möglichen neuen Erlebnisses bei, mit dem das analytischen Paar psychologische Arbeit leistet. Diese Ideen werden in einer detaillierten Diskussion einer analytischen Stunde illustriert. Der Analytiker macht von seinem „Reverie"—Erlebnis Gebrauch, für das beide und keiner der Mitglieder des analytischen Paars Autorenschaft erheben können—in seinem Bemühen, ein vorsichtiges Verstehen dessen zu erreichen, was wahr an dem unbewussten emotionalen Erleben des Patientens an verschiedenen kritischen Stellen in der Stunde ist.

Qué es verdad y de quién fue la idea? En este artículo, el autor explora la idea de que el psicoanálisis, en su médula, tiene que ver con un esfuerzo del paciente y el analista por articular lo verdadero de una experiencia emocional, en un formato que la pareja analítica pueda utilizar para los fines del cambio psicológico. Continuando el trabajo de Bion, lo verdadero de una experiencia humana psicológica se ve como independiente de la formulación que el analista haga de tal experiencia; en este sentido no somos, como psicoanalistas, los inventores de las verdades psicológicas, sino observadores participantes y escribanos. Aun así, en el acto mismo de pensar y darle 'forma' verbal simbólica a la verdad que intuímos en una experiencia emocional, alteramos esa verdad. Esta comprensión de qué es verdad subyace a la concepción analítica de la acción terapéutica de interpretar: al interpretar, el analista simboliza verbalmente lo que él siente como verdadero de la experiencia inconsciente del paciente, y al hacer esto, altera lo que es verdad y contribuye a la creación de una experiencia potencialmente nueva, con la que la pareja analítica puede hacer un trabajo psicoanalítico. Estas ideas las ilustra una discusión detallada de una sesión analítica. El analista utiliza su experiencia de soñar despierto *(reverie)*—cuya autoría no la pueden reclamar ni ambos miembros de la pareja analítica, ni cualquiera de ellos—en su intento de llegar a comprensiones tentativas de qué es lo verdadero de una experiencia emocional del paciente en diferentes coyunturas de la sesión.

Qu'est-ce qui est vrai, et de qui était l'idée? Dans cet article, l'auteur explore l'idée, selon laquelle l'esence de la psychanalyse implique, de la part du patient et de l'analyste, un effort pour articuler ce qui est vrai à une expérience émotionnelle, et ce dans une forme que la couple analytique pourra utiliser afin d'aboutir à un changement psychologique. Utilisant comme point de départ les travaux de Bion, cette idée considère que ce qui est vrai dans l'expérience émotionnelle humaine est indépendant de sa formulation par l'analyste; en ce sens nous ne sommes pas, en tant qu'analystes, les inventeurs de vérités émotionnelles, mais des observateurs et «scribes» engagés. Aussi, dans l'acte même par lequel nous pensons et donnons une forme verbale symbolique à ce que notre intuition nous indique comme étant vrai dans une expérience émotionnelle, nous altérons cette vérité. La compréhension de ce qui est vrai sous-tend la conception psychanalytique de l'effet thérapeutique de l'interprétation: en interprétant, l'analyste symbolise verbalement ce qu'il ressent comme étant vrai dans l'expérience inconsciente du patient et, ce faisant, altère ce qui est vrai et contribue à la création d'une expérience potentiellement nouvelle, sur laquelle le couple analytique aura à fournir un certain travail psychologique. Ces idées sont illustrées par la discussion détaillée d'une séance analytique. L'analyste utilise son expérience de rêverie—dont la paternité appartient aussi bien aux deux qu'à aucun des deux membres du couple analytique—dans son effort pour parvenir à des compréhensions provisoires de ce qui est vrai dans l'expérience émotionnelle inconsciente du patient à différents moments cruciaux de la séance.

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Che cosa è vero, e di chi è stata l'idea? In questo contributo l'autore esamina l'idea che la psicoanalisi, nella sua essenza, implichi il tentativo, da parte del paziente e dello psicoanalista, di articolare ciò che è vero di un'esperienza emotiva in una forma che sia utilizzabile dalla coppia analitica ai fini di un cambiamento psicologico. In base al lavoro di Bion, ciò che è vero di un'esperienza emotiva umana è visto come qualcosa d'indipendente dalla formulazione che ne dà lo psicoanalista; in questo senso noi, in quanto psicoanalisti, non siamo inventori di verità emotive, ma osservatori partecipi e scribi. Eppure, nell'atto stesso di pensare e di dare una 'forma' simbolica verbale a ciò che intuiamo essere vero di un'esperienza emotiva, ne alteriamo la verità. Questa comprensione di ciò che è vero sta alla radice della concezione psicoanalitica dell'azione terapeutica dell'interpretazione: mediante l'interpretazione, lo psicoanalista simbolizza verbalmente ciò che egli sente essere vero dell'esperienza inconscia del paziente e, nel fare ciò, altera ciò che è vero e contribuisce alla creazione di un'esperienza potenzialmente nuova, con la quale la coppia analitica può fare il lavoro psicologico. Queste idee sono illustrate da una discussione particolareggiata di una seduta psicoanalitica. Lo psicoanalista fa uso della propria esperienza di rêverie, della quale ognuno e nessuno dei due membri della coppia analitica può affermare di essere l'autore, nel suo tentativo di pervenire alla comprensione empirica di ciò che è vero, per l'esperienza emotiva inconscia del paziente, in svariati momenti critici della seduta di psicoanalisi.

References

Bion WR (1962). *Learning from experience*. New York: Basic Books.
Bion WR (1963). *Elements of psycho-analysis*. In *Seven servants*, New York: Aronson, 1977.
Bion WR (1971). *Attention and interpretation*. In *Seven servants*, New York: Aronson, 1977.
Bion WR (1975). Brasilia clinical seminars. In *Clinical seminars and four papers*, Oxford: Fleetwood Press, 1987, pp. 1–130.
Bion WR (1976). On a quotation from Freud. In *Clinical seminars and four papers*, Oxford: Fleetwood Press, 1987, pp. 234–8.
Bion WR (1978). Sao Paulo clinical seminars. In *Clinical seminars and four papers*, Oxford: Fleetwood Press, 1987, pp. 131–222.
Bion WR (1982). *The long week-end, 1897–1919*. Oxford: Fleetwood Press.
Bion WR (1992). *Cogitations*. London: Karnac.
Borges JL (1923). Preface. Fervor de Buenos Aires. In *Jorge Luis Borges: Selected poems, 1923–1967*, ed. NT DiGiovanni, New York: Dell, 1973, pp. 268–9.
Borges JL (1941). Pierre Menard, author of the Quixote. In *Labyrinths: Selected stories and other writings*, trans. J Irby, ed. D Yates, J Irby, New York: New Directions, 1962, pp. 36–44.
Borges JL (1949). Everything and nothing. In *Labyrinths: Selected stories and other writings*, trans. J Irby, ed. D Yates, J Irby, New York: New Directions, 1962, pp. 248–9.
Borges JL (1967). *This craft of verse*, ed. C-A Mihailescu. Cambridge, MA: Harvard Univ. Press, 2000.
Fairbairn WRD (1952). *Psychoanalytic studies of the personality*. London: Routledge & Kegan Paul, 1981.
Freud S (1917). Mourning and melancholia. S.E. **14**.
Frost R (1939). The figure a poem makes. In *Robert Frost: Collected poems, prose and plays*, ed. R Poirier, M Richardson, New York: Library of America, 1995, pp. 776–8.
Heaney S (1979). Song. In *Opened ground: Selected poems, 1966–1996*, New York: Farrar, Straus & Giroux, 1998, p. 173.
Klein M (1935). A contribution to the psychogenesis of manic-depressive states. In *Contributions to psycho-analysis, 1921–1945*, London: Hogarth Press, 1968, pp. 282–310.
Klein M (1940). Mourning and its relations to manic-depressive states. In *Contributions to psycho-analysis, 1921–1945*, London: Hogarth Press, 1968, pp. 311–38.
Ogden T (1994). The analytic third—Working with intersubjective clinical facts. *Int J Psychoanal* **75**: 3–20.
Ogden T (1997). *Reverie and interpretation: Sensing something human*. Northvale, NJ: Aronson/London: Karnac.
Ogden T (2001). *Conversations at the frontier of dreaming*. Northvale, NJ: Aronson/London: Karnac.
Ogden T (2002). A new reading of the origins of object-relations theory. *Int J Psychoanal* **83**: 767–82.
Woods, M (1994). *The magician's doubts: Nabokov and the risks of fiction*. Princeton, NJ: Princeton Univ. Press.

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