

## Chapter 3

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### **Beyond the spectrum**

Fear of breakdown, catastrophic  
change, and the unrepressed  
unconscious

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... It's wrong what they say about the past... about how you can  
bury it. Because the past claws its way out...

(Khaled Hosseini, *The Kite Runner*)

To what extent, Bion (1967a) asks, can we rely on the luxury of sticking to a part of the total experience which is verbally communicable? Bion makes use of the spectrum of the electromagnetic waves as an analogy for emphasizing the limits of our sensory apparatus, which receives only a small part of the spectrum. The wavelengths visible to us fall in a narrow strip of visual perception in between the infrared on the one end and the ultraviolet on the other. We cannot see the ones that fall off these ends, but they are nevertheless there. Using that as an analogy, Bion suggests that, thanks to verbal capacity, there is a certain realm of mental life, which we can speak of in terms like personality, mind, and so forth. This is the small part of the spectrum, in which one could talk about it as being verbally communicable. However, the psychoanalytic encounter compels us to observe and meet those areas of the mind that lie beyond that narrow sphere. We see a patient who seems an ordinary neurotic patient, Bion says, but as the analysis goes on, he seems to have what one might call a psychotic breakdown. Alternatively, the analysis takes a turn in that what we are accustomed to regard as psychotic elements become much more visible. "Can we make some corresponding extension of our...mental capacity, to take in a little bit more of...the invisible aspects of the spectrum?" (Ibid, p. 60).

Guy, aged 30, a young painter, is in his third year of analysis which had begun as a twice-a-week psychotherapy. He is a good looking, suntanned, and muscular young man. His body is usually very exposed. He arrives to our sessions wearing shorts, a sleeveless vest, and clogs. From the very start, he became very attached to me, in a somewhat undifferentiated manner. He finds it hard to leave at the end of the hour, asking, allegedly humorously, if there's no 'double session'. I feel him very adhesive, intrusive, always arriving early, walking around my backyard, once even standing at the door when I opened it for the previous patient to leave. He talks very emotionally, weeps, moves incessantly. He wants to tell me of the panic attacks he had experienced some years ago but cannot find the words. He's afraid the attacks might reappear, and he will do anything to prevent them from coming back. He remembers his greatest fear was of falling. Fainting and falling. He relates the panic attacks to his use of drugs at the time of their first occurrence. Up until then, he says, his life was terrific: he would fall in love twice a week, smoke grass and felt great, organized parties for all his friends, and everybody sought his company. He says he was in touch with his feelings, very active in a lot of sports, and there was no sign of anxiety. The first panic attack came out of the blue. He describes a clear "cut" between his life until he began using drugs and that after the first panic attack.

In one of our initial sessions, he tells a recurring dream where he is in a stormy river with his mother, and he fears she is about to harm him. He explains that his mother is very emotional and stormy. In the past, she was depressed and anorectic. She is very attached to him, very offended if he doesn't call often enough. Father is described as more practical, organized, impermeable, and blocked.

Guy is still intensely involved in various extreme sports, even though he feels these activities no longer suit his age, and I realize he needs these thrills, being afraid of growing up. He says he has not had a meaningful relationship with a woman for years.

In time, I hear more about his nocturnal activities – he drinks a lot, picks up a girl, and takes her home. He is known around town as a "great lay", and the girls seek him out. None of them really interest him; he's afraid to lose himself in an other. He says, "I'm good at beginnings but not at relationships". He's afraid of getting bored, afraid of endings, of death. He says, "I want to stay with you here in

the room for hours". Although his enthusiasm seems histrionic, it is contagious, and I too look forward to our sessions. After a few weeks, I offer him the use of the couch and suggest he come four times a week. He accepts. But the move to the couch brings along a dramatic change.

The sessions become surprisingly deadening. He recounts over and over the load he has on his shoulders, the disappointments from close friends, the despair and hopelessness he feels of any possible change. He stops taking girls home, stops drinking, says he masturbates several times a day, needs to feel alive. I realize that the masturbation, much like the physical and mental overactivity, is not an expression of pleasure but an excess of excitation. He is compelled to unburden himself of the unbearable, unmentalized stress he has inside of him. 'A slave of quantities', as described by de M'Uzan (2003).

He keeps arriving exactly two minutes early for his sessions. I feel it drives me crazy. He moves constantly on the couch, bounces his legs frantically, stretches them as if to feel the limits of his body, incessantly puts on his glasses and takes them off. At the end of the sessions, the couch looks like a battlefield. The napkin is wrinkled besides the pillow, the small mat is crumpled, and the pillow is upside down. During the sessions, he picks his nose, his ears, takes out secretions from his eyes and puts it in his mouth, scratches himself, digs into wounds in his skin, peels the scab off, and reopens them. Lying down, his body is even more exposed than before. His vest is pulled up, his shorts stretched down, and his pubic hair is revealed. He seems to need to cling to me and cannot bear any gap or barrier between us, not even the napkin or any clothing.

And amidst all this movement, I can hardly keep my eyes open. I feel an unfathomable sleepiness descending on me. At first, I assume I am trying to defend myself, or silence the hostility I feel, or perhaps the rejection, disgust, homosexual anxiety, or excitation. Perhaps I am trying to preserve my boundaries from being breached. I do not want him to come anymore, and I feel immense guilt over the harsh feelings I have for him.

The analysis is hard for him too. He is despaired, and yet the time between sessions feels to him like eternity. I think that he might be better off going to another analyst, someone more competent who could bear him.

From time to time, he wants to sit. He goes over to the armchair or sits up on the couch, and miraculously, the experience returns to what it was at the beginning of our sessions. He goes back to being moving, attractive, fascinating, and my heart goes out to him. My fatigue completely disappears.

As soon as he goes back to lie on the couch, the deadness prevails.

I realize this is a crucial communication, however in the state I am in, I can hardly think. My thinking is anesthetized, and I am barely alive – not even dead, just numb, a kind of stupor.

The months go rapidly by, and his condition deteriorates. He feels utterly desperate. Nothing interests him anymore, and he hardly works. I am surprised to realize that he's already three years in analysis. It seems hardly a year. I feel guilty for not being able to help him, and even more than that, I feel that the analysis itself is responsible for the deterioration and worsening of his condition.

In one of the sessions, after speaking and weeping, while I remain silent and immersed in a state of opacity, I hear him ask: "Are you dead?"

I startle and 'wake up'.

I think I may have unconsciously become identified with the deadening mother who could not stand his aliveness. Alternatively, I think of him as saturated with his mother's total presence, which completely imbues him, drowning and deadening him. I feel him inducing a feeling of death all around, and I realize he has to move incessantly so as not to feel his deadness, and mine. It seems I am both the dead and the deadening mother. Transference here is not a kind of displacement as it is traditionally described, but a form of turnaround in which the patient inflicts on the analyst what he has been subjected to without being able to integrate it (Roussillon, 2013).

For several months, I struggle with the sleep threatening to overwhelm me. I succeed not to fall asleep, but once in a while I drift into a dream, perhaps a daydream, and leap in a startle, trying to get hold of a shred of the dream, sensing that something very valuable is concealed in it, if only I could capture a glimpse of it. But the dreams quickly fade away and disappear. I get tired of struggling, and it becomes increasingly clear that the very effort to keep awake is, in fact, what prevents me from encountering something deeper in Guy's inner world. I feel more and more convinced that I must let go, and that

whatever will be – will be! And yet I am afraid, and I feel it will lead to catastrophe. It can demolish the analysis.

I feel a growing aversion to Guy, to his pungent body odour, to the way he slides his bare feet over the couch, or peels off dry skin from his feet, letting it drop on the couch. He leaves a large oil stain on the couch after a visit to the garage, and I feel him adhering to me and suffocating me. He, or his residues, remain on the couch, which has become the place where he lives. I am reminded of the dream from the beginning. I seem to have become the mother who wants to harm him, perhaps abort him? And yet I think this is what must probably happen. He will have to fall, to collapse, to be dropped, but I dare not.

The sessions I will report are obviously the ones I was able to be more attentive or the ones in which we could transform something from the psychotic part of the personality to a symbol, a verbal formulation, or mentalize an unmentalized experience (Mitrani, 1995).

### **A session**

Guy begins by saying, “I’m trying to tell you what I think in various ways, but I’m afraid you’ll think all kinds of bad things about me and then it’s hard for me to think about it. I keep trying to fill up my time so as not to have any ... I don’t even know what ... the more I fill myself up like this, the emptier I feel ... I try to think rationally so that I can get things in order. My emotional part is in chaos! I don’t have a clue as to how to deal with it all! I feel I so much want to connect but every time I try – I panic!”

He sobs, frustrated, and moves agitatedly.

“Connect to what?” I ask, trying to help him articulate his feeling.

“To what I really feel! To something real!”

He goes on to describe how he goes crazy at work, screaming at people. “I can’t take all this shit! Nothing is working out! I have these scenarios in my head running in loops, bringing on panic. I can’t decide anything. I don’t know who I am, what I am! I tried to think if there’s anything specific that brings on the panic. I think it usually happens when I’m with someone I know, and then all of a sudden he says something odd, something that doesn’t fit, something in his behaviour that seems strange...”.

He gets stuck, can’t explain, becoming very frustrated.

He tries to go on: “It’s as if I don’t know him, as if there’s something I don’t get, something I can’t understand rationally, can’t connect. I feel I’m dissociated, ‘besides it’, and I get into a loop. Phew! How can I explain it?!”

He presses hard on his temples, and his whole body is on the move. He’s in a terrible distress, sighs, sobs, snuffles, “It’s hard for me to think!”

“Try...”, I say quietly.

He weeps, but goes on: “Okay. I’ll try to think. It happens step by step. First, something odd happens, and then, just before I panic, I think about the very fact that I even noticed it, and I don’t understand: why do I even pay attention to these things? Why do I observe what’s happening? And then I start to criticize myself, and I think that I always *observe*, but I never *feel*, and then I panic – and out of the panic, everything just rolls on!”

I say, “You feel something begins to come into being and you sever it at the root...”

He says, “Yes. I don’t want to let it in. It’s bad. I don’t want it to happen but I can’t control it”.

He begins to speak coherently about a specific time when he began to feel the fear spreading inside him, and he succeeds in articulating a fear of going mad. He speaks of his fear of remaining alone and dying. However, the affect has changed. He doesn’t move restlessly anymore, and I feel he is more connected, and calmer. I realize that the effort to capture what he is drives him mad, and yet the capacity to put this amorphous experience into words is plenty for now. The fact that I managed to keep him in mind is an indication for me that his speech was more meaningful – not a beta-screen, but rather a contact barrier that has been constructed from alpha-elements and dream-thoughts.

The session illustrates for me the strenuous struggle Guy is immersed in, between trying to communicate his inner experience of non-existence and the fear of the recurrence of the terrifying experience; the fear that if he succeeds in connecting to the feeling he is trying to describe, and articulate it, he will collapse and fall. But then I think, as Winnicott (1974) says, that the breakdown he and I are afraid of, has already occurred. Perhaps now, it can be experienced. I realize that the amorphous experience may be that same experience of non-existence Winnicott writes about. This is his greatest fear. This is an experience he is living for the first time in the analysis – an

experience that has already occurred, encapsulated in the *unrepressed* unconscious, an experience of a world where it is impossible to feel. This is an amorphous, meaningless world, in which the threat of falling into an infinite and formless void lurks at every minute.

I feel we have come a long way. The amorphous experience is present in the here-and-now of the analysis. However, we have still not encountered something essential that we both seek to meet and yet we both seem to dread too. The session described above is an exceptional one amidst the experience of deadness and nothingness that dominates the analysis with Guy. I still struggle not to drop him, still have to make an enormous effort to remain attentive, to find words, to make sense, and not to hate him.

In time, I feel that I am getting to the limits of my capacity. Guy doesn't give up. He keeps arriving early, soiling the couch, and anesthetizing me.

It was at that time that I came across a poem by Octavio Paz:

...listen to me as one listens to the rain,  
without listening, hear what I say  
with eyes open inward, asleep  
with all five senses awake...

(1975, p. 134)

These words echo Bion (1976d) who writes that in order to be able to pick up signs of some archaic, irrepresentable psychic element

we have to be in a peculiar state of mind; the margin between being consciously awake, able to verbalize one's impressions, and being asleep, is extremely small. It is easy to be in a state of mind where you slip over into sleep, actually in the office when you are supposed to be working. It is equally easy to slip over into a state of being horribly intellectually awake. The border between the two, the correct state of mind, is very difficult to achieve... Being on the right wavelength, which has to be experienced to be recognized, is unfortunately comparatively rare.

(p. 288)

Nevertheless, it is there we must strive to.



Perhaps that's how I must be – 'agree' to sleep "with eyes open inward", to relinquish the demands of the super-ego, to agree that what will be – will be, to stop grappling with the numbness and the amorphous experience.

### **Another session**

I arrive at one of the following sessions in utter despair. I feel I cannot struggle any more. If a catastrophe has to happen, then so be it! I feel the analysis is stuck anyway. Guy arrives early as usual, with an inappropriate grin. My heart is pounding, and I feel a great turbulence. I hate him, I hate my work, my professional identity is subverted, and I feel all hope is lost. I sink heavily in my armchair.

Surprisingly, I am wide awake.

He begins jokingly, "Some mother I have! Calls me up first thing in the morning, and even though she can hear I'm still asleep, she talks to me as if I'm awake. I had just woken up from a crazy dream".

He goes on to recount the dream: "I don't know where it was, a hotel or somebody's home. I was with a friend and another girl. Can't remember whom. I look out of the window and see a pool and many stairs leading down, like some kind of a resort, and the only way down is through the stairs outside. I follow my friend till we reach the end of the stairs. The rest are all broken. No way through. Everything's broken and you can't reach the pool. But *he* succeeds. He jumps and makes some kind of a somersault, hangs onto the railing. *I* am too scared and I also don't want to lose the girl. I'm afraid that if we go there she'll never find us. He hangs onto the railing and passes easily, as if it's something he does daily, but *I* couldn't. And then mom called. It was really weird".

"Weird?" I ask.

He says, "Don't know. When we went down to the pool, we arrived somewhere else, a big square in the centre of some city. The railing led us *further* than the pool, *beyond* it. What amazed me was that I said to the other guy 'How will she ever find us? We're not at the pool. She'll never find us', and then he magically disappeared for a second, jumped over to the other side and fetched her".

"I know what I think about this dream", he goes on to say. "This guy is sure of himself, he has money; he has everything. When he



slides down the railing, he overcomes the obstacle in a second, but *me*, I just see it all from above. *I arrive unnaturally*, and even then, I don't get to the pool. The pool means water, feelings, and I skip over it to another place, feeling that something is missing. And then there was the call ~~about his death~~.

I wait a while and then ask about the resort.

He says, "It was somewhere in Europe. I pass from one level to another lower one, and the pool is in between – and up there everything was good, and down there, everything was ... well, rock bottom, nowhere else to go. When I got there I could go either straight or sideways, there was nothing further down.

I felt lost. I didn't know where I was".

He is silent for a minute and then begins to sigh deeply, inhaling and exhaling intensely, as if he's having trouble breathing.

He says, "When I woke up I was afraid I'd die"

We are silent for some minutes. In my mind, I associate the dream to birth more than death, and I feel very turbulent. I want to interpret, but I fear it is only an overvalued idea I latch onto. And then I just say, "I actually thought more in the way of birth...".

He is reflective for some minutes, and then he says, "I know it took a long time until I was out, at least 12 hours. Finally, I arrived unnaturally because my mom had to have suction so that I would come out. I was born in the evening, relatively small. It was a hard delivery. My mom used to smoke a lot. She hadn't smoked during the pregnancy, just got fatter and fatter".

"Why did she get fatter?" I ask.

"Because she ate...", he replies cynically.

"And why did she eat?" I ask.

"Why did she eat?! Because she was hungry!! Because *I* was in there! ... After that she would eat and throw up ... I feel uneasy talking about my mom". He becomes silent. After a few minutes, he goes on: "She never told me, but I knew. It wasn't normal the way she threw up all the time. Damned illness! ... It doesn't feel right talking like that about my mother".

"Why?" I ask. "What are you afraid of?"

"My mother had a fucked up life", he cries out loudly. "All her life she's had to deal with all this shit! She's getting old. Soon I'll have to deal with her wanting plastic surgery!"

"You will have to deal with it??" I ask.

Guy: "It's just a way of speaking".

"It sounds like when a mother talks about her child", I say.

He yells, "Because my mom is a baby! That's it! I said it! There's nothing I can do about it!! My mom is an insecure little baby! Her centre is herself! It's getting harder and harder for me to deal with it. It's hard to deal with an apathetic dad and a 4-years-old mom!"

Crying forcefully he says, "You know what just went through my head?! I thought what would happen to me when my parents die. Sometimes I think I'll get into a crazy breakdown that I won't be able to deal with. I'm weak!! I have no one except my family! I'm sick of it all!"

He breathes heavily, sighing, and he says, "I'm panicking a little now".

I ask him to describe his feelings. He cries and says he's confused. I try to understand more, and he just says, "I feel I'm going mad!"

He presses his temples, exhaling, trying to organize his breath, inhaling and exhaling heavily as if he's suffocating. He is agitated and moves restlessly on the couch. He's crying and cannot speak. He stammers, chokes, and says, "I must calm down! I can't go on anymore! I'm trying to stop my thoughts and that only makes me panic more. I'm disconnecting again!"

I say, "what is it that you don't want to think?"

He doesn't reply, just exhales forcefully. I am afraid he might be having a heart attack. I am very tense, and after a few minutes, he says, "I've just had a panic attack like I haven't had in years! I was scared I was going mad. I couldn't think what I was thinking. The very fact that it happens *here* only amplified the panic. That's it! Enough! I can't go on anymore!"

It's time for us to stop. He asks for a glass of water. He drinks and leaves relatively organized.

### ***The caesura between breakdown and breakthrough***

Is Guy having a breakdown or a breakthrough?

What would we think, Bion (1976d) asks, if we knew someone carved holes in human beings – if we could not excuse the behaviour on the grounds that he was a surgeon? And what would we say

when this successful surgeon, who has done surgical operations for years, had what we call a 'breakdown', and cannot face the operating theatre? Is it a 'breakdown', Bion asks, or break-up? Break-in? Or break-out? Or breakthrough? Might we think that the surgeon is seeing something he has never allowed himself to see before – how cruel, how brutal, how violent he is?

Bion proffers we observe from different and unconventional vertices. What appears like a breakdown from one vertex may be a breakthrough when looked at from a different vertex.

One might therefore ask if my despair and difficulty in keeping and bearing Guy in my mind is an expression of a breakdown and a collapse of my analytic capacities, or might it be a caesura on the way to encountering the deadness in Guy's inner world? Could we think that my struggle to keep thinking, to stay awake, is actually an expression of my *resistance* to encountering the emotional truth present in the room, and to my attempt to defend against a formless and chaotic experience, against 'becoming O', and as an attempt to prevent Guy's inevitable breakdown? "The aspect which we perhaps share most with patients is *avoidance* of mental pain beyond a certain threshold and the search for acceptable solutions or defences" (Ferro, 1993, p. 927).

To my mind, Guy's panic attack is saturated with meaning and is the most meaningful event at this stage of the analysis. A breakdown is no doubt a tragedy, but it can become a transformative experience leading to a breakthrough (Bollas, 2013).

To this day, I cannot say what exactly precipitated Guy's anxiety attack in this session. Nevertheless I think that my utter and absolute despair, my very renunciation of the struggle against sleep and detachment, my mere collapse, are the elements that created the conditions for Guy to get in touch with himself, with the roots of his being and with the primitive *agonies* in him (since, as Winnicott says, anxiety is not a strong-enough word here). These primitive agonies may be felt as a return to an unintegrated state, falling forever, loss of psychosomatic collusion, loss of sense of real, loss of capacity to relate to objects, etc. They are realized in states of disintegration, self-holding, depersonalization, autistic states, and so on (Winnicott, 1974). One does not encounter primitive agonies in themselves but rather their shadows (Eigen, 1999), much like our limited capacity to

only *approximate* at-one-ment with O, unknowable, absolute truth. We can only make contact with the intersection of the *evolution* of O with the domain of objects of sense (Bion, 1970).

### ***The analyst's participation***

Winnicott writes, "At length, dependence becomes a main feature, and then the analyst's mistakes and failures become direct causes of...the outbreak of fear of breakdown" (1974, p. 103). I suggest that "the analyst's mistakes and failures" are not a mishap in the analytic process, but may rather be an expression of the analyst's receptivity to the patient's illness and his ~~primitive~~ communication. The patient 'knows' his analyst's state of mind. Only when the patient senses the analyst's receptivity to the emotional experience in its entirety, does he know that the analyst has relinquished his own method of verbal communication and has opened himself to the *patient's* method of primitive communication. Only when he perceives the analyst's internal struggle to bear the unbearable, does he know that he has touched the analyst deeply, and only then does he feel capable of encountering something unbearable and encapsulated within himself. When confronting the psychotic parts of the personality, the analyst's experience is an integral part of the patient's material. It is the analyst who must feel in his flesh the fear of breakdown and the fear of potential catastrophe *in the present*.

We are thus required to take upon ourselves a dissociated part of the patient's psyche which the patient cannot as yet assume authorship of. At this phase of the analysis, it was the psychic deadness inside Guy's psyche, the deadness that existed but was not experienced, but most of all, the hateful, deadening aspects of the inner object. Receptivity to this facilitates something from the unrepressed unconscious to emerge – not something that has been mentalized and repressed, but something that has never been registered "for want of a poet ... [since] as yet the poet hadn't turned up; so the recording tape was a blank!" (Bion, 1975, p. 120). The analyst's tolerating the countertransference involves his making links (as well as breaking links) in *his* mind, and it is this which allows the patient to do likewise (Carpy, 1989). It seems that the link *I* made between the dream and the experience of birth, albeit being *my* association, created a profound and as yet unformulated link in Guy's mind.

### The following session

For the following session, Guy arrives pale, without his usual smile, and sits in the armchair. He says he can't lie down today. He breathes heavily and says that since our last session, he doesn't function. He feels he cannot live with this anxiety anymore. He says he's afraid to lie down because he's scared it'll happen to him again. He says he told a friend about our previous session and how he was overcome by panic. The friend thought it might be a breakthrough(!).

He says, "I feel I'm losing it! It's awful. It reminded me of the panic attack I had when I felt I was going to die, except that this time I thought I was going completely mad".

He describes his agitation, the constant attempt to keep the thoughts away, the muddle he has in his head. He feels he's grinding thoughts all day, severing them, scared he'll end up in a "loony bin".

Gradually he begins to describe his experience of disconnectedness, talking very emotionally: "I feel I'm disconnected from myself, not feeling things from here! (pointing to his chest). Right now I *do* feel, but usually I'm not connected to what I feel. I have no control over it. I'm cautious – I try not to be too happy, not to get too excited, to keep very still! I keep hearing criticism from inside of me!"

I intervene only to try and help him go on. He says, "I'll give you an example: I was with friends and the whole time I'm terrified I'm going to panic. Everyone asks me why I'm so restless, why am I not calm. I don't want another thought to emerge ... I'm terrified when I think back about things that happened in the past. I think of things I went through, memories, and I feel so disconnected from them, as if I've never experienced them, and that drives me to panic of being so disconnected!"

He's in a storm, and his body is trembling. "I can't connect to good experiences either. I feel I've missed so much along the way. I'm scared to think. Scared of anything that might disrupt my equilibrium. I'm scared of drinking (alcohol). Sometimes I feel heat waves and I'm scared something might happen to me!"

I try to put in words what I have understood so far, and I say, "It seems you're afraid the panic and anxiety will take hold of you. You then disconnect yourself so as not to feel the panic, but then you panic for fear of being detached and disconnected".

"Yes", he says. "But the anxiety of being disconnected is something new. In the past, I could detach myself and everything was okay. Now

I'm scared it'll lead to madness. Last time the panic attack came on because I thought you could see I was going mad, that my brain is twisted, that my thinking is fucked up! I can't sit down quietly and think. I'm afraid of thinking!!"

He goes on: "Last time I began imagining that you were thinking I'm mentally ill and that I need medication, and then everything went blurry and I was paralyzed and really anxious! I haven't had such feelings in a long time!"

After some time, he says, "Here, right now I'm beginning to feel the anxiety rising".

I am aware that my mind has drifted, that I had lost him.

He says, "I lost the thread of thought".

And I think that it is *I* who has lost the thread and that he had been dropped.

I say, "You may have lost the thread of thought because you didn't know where I was. You were alarmed because I didn't look at you and you felt I wasn't there, that I didn't keep you in my mind, that I had dropped you – and then you felt you were losing the thread of thought, and began to feel anxious".

He's quiet. He says, "Yes", and remains quiet.

A few minutes later, he seems calmer. He says, "Somehow now, I managed to get over the panic. It was about to erupt, and then I felt I was back in place. I'm a little relieved now. I can breathe a little. I heard you and I felt safe again".

I think he felt safe being back in my mind.

He goes on talking but confuses the words. He says something about knowing I used to work in a hospital, but then he hesitates, gets muddled up, stammers. I ask what had frightened him. He tries to diminish his words and says he only *assumes* I worked in a hospital.

I say, "you were afraid to say you looked me up...".

He laughs hysterically, embarrassed, and gradually begins to say that he googled me: "But just three or four times. I saw you worked at the hospital, wrote a few papers, and that you don't have Facebook...". He can't stop laughing and says he feels guilty for being a Peeping Tom.

It seems that when I am impenetrable to him, when I don't keep him in my mind, he tries to intrude secretly, stealthily, sometimes violently. Perhaps now he felt he could *tell* me about it, without having to *act*.

For the neurotic, the couch can be symbolical of the mother's love. However, when encountering the psychotic parts of the personality, it would be more true to say that the couch *is* the analyst's womb or lap (Winnicott, 1947). The earliest anxiety, Winnicott (1952) suggests, is related to being insecurely held. I now realize that lying on the couch, Guy was regressed to a primordial and primitive state, feeling unheld in an actual womb or lap. This state awakened primary catastrophic anxieties of unintegration, falling forever and death. Sitting face to face, we again meet the non-psychotic parts of his personality, and the experience is then completely different – for both of us. This may be a reflection of the acute split he makes between his life up until the first panic attack, when he held himself with his intellectual and social skills, constant activity and an efficient False Self organization, and the life *after* the panic attack and the collapse of the omnipotent self-holding.

### ***The unrepressed unconscious***

Both Winnicott and Bion echo Freud who maintained that our psychoanalytic investigations have directed our interest too exclusively to the repressed. Freud (1923b) writes,

We recognize that the *Ucs.* does not coincide with the repressed; it is still true that all that is repressed is *Ucs.*, but not all that is *Ucs.* is repressed. A part of the ego, too—and Heaven knows how important a part...undoubtedly is *Ucs.* And this *Ucs.*...is not latent like the *Pcs.*... [W]e find ourselves thus confronted by the necessity of postulating a third *Ucs.*, which is not repressed.

(p. 18, italics in the original)

Later on, he says, “Pathological research has directed our interest too exclusively to the repressed” (p. 19).

Freud (1920) referred to the tendency “to repeat the repressed material as a contemporary experience” (p. 18). However, in light of his reservation that “not all that is *Ucs.* is repressed”, it would be more apt to speak of the tendency to repeat the *unconscious* material as a contemporary experience, and the unconscious in this respect is rather the *unrepressed unconscious*.

Winnicott writes of the fear of breakdown and the pull towards it, and Bion writes of catastrophic change and the fear of it. Both meet in



the realm of the *unrepressed unconscious*. Both focus on the dread of encountering emotional truth encapsulated in the unmentalized, unrepressed unconscious, threatening the mind with a psychotic state. Yet both contend that this encounter, facilitating the integration of remote and unmentalized parts of the self, can save the personality from mental catastrophe, or alternatively from psychic death as a defence against it.

Winnicott, as we know, refers to a fear of breakdown that has already happened, an unthinkable fact encapsulated in the unconscious.

The patient needs to 'remember' this but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to.

(1974, p. 105)

Furthermore,

The unconscious here is not exactly the repressed unconscious of psychoneurosis... In this special context the unconscious means that the ego integration is not able to encompass something. The ego is too immature to gather all the phenomena into the area of personal omnipotence.

(p. 104)

In this thinking, the traumatic experience is *that which could not be elaborated psychically* (Botella and Botella, 2005). An essential characteristic of the fear of breakdown as depicted by Winnicott is the compulsive pursuit of an event from the past – in the future. As always, we return to Freud (1895), who described the core of the anxiety neurosis being an anxious, compulsive expectation of a catastrophe in the future. This anxiousness may appear as an anxiety attack consisting of the feeling of anxiety alone, without any associated idea, or accompanied by the interpretation that is nearest to hand, such as ideas of the extinction of life, or of a stroke, or of a threat of madness. Freud too writes that the anxiety is often of a recurrence of an anxiety that has already happened.

Bion likewise addresses those encapsulated areas of the psyche, and the individual's capacity to dare to communicate with those unconscious, irrepresentable areas of his psyche. The analytic stance capacitating the encounter with these areas of the mind is described by Bion (1970) as "an 'act of faith' [that] has as its background something that is unconscious and unknown *because it has not happened*" (p. 35, italics added). He says,

we [are] dealing with people who...dare to come to a psychoanalyst, but who really need some sort of assistance which would enable them to penetrate their own resistance, or which would enable them to penetrate whatever this thing is which seems to get in between themselves and themselves.

(Bion, 1975 in Aguayo, 2013, pp. 65–66)

And this thing which gets in between themselves and themselves is not something that has been repressed, but rather that inaccessible part for which Bion adopts the metaphor of the caesura of birth and the mental events that lie *beyond* it.

The capacity of an individual for being at-one with oneself, for 'becoming O', is experienced as a catastrophic change. It is catastrophic because it subverts psychic equilibrium. It is catastrophic because it is experienced as "death to an existing state of mind" (Bion, 1970, p. 79), hence arousing fear and pain. "Mental evolution or growth is catastrophic and timeless" (Ibid, p. 108). However, when it is contained in the analytic setting, it may be controlled without bursting the mental container. It can then lead not to catastrophe, but rather catastrophic *change*.

Thus, Winnicott refers to the fear of breakdown as fear of encountering an experience encapsulated in the unrepressed unconscious. It is my understanding that catastrophic change is capacitated through an encounter with the unrepressed unconscious *in the present*, in the transference. Since it is unconscious and yet unrepressed, it cannot be known, but one can only 'become' it. One cannot get in touch with these remote parts of the psyche through interpretation alone. These experiences must first be *lived* in the present. This is a transformation in O, a paradoxical, caesural experience in the here-and-now of the analytic setting, perhaps

echoing a past experience, which has occurred but as yet not been experienced. It is an experience entailing a loss of identity, simultaneously enabling psychic growth. Paraphrasing Bion's notion of a thought without a thinker awaiting a thinker to think it, one might consider an experience without a self to experience it, awaiting an other, an analyst, to experience it, hence facilitating the patient to experience it and 'remember' it. This experience that has not been experienced, that has not been registered and is absent from the mind, becomes a present event in the here-and-now of the analytic process and acquires *a posteriori* [Nachträglich]<sup>1</sup> memory status (Sapisochin, 2013).

Returning to Bion's metaphor of the spectrum of the electromagnetic waves, we might think of those irrepresentable, imperceptible experiences, not part of the sensuous reality that is verbally or mentally communicable. This may be the unknowable 'ultimate reality' that can only be approached through its derivatives in sensuous reality. One can only *become* it.

Guy's anxiety attacks appeared from somewhere beyond the spectrum. The attempts to understand or interpret them dynamically and verbally led to an impasse. Guy's anxiety seems to have been an expression of an inexorable upsurge of tension, a surplus of unbound and intolerable quantity of excitation, originating in primitive unmentalized experiences that the mental container could not contain due to its embryonic, primitive, and immature nature and/or the absence of an external object able to facilitate the transformation and elaboration of the experience.

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Already at the beginning of his writing, describing the anxiety disorder, Freud (1895) was aware that the anxiety does not derive from a repressed conflict, but rather from primal, almost biological experiences. It seems that we can already find here the buds of the notion of an unrepressed unconscious. However, at this phase of his thinking, Freud had left that which was not repressed outside the realm of psychoanalysis. He writes, "...the affect does not originate in a repressed idea, but turns out to be *not further reducible by psychological*

*analysis, nor amenable to psychotherapy*" (1895, p. 97, italics in the original). However, the anxiety disorder seems to have continued to occupy his mind. He wrote quite a bit about it and seems to have had the intuition that it would *not* be possible to place it outside the realm of psychoanalysis. Without formulating it in so many words, it seems he may have laid the foundation for a differentiation between neurosis encapsulating the repressed unconscious and the part of the personality that is encapsulated in the *unrepressed* unconscious. In a letter to Fliess, he writes, "...in hysteria it is *psychical* excitation that takes a wrong path exclusively into the somatic field, whereas here [anxiety neurosis] it is a *physical* tension, which cannot enter the psychical field and therefore remains on the physical path" (1894a, p. 195, italics in the original). He goes on to suggest that anxiety disorder is related to an accumulation of excitation and one cannot find traces leading to a psychical conflict. Freud seems to suggest that in the absence of an appropriate mental capacity, the somatic excitation (beta-elements?) could not be transformed into the psychical sphere and remained as intolerable excess. It has remained in the somatic field and not entered the psychical field.<sup>2</sup>

The traumatic situation then seems to be an excess of excitation, unable to be transformed even in the form of a neurotic symptom. The individual remains as a 'slave of quantity' condemned to the dominance of quantities of excitation he cannot monitor or elaborate mentally. The individual is rendered in extreme helplessness, franticness, agitation, and confusion which can only acquire meaning *in retrospect* through the mind of an analyst.

Clinical experiences with the psychotic parts of the personality have led Bion and Winnicott to pick up the gauntlet left by Freud. Both related to essentially somatic, or almost somatic, experiences, those that have yet not been *experienced* psychically – in Winnicott's writings due to the immature psyche that could not encompass the surplus and gather it into an area of personal omnipotence, and in Bion's writings due to a defected alpha-function and an incapacity to dream.

Hence, the way to psychic transformation is pinned in the possibility to experience the past in the present, for the first time, in the transference. This, I suggest, is possible primarily through the

analyst's capacity and willingness to experience the agonies of breakdown in his flesh. It is the analyst who must 'agree' to experience a catastrophic change, to lose his identity, even if momentarily, hence enabling the patient to dare and approach the breakdown that has already occurred and the psychotic part of his personality. Hence, both patient and analyst can experience catastrophic change.

### ***Speculative imagination***

Speculative imagination is an expression of the analyst's dreaming and a means of capturing something from the ineffable, irrepresentable emotional truth. "These speculative imaginations, however ridiculous, however neurotic, however psychotic, may nevertheless be stages on the way to what one would ultimately regard as scientific, psycho-analytic formulations" (Bion, 1977c, p. 41).

Could we speculate that Guy is compelled to repeat a primordial trauma that has been burnt and encapsulated in his psyche before it could be experienced or registered as an emotional experience, perhaps even before he was born? Could the dream in which he is in a stormy river with mother, fearing she is about to harm him, tell of his mother's death wish at the time of his coming into being? Could it be that being immersed in psychic deadness herself, she had no space inside her for a foetus experienced as too greedy and needy? Alternatively, could the dream tell of an unconscious phantasy of his?

Reflecting on the way in which Guy severs his nascent thoughts, forbidding them to sprout and develop, I wonder – is he reliving, over and over again an experience of disruption? A phantasy of abortion? Are we, Guy and I, compelled to repeat and relive the trauma – I as the aborting object and him as the aborted foetus? Could this be an unthought thought captured in the unrepressed unconscious awaiting a thinker to think it? Or is this my overvalued idea (Britton and Steiner, 1994), an anchor protecting *me* from drowning in the raging river of caesura?

I assume we will never know what 'really' happened *then and there*, and it is probably of no importance that we shall. Nevertheless, neither one of us, Guy nor myself, have any doubt about the experience in the here-and-now of the analysis.

**Notes**

- 1 'Nachträglichkeit' (deferred action) is a term frequently used by Freud in connection with his view of psychological temporality and causality: experiences, impressions, and memory traces may be revised at a later date to fit in with fresh experiences or with the attainment of a new stage of development. They may, in that event, be endowed not only with a new meaning but also with psychological effectiveness (Laplanche & Pontalis, 1973).
- 2 This is known as the first theory of anxiety, in which Freud related the origin of anxiety neurosis to an excessive accumulation of unsatisfied sexual stimuli, i.e. pure physical tension directly turning into anxiety due to an absence of a capacity for psychic elaboration. Some 30 years later, Freud (1926) developed the second theory of anxiety in which he claimed that anxiety is caused mainly for fear of losing the object and of separating from it. He thus placed the origins of anxiety in the psychological sphere.