

## **THE BABY OR THE DREAM**

### **Ways of Seeing and the Analytic Attitude**

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The relevance of research into infant development to psychoanalysis was the subject of a debate between André Green and Daniel Stern published by the Psychoanalysis Unit of the University College, London, entitled 'Clinical and Observational Psychoanalytical Research: Roots of a Controversy' (Sandler et al., 2000). I would like to use this publication as a basis for exploring the difference between the state of mind required for observing material reality, and that required for the observation of psychic reality. I will illustrate with the specific clinical example of 'The Dead Mother', which is André Green's approach to the effect of maternal depression upon psychic development, in particular his emphasis on the elaboration in psychic reality of the impact of maternal depression.

By infant research I include the work of Bowlby, Ainsworth, Mary Main, Emde, Stern, Fonagy and others. It is to be contrasted with the method of infant observation developed by Esther Bick which has become part of psychoanalytic training in many centres. This latter is a method much closer to the experience of psychoanalysis than is infant research.

The context of this debate is worth considering. Psychoanalysts are increasingly concerned about the status of psychoanalysis around the world: its theory and methods are under attack, fewer patients are seeking analysis and fewer candidates are applying for training. It is claimed by some that research in infant development provides a way of justifying or expanding upon analytic theory and providing a scientific foundation for psychoanalysis. It is also the case that analysts are seeing more disturbed patients, particularly with psychotic phenomena as part of their personality, and it is thought by some analysts that our understanding of these phenomena will be enhanced by a greater understanding of infant development.

The very title of the publication is provocative and goes to the heart of the debate. It refers to clinical and observational psychoanalytic research and begs the question of whether there is such a thing as

observational psychoanalytic research or whether this is something quite different from psychoanalysis. The heart of the debate is indeed about how we observe, about how the setting affects what we observe and about how we participate in the observation.

André Green was a formidable debater and did not mince words. He believed strongly that the research is not relevant to psychoanalysis and in fact is harmful. He believed that it is a way of destroying psychoanalytic theory and replacing it with what he called science fictions. He believed that there is something essential to psychoanalysis called the analytic state of mind, which is intimately related to the analytic setting, and he believed that this is at risk if we focus our thinking on concepts and methods derived from research. In the course of the debate he asked the question: are we to privilege the child or the dream in our thinking? He unequivocally believed we should privilege the dream and suggested that the most valuable and illuminating concepts within psychoanalysis derive from an understanding of the dream. By dream he includes the dream itself but also the dream as manifest in the transference and in play. He quoted with approval Winnicott's belief that in the course of the Squiggle Game the crucial moment is when the child is ready to report a dream, which takes into the world of psychic reality and the elaboration of meaning.

Daniel Stern, on the other hand, was a more diplomatic debater although he stood his ground. He conceded that the results of infant research are not directly relevant to psychoanalysis but he does believe they are valuable nonetheless, particularly for their capacity to generate hypotheses that may be useful in psychoanalytic work. He also believed that the research can ground psychoanalytic theory in contemporary scientific theory.

### ***Ulysses' Gaze***

In the course of thinking about this debate I came across a film entitled 'Ulysses' Gaze' (Angelopoulos, 1995) which stayed with me and which I would like to use to think with in the course of this presentation. Made in 1995 by a Greek-born American director, it concerns a Greek-born American film-maker who returns to his homeland on a mission for the Athens Film Library. The ostensible mission is to locate three undeveloped reels of film belonging to two famous documentary film-makers. The two film-makers, who were brothers, had documented life in the Balkans from the beginning of the century up until

the sixties and we are led to understand that they have made films of everything from the most basic village life to the great events of politics and war. However, throughout the film he is constantly being asked: What are you looking for?, and we come to see that there is more to his journey than we first thought. It is a very European film, long, thoughtful and symbolic, and we realise that this modern Ulysses is on a search that takes him throughout the Balkans at the time of civil war and upheaval following the break up of Yugoslavia. He finally arrives at Sarajevo, a city famous for its culture and tolerance, now being destroyed by the madness of civil war.

In attempting to answer the question asked by one of the many people he meets on his journey - What are you looking for? - he is reminded of an experience two years before in his homeland. In the course of researching for a film on the island of Delos, he took a break and walked to the top of a small hill. There an ancient olive tree was slowly collapsing, leaving a gash in the ground where he saw revealed some ancient stones. As he examined them further he found that they represented the remains of a temple and a statue and he realised that this was the birthplace of Apollo, according to tradition. With his Polaroid he photographed the emerging ruins from many different angles but each time, to his amazement, he found that nothing showed up on the Polaroid. Just a blank view of the scene. He gives us to understand that he despaired of his own work, and undertook the mission to recover the lost undeveloped reels out of longing to find their contents, their lost view of their world, the first gaze perhaps on a world of lost innocence. We have here, I think, a fundamental contrast between the documentary film and something that does not show up on any film, in this instance something to do with the gods. I think this film-maker is grappling with much the same kind of issue as we are in this debate between research and psychoanalytic thinking, between what can be seen objectively and what belongs to our inner world of meaning and phantasy. When he finally arrives in Sarajevo, he meets up with an old film-maker who has copies of the three undeveloped reels and also knows the technique, the special chemical formula, required for developing them. His experience in Sarajevo, however, becomes much more than a mere recovery of old film. The city is decimated, buildings destroyed, cars on fire, streets deserted and people living in terror of snipers. Our hero has to learn to live with these people while tracking down the old film-maker and helping him develop the films. They eventually do and we see them standing together looking at the developed films and laughing together. We do not see what is

on the film. What are they laughing at? Are they laughing at finally succeeding? Are they laughing at what they see? Or is there nothing there after all? We do not know.

But then the film itself develops in an unexpected way. A fog descends upon Sarajevo and our hero thinks this makes life so much more difficult. Not at all, say his friends, in fact the fog is a godsend; only then can life return to normal because the snipers cannot see their targets. And in fact it is true. We enter into the city with them, families and children are playing, people are shopping, a symphony orchestra starts up, everybody feels safe in the fog. We follow the hero with his friends on a walk through the fog - the old film-maker, his daughter and their family. The two men are talking while the rest of family run ahead. Then we hear the sound of a car driving up. With them, we stare into the fog. The screen is just white, undeveloped, but what we hear are gruff voices, pleas for help. A shot sounds and a splash as a body is thrown into the river. More pleas for mercy and a gruff voice saying, 'The God who made us all has certainly made a mess of this. This is just the way it has to be.' More shots, more splashes and then horrifying silence. The old man runs into the fog, there is another shot, then a car door shuts and the car drives away. The horrified Ulysses himself finally goes forward into the fog and he discovers some of the dead bodies. The full horror of this senseless civil war is captured here in the way no documentary ever could. The film-maker is no longer observing, he is involved. I suspect the three undeveloped films represent films awaiting development but not in the way that we have expected. We are plunged into lived experience, staring at the white screen yet overcome with the horror and senselessness of it all. This is the film's journey into the civil war of the Balkans and into experiences that do not show on any Polaroid, in this case perhaps because they are too terrible to be believed, lost innocence indeed. And once again, there is reference to a God responsible for this destructiveness, but who cannot be seen through the blank screen of the fog. It requires the transformative processes of our dreamlife to elaborate the meaning for us of such profoundly significant experiences, which can then take shape in dreams, myths and stories.

Daniel Stern and others believe that there is much that can be documented about infant development. But André Green I think would say that there are also aspects of infancy that do not show up on film, yet are registered and are a vital part of the psyche and psychoanalytic experience.

### **Thinking About the baby**

I will not attempt to summarise the debate but just select some issues which strike me as valuable concerning the results of infant research. The first concerns the biological foundations of the mind. It was Bowlby's theory of attachment and the research that has developed from that which has established that infants form a relationship with their mothers from the very beginning and that this is not secondary to the satisfaction of oral needs as initially thought by Freud. It allows us to see that we develop a mind as we develop language, by being born into a community of language speakers, of people who have minds. A great strength of Attachment theory is that it derives from a source outside psychoanalysis. Bowlby's work was inspired by ethology, the study of animal behaviour, and its theory is that of control systems with feedback loops and goal oriented behaviour established genetically. This is quite different from the Drive Reduction theories that psychoanalysis originally proposed.

By contrast, it is worth noting that Stern's (1985) use of the construct of Self to organise his findings is not derived from outside psychoanalysis, but is the application of a currently fashionable psychoanalytic theory of self to infant development. I suspect this is an example of what Green calls science fictions. There is no problem using the construct of self in this way, but to believe that the research discovered or proves the theory is false and misleading, and does not ground psychoanalytic speculation in solid science. The same can be said about the concepts of Internal Working Model and RIG (Representations of Interactions that have become Generalised). These are operationalised versions of the analytic concepts of internal object and Internal World. They are useful for the purposes of research, but it is science fiction to believe that they are more scientifically established by the research. Fonagy's concept of reflective functioning might be regarded as in the same category.

My second point is that infant research has challenged a number of psychoanalytic theories of development. One particular example that has been much discussed is whether there is a state of normal autism as part of development. Margaret Mahler and Frances Tustin proposed that there was (Mahler 1975, Tustin 1981). They suggested that the state of autism they observed in disturbed children was a fixation or a regression to a normal state of autism in which there was a stimulus barrier and a cutting off from relating to the object. Experimental observation of infants showed that there is no evidence for a lack of relating as a normal phase but that attachment starts from the very beginning. Infants are alert,

competent and relating and are able to recognise their mothers from very early in development. Tustin subsequently changed her ideas on this matter (Tustin 1986). I think this and other examples, such as the question of a symbiotic phase or an undifferentiated phase of development, does not so much disprove psychoanalytic theory but rather makes us reconsider what is the nature of that theory, and in particular what is the nature of our ideas about development. For example, I think Tustin's description of the autistic shell maintained either by the use of a hard autistic object or a soft autistic shape protecting a formless and extremely vulnerable psyche, is clinically very valuable. The effort to place this in a developmental sequence however, particularly to a theory of linear development with sequential stages that one can be fixated on or returned to, distorts the value of the insight. We are coming to see that the states of mind we experience and describe in the psychoanalytic setting are better thought of as existing in a kind of field, as all being simultaneously present but not necessarily active. As Robert Caper suggests, an abnormal structure now is not a persistence of an earlier normal state but in fact is the persistence of an earlier abnormal stage, a defensive organisation that may have developed very early in infancy and could never be considered normal (Caper, 1998). These are very valuable challenges to psychoanalytic theory, and help us clarify that psychoanalytic theories are about meaning and its elaboration in psychic reality, rather than statements about the external reality of development and causal processes.

A third aspect of research into infant development that is relevant to psychoanalysis concerns those patients who cannot think, who cannot play or who cannot dream. These are often traumatised, deprived patients who have increasingly become the subject of psychoanalytic theory. Anne Alvarez, in contribution in this debate and in other writings, particularly emphasises the value of understanding infant development in helping appreciate the difficulties such patients face in analysis (Alvarez, 1992). Much clinical experience in recent years has convinced us of the importance of the object as a container for projected emotional experience, and that this function is the natural and essential foundation of development. This can place tremendous strain on the analyst, leading amongst other things, to a tendency to pressurise the person to be more integrated than they can be. Alvarez clearly has found it valuable to have the picture of the actual infant before her mind in helping her to understand and bear with this painful process in the therapeutic encounter. For example, she emphasises the developmental value of learning to do one thing at a time, and of how momentous is the achievement of being able to

hold two perspectives in mind at once, of two-track thinking, particularly if the two tracks clash with one another. A patient may say that he didn't tell a lie today and the therapist knows this is a real achievement for this patient. Sometimes it is essential to just let the patient do one thing at a time and to acknowledge this achievement. To remind him of his struggle about telling lies the day before may plunge this patient into despair as though all one sees is the faults. These minute achievements of learning to do one thing at a time can be crucial for the patient and the awareness of this developmental issue can help the therapist keep pace with such a patient's capacity to think and represent.

This is part of the larger issue of intersubjectivity, which relates the development of the individual's capacity to think and to the experience of thinking together. Stern's focus on attunement complements the psychoanalytic awareness of the importance of this process. Much of the emphasis of infant research is on the competence and abilities of the infant and the importance of the mother in facilitating this. The emphasis is on the presence of the object whereas in many ways psychoanalytic theory, until recently, has focused on the effect of the absence or separateness of the object in development. This is one aspect of the documentary work of Stern and others that I find particularly relevant to psychoanalytic practice. Attachment studies concentrate on the process of reunion after brief separations, and show that the observable patterns of reunion are consistent throughout development. The dwelling on the micro-moments of development has a similar focus, revealing how important is the quality of attunement between mother and baby, and the repair of mismatches.

My final point concerns a more personal impact on me of the findings of infant research. I particularly find watching videos of attachment patterns, or the films made by the Robertsons for Bowlby, can leave me with unforgettable images which have a powerful effect upon my work in the consulting room. The history of the making of the Robertsons' films is relevant here I think. James Robertson worked in the hospital where Bowlby was a consultant, at the time when Bowlby was beginning to investigate the effects of maternal deprivation. Robertson told Bowlby of his observations of small children left without their parents in the hospital wards, and of their great distress. It was the custom at the time to limit severely the contact between parents and children. It upset the children too much. Bowlby was most taken by this and decided the matter should be talked about much more. They decided to make a film of the effects of separation on these children. To my mind the most powerful effect of these films is that

they force one to keep watching the child, to not allow oneself to be distracted by all the other activities that might go on in the ward or in the child care centre. I suspect that this corresponds to making a documentary, but at the same time, forcing us to enter into the documentary and to become involved in a way that we all deeply resist. In this respect the images left after watching such films have the same effect as being presented with a dream by a patient. A dream has the power to reverberate through the work of the subsequent sessions, by way of capturing the imagination through its sense of being pregnant with meaning that is not fully explicit. This brings us then to my next topic, of what it means to put the dream in the forefront of one's mind during the clinical encounter.

### **Thinking with the Dream**

André Green emphasises that the analytic state of mind is what is unique about psychoanalysis, a state of mind that is sensitive to dream life as revealed in the transference or in play or in other symbolic manifestations. He believes it is essential if one is to see the inner psychic reality that cannot be seen on the Polaroid. And he believes it is a state of mind that can be very easily, if subtly, lost. He, and others in the discussion such as Irma Brenman-Pick, also emphasise that the psychoanalytic concepts that are most illuminating are those that derive from dream life. Let us look at some of these issues.

Green emphasises the importance of the setting in establishing the analytic state of mind and in bringing what might be called the analytic object into view. It involves a deliberate negation of the ordinary, social and rational meanings of what takes place in the consulting room and an active focusing on what might be the meaning of what is happening. Whether we are focusing on symptoms, a dream reported, a piece of play, some transference activity, countertransference reactions — all involve an active process of going beyond the manifest content to find the latent content.

We all know that this involves overcoming resistance not only in the patient, but in the analyst as well. Freud struggled greatly with his own resistances to finally realise the significance of infantile sexuality in himself as well as in the patients. Significantly, he used the myth of Oedipus to describe the essence of his insight, that is, a dream image in Green's terms. Likewise, Klein found it initially very disturbing to believe that her young patients were struggling with so much aggression and that this was central to their anxiety states and guilt. I think this is very much the equivalent of struggling against seeing the



child's distress that Bowlby's films show us, or of resisting being drawn into the horror of the civil war of Sarajevo. How much more comfortable to see it as a documentary.

Psychoanalytic concepts which derive essentially from the unconscious, from dream life, have a power to illuminate which is not found in the concepts derived from infant research. We might think for example of the concept of internal object, of parts of the self, the Oedipus complex itself. Winnicott's concept of the transitional object shows up on no Polaroid of a blanket or a soft toy. Klein's powerful concepts of the depressive position and of projective identification have fundamentally derived from experience in the transference and of dream images of parts of the self being projected, introjected, integrated and split. More recent concepts of the narcissistic organisation and of the autistic object have this same powerful, stimulating effect upon the imagination and help us think about the meaning of the experiences in the consulting room as no other concepts can. This is a kind of thinking with phantasy which is so different from thinking with developmental concepts.

### **The Dead Mother**

Let me try to bring some of these thoughts into focus by discussing André Green's concept of the dead mother. This is his way of approaching the effect of maternal depression upon the psyche. He describes it as a revelation of the transference, a revelation of the inner world which does not show up on a Polaroid or documentary but can be vividly experienced in the consulting room.

Green describes a particular kind of presentation in a patient who has had a good relationship with the mother but then who suffers a catastrophe when the mother becomes depressed while the patient is still an infant (Green 1986). The example he gives is the mother being bereaved at the loss of the next child. A mother can be depressed in infancy for many reasons of course, and one pattern that I have come to recognise is that brought about by migration of the family when the patient is still very young. The whole family is disrupted and the mother can become seriously depressed with many of the effects that Green goes on to describe.

The central clinical feature is that the baby experiences the mother as dead. Even though she is actually present and alive, she is psychically dead and becomes an internalised dead object in the growing child's psychic life. A patient of mine, from a family who migrated when she was very little, describes one of her earliest experiences of her mother in terms of discovering that her mother's cupboard was empty of any clothes. The mother had nothing for herself and I think she meant nothing in herself.

Green emphasises that this experience for the baby makes no sense; it is rather like a hole in the world. No mourning is possible, there is no awareness of what has been lost, rather the patient feels not allowed to be, or that he does not exist. Another patient who very much fits Green's description, told me at the beginning of her analysis that her mother had no photograph of her in the mother's bedroom, but did of a brother born later when the mother was less depressed. This experience later comes to be, it is my fault, it is my needs that have done this. But the central experience he describes is one of meaninglessness and of an overwhelming sense of futility which emerges strongly in the transference.

One of the consequences of this construct of the dead mother internally, is that it helps to make sense of the persistent efforts to enliven the mother and later the analyst in the transference. This may show as a precocious development in the intellectual or artistic sphere, and not uncommonly in precocious sexuality. We see it in the form of seduction in the transference, with the patient bringing a wealth of dreams and offering vivid interpretations, but the telltale sign is that it has no effect. Somehow it is not for the patient, it is for the analyst. Winnicott gives a lovely vignette of this in his paper *Reparation in Respect of a Mother's Organised Defence against Depression*. (Winnicott, 1948). He describes a child being brought along who is particularly delightful and often talented above the average. 'If a girl, she is sure to be attractively dressed and clean, and the point about her is a vivacity which immediately contributes something to one's mood so that one feels light. One is not surprised to learn that she is a dancer, or to find that she draws and paints and writes poetry. She might write a poem or two while waiting her turn to see me. When she draws me a picture I know there will be gay colours and interesting detail and the figures will have a certainly sprightliness, seeming to be alive and moving.' All this against the background of a moody, irritable, depressed mother.

The patient's life is characterised by spectacular collapses of achievement. All these efforts are vulnerable to sudden disintegration into impotence, futility and disillusionment. Here, the powerful identification with a dead mother comes to the fore, nothing means anything, the patient is hopeless, may feel suicidal, and is paralysed by futility and deadness.

The value of this construct is further illustrated by the issue of technique when such experiences are alive in the transference. Green describes how silence, even momentary, can precipitate collapse into emptiness. Concentration on the patient's destructiveness, however balanced with interpretation of its defensive value, can be overwhelmingly persecutory. He insists that for a long time the only helpful interpretations focus on the inner reality of the dead object, and its manifestations as described above.

Although Green does not emphasise it, other writers picking up his theme have pointed out that sooner or later in the analysis an active deadening and destructive quality in the patient does emerge and shows in the transference, and must be dealt with. It is this quality that is particularly hard to experience and conceptualise and which does not show up experimentally. I think in this way we enter the streets of Sarajevo with our patient and we start to live history rather than view it as something past. In so doing we encounter the gods of the internal world, in particular the omnipotent organisation that offers the illusion of ultimate protection and security, but which is so hostile to any experience of need, dependence and vulnerability. Let me illustrate this briefly with a period from the analysis of a woman who very much fits Green's description and who helped me understand her catastrophe by means of a series of invaluable dreams.

Mrs. A was referred to me in a state of severe post-partum depression following the birth of her second child. She was a second child herself. Her family had been severely disrupted by their experiences in South Africa, and when they subsequently migrated my impression is that her own mother was depressed and overwhelmed. Her older sibling had been born just before the migration and she herself, shortly afterwards. The third child in the family was born when the mother had somewhat recovered and the patient felt he received much more love and attention. It was Mrs. A who told me that there was no photograph of her in her mother's bedroom but there were of the other siblings.

Mrs. A showed many of the features described by Green, particularly precocious intellectual development and a tendency to bring rich, exciting, interesting material to the analysis. The patient was exquisitely sensitive to my tone and reacted to weekend breaks with very striking physical collapse. This was originally thought of as chronic fatigue syndrome but as it gradually became linked to the transference it took on the form of a baby who just flops, becoming totally hopeless, inert and feeling all effort is futile. One dream stayed in my mind as a picture of her structure and personality organisation. at this time. This dream was reported on a Monday: *A schizophrenic man has a doctor who talks simply in English and keeps him sane. On the weekend, he climbs up a tall pole. It is very unstable and he falls and breaks his pelvis.*

To Mrs. A who did not know anything about schizophrenia in a medical sense, the schizophrenic man represented somebody who was simply mad, who couldn't understand the way other people thought, and in this way stood for her own experience of going out of her mind and feeling completely overwhelmed and unable to think and function, a state she was repeatedly in. Being on top of the high pole represented a way of trying to be potent, high up and self-sufficient, but by this stage of the analysis we were beginning to see how precarious this was. The man who spoke simple English turned out to be a picture of her analyst, whose words were starting to make sense and which helped to stabilise her and ground her. This dream, I think, captures her way of being potent in an omnipotent way, very intellectually and sexually precocious, as an effort to seal off and protect herself from this recurrent catastrophe of collapse in which she feels completely alone and unseen. Her state of collapse is very much experienced as a fracture in her pelvis, in her capacity to make and hold a baby-self.

The period of her analysis which I want to focus on coincides with the birth of her third child. It was clear in the analysis, from her associations and the timing of this birth, that this third child represented herself and her efforts to relive the circumstances of her own birth but in a way that would correct what happened to her. I initially thought this represented a positive step, and showed a capacity to use the analysis to help support her in this reworking of her traumatic infancy. The baby was born just before a long mid-year holiday period, and on returning from the break I was rather alarmed to learn that she planned not to continue the analysis, saying she wanted to be with her family and new baby and give all her attention to the task. I still find it hard to convey my experience of a growing confusion and

paralysis in these first weeks as we discussed this. I vaguely felt this couldn't be right, she needed the analysis, but I was becoming mesmerised by her description of her care of the baby, how important it was to her to be present and sensitive and not distracted, and I began to increasingly focus on the thought of her baby's development and on how I must not intrude upon this vital, primary maternal preoccupation. It was at this time that a series of dreams disturbed and alarmed me. With the vital help of a supervisor, I was helped to hold on to the internal reality of the infant in herself, which I was in severe danger of losing touch with, by my focus on her actual baby.

*The dream: I'm holding a baby. A man wants to touch her but I won't let him, even if it offends him. I can't see his face, it is blurred and streaming.*

In this dream I think not only am I the man who isn't allowed to touch the baby but I'm the one pictured as being blurred, streaming, I think distraught and likely to become depressed.

*Dream: I am looking after foetuses in a test tube in a laboratory. Over the weekend they nearly died because I neglected their fluid.*

This dream particularly struck me as a picture of the fragile state of her foetal self, desperately dependent upon the fluids she bathes in, in the analysis. But if she becomes the one who has to look after the foetuses, especially over the weekend, there is severe danger of them dying.

*Dream: I'm trying to put together a stroller myself. It keeps collapsing, there's no support for the baby.*

At this stage my patient was coming twice a week but under great protest, firmly believing she needed to stop the analysis and look after her baby. Although I was finding the dreams increasingly clear and helpful, she was completely out of touch with the meaning I was giving to them. And yet some part of her kept bringing the dreams.

*Dream: Daniel, my eldest little boy, is playing with his plastic sword. I'm not sure if I should let him play with it or not. He goes outside the house. He comes and tells me he has cut down the powerlines from the house, proudly showing me the ceramic insulator. I go out and he's playing with the line and the baby is crawling up to it. I can't get there. I know it's potentially lethal but can't understand why they aren't being electrocuted. I wake up confused, is it really dangerous or not?*

This dream particularly alarmed me and reinforced my belief that she was in danger, although she appeared to be in a rather dissociated state in that the dream, and our work on it didn't seem to touch her at all. I thought the older child represented her well known efforts to be the one who looks after herself with her own little sword, her own potency, but she is cutting off the powerlines connecting her with her analysis and with her capacity for insight. The new baby is indeed in danger but what is so striking is her confusion which she wakes up with, and the confusion that I have been quite seriously struggling with as to whether there is real danger or not. Which baby do I focus on? The new baby who needs her mother or the baby of the analysis that needs her analyst?

*Dream: I am looking at a building I'm constructing, it's not complete. The powerlines are not connected. It's getting dark and I realise I have to ask my father to connect it. It's easy for him, he knows how. Then I see two planes crash. I can't go back and look, I'm sure I'll find people dead. I have had something to do with the construction of these planes.*

Again I think we see the slow construction of herself in her analysis, that the powerlines are still not connected although she does recognise her need for the father analyst to help. The two planes, whether they are the feeding couple or the two parents, crash, representing her recurrent collapse into deadness and disaster, particularly as she has had something to do with the construction of these planes. Her efforts to construct a feeding couple to be self-sufficient and all with her own power, make her vulnerable to this disaster.

The working through of these issues eventually led to her coming three times a week and a gradual awareness on her part of the infant in herself, that she was desperately trying to keep out of touch with

by being the ideal parent. I think I was carrying the experience of the confusion and impotence for a long time.

*Dream: A refrigerator, it's been frozen over for a long time and is now beginning to leak.*

Finally, she gave me a glimpse of what it was really like to be in touch with this infantile part of herself.

*Dream: I have three children, the eldest is a boy, frowning, unhappy and I'm rejecting him. He becomes a tomcat and runs out in the street and is nearly run over. He is confused and doesn't know where he lives. I feel very bad. I call him back and five tomcats come back. I'm very anxious, they are so hungry and will be so sexual.*

The eldest boy turned out again to be connected with the boy who must grow up so fast and look after himself and rely only on his own power. Now he's unhappy and confused, feels rejected and runs out to become a street cat, a tomcat. As we call him back into the analysis, still only three days a week, there are five tomcats and they are frightening, they're hungry and so sexual. This may be a clue as to why she dreaded returning to five days a week again. She herself experienced breast feeding her second child, with whom she became severely depressed, as a very frightening experience. She saw the baby as hungrily wanting her breast and she broke out into a sweat. She was terrified that the baby was going to eat her. I think we have a glimpse here of the tomcat baby whom the mother could not see, of whom there was never any picture in the mother's mind because it was no doubt too much for the mother at the time of her depression and disruption. The dead mother and the dead baby in the internal world are what are left behind, after the deadening of any contact with the screaming, hungry, confused infant has taken place. We see in the action of the transference-countertransference the operation of this deadening force in herself, and in her analyst.

My experience of this period of analysis with Mrs. A reminds me of the film-maker's experience in the streets of Sarajevo. My experience of confusion and paralysis was my being so powerfully affected by projected aspects my patient, in particular the deadened, incompetent and guilty internal mother. I

suspect the film may be saying that the last three reels had nothing on them. As we stare at the mist and listen and experience the horror of this destruction in a once civilised city, we are making history, just as we are in the transference, trying to develop something that has never been put into words before. I cannot overestimate the value of this patient's dreams, and of thinking with them, in helping me sort through the confusion of what was happening with her. This seems to me to illustrate what Green is talking about, that there is a unique way of thinking that is essential to psychoanalytic work, and that is quite different from our thinking when we are studying infant development.

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## Postscript 2020



Looking back over the years at my paper, I realise more clearly that it embodies my ongoing efforts to clarify the nature of the analytic attitude. This is the frame of mind in the analytic session which seeks to find and elaborate the meaning of everything that may emerge. It is not in opposition to the awareness of external reality but is a unique viewpoint in addition, it is a focus on psychic reality.

This central issue was discussed with great lucidity and directness by H.J.Home in his paper “The Concept of Mind” (1966) . I have recently had occasion to revisit his controversial work and he has prompted these further thoughts. He states that Freud’s realisation that symptoms have meaning “invoked a totally new principle of explanation...Freud took the psychoanalytic study of neurosis out of the world of science and into the world of the humanities, because meaning is not the product of causes but the creation of a subject”. I would add that Freud’s realisation that dreams are meaningful was an even greater insight, because it opened his eyes to the very different kinds of meanings that we can be quite unconscious of . Recent thinking about dreams enlarges on this insight to show us that the process of dreaming itself is an essential step in the making of meaning, that is, in the development of mind. Home goes on to suggest that “...mind is the meaning of behaviour; or anything that has meaning is mental”.

To illustrate his point further, Home shows that we are dealing with two radically different principles of explanation, each of which has its own logic and each gives us its own kind of reliable knowledge. The material world of dead objects, as he puts it, is understood in terms of causal explanations, of impersonal forces and processes. The world of live human subjects is understood in terms of meaning and meaning-making. It is when we muddle these up, and inappropriately apply the modes of explanation, that we can see the differences more clearly.

For example, Freud and early analysts were keen to make the new discoveries of psychoanalysis more acceptably “scientific” and hence developed a metapsychology of causal explanations, inventing terms derived from current scientific models, such as drive, instinct, energy reduction, libido, fusion of instincts. Home gives an example, from Sandler’s paper “On the Concept of the Super-ego”(1960) “The two techniques of restoring a feeling of being loved (of increasing the level of libidinal cathexis of the self)...” Home states the “the first part of this sentence seems to me to be completely comprehensible, the second part is, I believe, meaningless” No wonder his paper ruffled feathers at the time. However there has since been a great deal of discussion of psychoanalytic metapsychology and of what kind of theory-making is appropriate for psychoanalysis.(George Klein, for example)

In the opposite way, the inappropriate application of explanations in terms of meaning to the functioning of the material world, results in animism , as Freud details in chapter 3 of “Totem and Taboo”. The world is seen as animated by hidden spirits which are in fact projections of our psychic reality. Scientific explanation frees us from this, and amongst other things tells us how things DON’T happen. Earthquakes and tsunamis are not caused by cosmic displeasure or as punishment for our forbidden

thoughts, and we cannot magically control the material world of weather or planets with our thoughts and wishes.

The focus of my paper was the debate about the difference between investigating infant development in causal terms, and investigating the meaning of infantile experience as elaborated in psychic reality. Both give us valuable knowledge of radically different natures. To muddle them up, or to privilege scientific explanations, threatens to devalue the unique nature of the analytic attitude. In particular, this case history demonstrated to me that there are considerable emotional (meaningful) pressures at work which can move us away from fully living with the experience of the patient's inner world, which is the foundation of beginning to make meaning of that experience, in favour of a more distant focus on external events and external babies. We are internally pressured to move away from the strain of living in Sarajevo before any meaningful formulation and representation of the experience can be developed.

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