modern psychoanalysis

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BOOK REVIEWS

More mistakes*

Dan Gilhooley

Errors are a part of life and clinical mistakes are frequent. The author examines some of the ways that errors or mistakes permeate all areas of life, pointing out their frequency in human interaction, in research, in ordinary judgment, whether in daily largely trivial matters, or in significant matters of life and death. In some instances, a psychoanalyst might point out an unconscious motive for the errors, but in the history of psychoanalysis, clinical errors have often been shown to be beneficial to the treatment, to the extent that they enter into the psychoanalytic discourse. The author presents some clinical material drawn from his own work with two supervisees.

*This paper was presented at "Our Best Mistakes: Messages from the Unconscious" conference, hosted by the Academy of Clinical and Applied Psychoanalysis (ACAP) on May 1, 2022; with Patricia Bratt, Ph.D. serving as conference chair and moderator. I wish to thank two supervisees who contributed clinical errors that provide case material for this paper. The first case, "Tony's Mistakes," describes the work of my colleague Antony Geralis who also participated in my conference presentation. I especially want to thank Tony for granting his permission to include my account of our work together. The second case, "Negative Space and the Unconscious," describes the work of a colleague whose identity isn't mentioned to protect the confidentiality of her patient. I appreciate their help developing the ideas expressed in this paper.

Overview

Broadly speaking, human beings are a successful species. Individually, we accomplish most of what we intend to do. But inevitably a small percentage of our thoughts and actions are mistakes. Human beings are prone to error (Baars, 1992; Hallinan, 2009; Reason, 1990; Woods et al., 2010).

Errors are *actions taken to produce an intended outcome which fail.* Researcher James Reason (1990) has a simple classification of error types. Sometimes our actions don't proceed as planned, resulting in a minor error called a "slip" or "lapse." Actions which go as planned but fail to meet our intended goal are called "mistakes" because they involve underlying misunderstandings. The process of making an error always links intention, faulty action, and failed outcome in a tangled mess. Researchers studying this process analyze erroneous actions while intentions are considered unambiguous and go unexamined. The scientific study of mistakes is complicated by hindsight bias (Woods et al., 2010) which occurs whenever we're looking back at something. Errors are only seen in retrospect and knowing what happened dramatically alters our perception of *why* it happened. With hindsight things appear obvious which weren't before the error. Finally, complex technologies like nuclear power plants mean errors can have catastrophic and enduring consequences. So, studying human error is a serious undertaking.

We make errors every day for the widest variety of reasons. We have lapses of attention caused by distraction, fatigue, or lack of interest. Memory lapses cause us to forget an important piece of the puzzle, forget to act at the right time, or forget to do something altogether. In executing an intention, we can get confused and mistake one thing for another or we may do things in the wrong order. We make mistakes by incorrectly believing a sequence of actions will accomplish our intention. When working with others, many mistakes are the result of miscommunication. Just as there are mistakes of commission, there are mistakes of omission. Here's an example. The Nobel Prize committee made (at least) one of each. First awarding a prize to Egaz Moniz for the development of the frontal lobotomy (a procedure currently banned in many countries), then never award-

ing a prize to Sigmund Freud for his theory of the unconscious mind.

Time's a big factor contributing to mistakes. We might do the right thing in the wrong amount or at the wrong time, as in "too little, too late." We may act too quickly, as in "haste makes waste." Sometimes we simply run out of time, as on an exam, or we don't recognize the significance of something until it's too late. We may become overwhelmed trying to do several things at once which is what makes "multitasking" so perilous. Maybe we're simply inexperienced with a subject, as when we encounter something for the first time, or when we haven't developed the skills necessary for the task at hand.

Occasionally we can't see or hear clearly, or things happen so quickly we can't tell what's going on. A lot of our mistakes are rooted in simple misperceptions, before we even consider the effects of illusions, delusions, and hallucinations. When trying to decide what to do we're almost always working with incomplete and inaccurate information. So, judgments are usually made in a state of uncertainty (Kahneman, Slovic & Tversky, 1982). Sometimes, we're at such an informational loss that "trial and error" is the only way to proceed.

These sorts of errors are thought to occur randomly, so economists conclude they degrade the quality of life in a uniform way (Thaler, 2015). We get into more trouble when we employ mistaken unconscious assumptions and biases (Kahneman, 2011; Thaler & Sunstein, 2008). When our initial premises and assumptions are wrong, this results in systematic patterns of error, so we'll be wrong about a lot of things, and can be easily led astray by our thinking. Economists, who are interested in predicting human behavior, recognize these unconscious systematic errors have important social consequences.

What's surprising about these beliefs is how stupid they make us. For example, no matter how sophisticated and world wise we've become we still trust people in authority, particularly if they're older, male, attractive, well-groomed, and wearing serious clothes. Even cynics assume people are honest, so we're easily victimized by sociopaths. We irrationally respond to information according to how issues are "framed" (Kahneman,

2011). Logically identical propositions can be wholeheartedly endorsed or passionately rejected depending on how they're presented. Because it's hard to understand a complex and rapidly changing world around us, we rely unconsciously on "heuristics," habits of thought providing shortcuts in our thinking. "Availability" is a heuristic used for assessing frequency and probability (Kahneman, Slovic and Tversky, 1982). For example, if lies are uncommon in your personal experience, when you hear a lie told by several older white men looking judicial, you'll conclude it's probably true. We've all heard "The Big Lie" which currently captivates American political life. But don't forget the lucrative lie which for decades dominated the medical industry, the marketing ploy, "depression is caused by a chemical imbalance in your brain," told by many of the same white-haired fellows wearing lab coats (Kirsch, 2010; Moncrieff, 2008).

Some assumptions appear to be universal. A paradoxical aspect of human narcissism is that we all overrate our intelligence even while we exaggerate our imperfections. Everyone is overconfident except depressed people who're simply realistic (Hallinan, 2009). As psychoanalyst Martin Bergmann explains in Woody Allen's (1989) *Crimes and Misdemeanors*, the diagnosis "Depression" could be renamed "Simply Realistic." And everyone, especially Woody Allen, believes their own bullshit, a pack of lies we tell ourselves to slip through life less painfully. In fact, bullshit's a topic for a whole other conference (Fingarette, 2000; Frankfurt, 2005). When we consider our many mistakes based on false assumptions, it's surprising we exist at all. We appear to have made enough errors to guarantee extinction, so the fact we're still alive suggests there are unexpected evolutionary benefits to making mistakes.

Because they occur unconsciously, mistaken assumptions have an enduring grip on our thinking. Since the Enlightenment there's a widespread assumption we should expect human beings will behave rationally, despite tons of empirical evidence to the contrary (Ariely, 2008). And there's an assumption that decisions are made consciously and deliberately despite three centuries of research demonstrating unconscious mental processes guide human behavior. For example, even when our substantial bias can be scientifically demonstrated, everyone continues to

believe they behave impartially because bias is an *invisible* unconscious phenomenon.

Operating out of sight, the unconscious mind is only recognized by a small band of psychoanalysts, psychologists, and neuroscientists (Ellenberger, 1970; Bargh, 2017; Libet, 2004; Norretranders, 1991; Solms & Turnbull, 2002; Weinberger & Stoycheva, 2020; Wilson, 2002) and the unconscious is barely considered in the study of human error. Let's take a quick look at what cognitive science has to say about "conscious intentions." Neuroscientist Benjamin Libet (2004) conducted decades of experiments proving behavior is initiated in the brain a half-second before conscious awareness. The upshot of Libet's research, supported by cognitive scientists during the last half-century, is that our actions are controlled by an unconscious mind and that consciousness *interprets* (Gazzaniga, 2011) rather than initiates behavior. It turns out consciousness isn't in charge of anything (Wilson, 2002). So, the intention from which error descends is always *unconscious*. If error researchers examined unconscious intentions--a topic introduced by Freud more than a century ago and elaborated empirically by sixty years of cognitive science research--it would make their study of error more realistic and predictive, and we'd all end up safer.

Okay, back to mistakes. People study human error hoping to increase profits and eliminate avoidable injuries and death. Studies of "human reliability" in American industry estimate people average three to six errors per hour and make fifty mistakes per eight-hour shift. For each one hundred judgments workers make, they're wrong ten-to-thirty percent of the time which, by the way, is a better expectation than my wife holds for me. It's easy to see why automation is so popular in the world of manufacturing. Meanwhile, in medicine, Jerome Groopman (2007) notes fifteen percent of medical diagnoses are incorrect. Studies of autopsies (Leonhardt, 2006; Shojania et al., 2003) reveal that doctors misdiagnose fatal illnesses twenty percent of the time, a rate which hasn't improved despite decades of advances in diagnostic technologies. And radiologists (Hallinan, 2009) miss thirty percent of tumors hidden away in their scans. Doctors are no better than factory workers when it comes to making mistakes.

People don't stop counting our mistakes when we leave work. A Department of Transportation study found that twenty percent of miles driven each year are spent being lost. And mistakes add up. Over the course of a lifetime, it's estimated the average person will make nearly 800,000 decisions and regret one-fifth of them. That's 143,000 regrets, which is a lot collectively speaking. Maybe an Error Archetype affects us all. Of course, these statistics might themselves be mistaken. But they're consistent. What do we do with all these mistakes? There's a widespread belief that errors should be eliminated. Nearly everyone subscribes to this belief, but that's likely a mistake.

Certainly, we should eliminate human error causing injury and death. Look at American medicine. Doctors are a wonderful group to study because what they do is consequential. Most of us make our mistakes invisibly, while doctors make theirs under a malpractice microscope. Medicine is a competitive field and physicians receive a substantial education. They're held in high esteem and are rewarded by equally high incomes. Doctors are among our nation's best and brightest. Nonetheless, a 2016 study conducted by Johns Hopkins University found medical error to be the third leading cause of death in the United States (Makary & Daniel, 2016). People are killed by heart disease, cancer and the doctors treating them, in that order. To some extent, one could argue, this is simply a matter of being in the wrong place and time. Very sick people meet doctors under extremely vulnerable conditions. And doctors are prone to error like everyone else. So naturally, they'll make mistakes that kill people. Perhaps it's a regrettable occupational hazard that can't be avoided.

Well, maybe. But about a third of these medical errors occur when physicians are fatigued. A 2006 study by the Institutes of Medicine concluded that, in U.S. hospitals, sleep deprivation contributes to medical errors resulting in ninety-eight-thousand patient deaths each year (Colten & Altevogt, 2006). That's a stunning number. For decades American medicine has required hospital resident physicians work one-hundred hours per week, institutionalizing medicine's indifference to the fatal consequences of sleep deprivation. Why has this obviously dan-

gerous practice persisted for generations, at a rate of *a million avoidable deaths* each decade?

How can we understand an esteemed profession committed to human well-being behaving so lethally? Something is seriously wrong. This is a complicated problem without obvious or simple solutions. Nonetheless, because complex organizations working under high-risk conditions have dramatically improved their safety outcomes we know the problem isn't technological, it's psychological (Gaba et al., 2003; Hallinan, 2009). Medical culture is stubbornly resistant to changing the beliefs, attitudes, and behaviors which contribute to high rates of patient death. How come? Could part of the problem be invisible *unconscious destructive intentions* at work? Does the medical profession, consciously committed to life, have a dark side unconsciously dedicated to death? That's hard to believe, perhaps inconceivable, but the evidence points in that direction. A psychoanalytic researcher could ask, "In what percentage of deaths caused by medical error does the caregiver's unconscious destructive intentions appear to be a contributing cause?" These invisible unconscious ideas would affect everything from the creation of policies to the administration of medication. Here's a simple question following this train of thought: "Would a healthcare worker be more apt to make a lethal error following an experience of personal loss, or an upsetting conflict with a spouse, child, or co-worker?"

What have we learned in this quick tour of the topic of mistakes? Research suggests about twenty percent of the decisions we make each day are errors. Nearly all of these are inconsequential, mildly irritating at best. We barely notice them. Everyday errors occur randomly while mistaken unconscious assumptions, biases, and heuristics create patterns of related errors that have significant social consequences. Because everyone employs this kind of mistaken reasoning, human beings make regrettable decisions and are sitting ducks for exploitation. Daniel Kahneman and Richard Thaler have both won Nobel Prizes for applying empirical research on unconscious, irrational, mistake-laden reasoning in a new field they call behavioral economics. A century after Freud, people are winning Nobel Prizes for studying the economic implications of uncon-

scious cognition. While this represents important progress, examination of unconscious *intentions*, both constructive and destructive, still arouses little interest.

The irrepressible pursuit of perfection leads to a widespread belief that human error should be eliminated. This is certainly commendable where safety is concerned. On the other hand, from a Darwinian perspective, eliminating error makes as much evolutionary sense as eliminating mutation. The desire to eliminate error appears to be rooted in our narcissistic assumption that our intentional actions are the primary source of good outcomes. This is a mistake.

Many mistakes have positive consequences. A good example is Alexander Fleming's discovery of penicillin resulting from sloppy laboratory work likely informed by a touch of garden-variety paranoia (Hare, 1970; Lax, 2004; Macfarlane, 1984). Fleming was Chair of Bacteriology at the University of London, and his lab was located in the medical school of St. Mary's Hospital. At the end of July 1928 Fleming left a petri dish containing a virulent form of staphylococci bacteria uncovered in a cluttered stack of dishes at the end of his workbench while he went on a five-week summer vacation. Months earlier Fleming's trusted research assistant, Merlin Pryce, with whom he'd shared his small ten-by-twelve-foot lab for two years, transferred to the pathology department in the hospital. Now, five months later, a young medical graduate was scheduled to begin working in Fleming's lab during his absence. A psychoanalyst might ask, "Knowing an unsupervised novice would be using his cramped lab, why would a physician leave behind a dish of dangerous staph bacteria uncovered? Did Fleming, a profoundly noncommunicative person, harbor some unexpressed unconscious hostility toward this unknown intruder?"

It's impossible to say and it's difficult to assess how much risk the uncovered dish posed. Ronald Hare (1970), Fleming's colleague at St. Mary's and author of *The Birth of Penicillin,* says this strain of staph bacteria creates boils, carbuncles, and severe infection in bones. If it enters an open wound on the body, "although painful and sometimes mutilating, such infections seldom cause death" (p. 63). So, making physical contact with

these bacteria could make you sick, but probably wouldn't kill you.

The first thing Fleming did upon returning from vacation was to move the new assistant, Stuart Craddock, out of his tiny lab and into the hallway where for four months he'd work on makeshift tables with discarded equipment getting water from a sink a floor below. Fleming's biographer (Macfarlane, 1984) notes Fleming offered "surprisingly little practical help" securing proper facilities for this new assistant who was joined in the hallway by a fledgling ophthalmologist, Frederick Ridley (p. 124). Fleming wasn't in a welcoming mood and appears to have considered his new assistant more of an irritation than an asset, and certainly a poor substitute for his previous colleague. Craddock, who went on to become a general practitioner, concluded Fleming ignored him because he was unqualified. He was neither a bacteriologist nor did he possess the background in chemistry that Fleming needed (Lax, 2004).

Fleming took the stack of culture dishes from the end of his bench and began soaking them in a tub of disinfectant to render them safe to be handwashed. At that moment, his former research assistant Dr. Pryce stopped by and "Fleming grumbled to Pryce about the amount of work he was having to do since Pryce had left him, and then began to show him what was on the plates" (Macfarlane, 1984, p. 119). While doing this he noticed a fungus growing in the uncovered petri dish had killed adjacent staph bacteria. Apparently, during the past month a mold spore had wafted up the stairway from a lab on the first floor, planted itself in the dish, and flourished during a unique sequence of cool days followed by a warm August. With the help of a mycologist Fleming (incorrectly) identified the mold and named it penicillin.

Although he had his hallway helpers, Craddock and Ridley, conduct experiments with penicillin to explore its antiseptic potential, Fleming did not attempt to develop it into a therapeutic agent. In 1929 he published a paper describing the antibacterial properties of penicillin. Because he'd paid so little attention to them, his paper misreports results of Craddock and Ridley's work. A decade later this paper was read by Ernst Chain

at Oxford University who convinced his colleague, Howard Florey, to begin experimenting with penicillin. Chain and Florey turned penicillin into the manufacturable drug that changed the course of human history.

A modest and unassuming man, Fleming didn't claim to have discovered penicillin, instead suggesting Nature had. In his Nobel Prize acceptance speech, he described his fortuitous mistake:

> It was destiny which contaminated my culture plate in 1928… and it was destiny that timed [my colleagues] work to come to fruition in war-time when penicillin was most needed.…While we think we are masters of the situation we are merely pawns being moved about on the board of life by some superior power. (Fleming, 1945)

Some mistakes are so dramatically transformative they certainly appear to have a divine origin. During the twentieth century it's estimated penicillin saved two hundred million lives.

Back to our speculation about why Fleming left a dish of virulent staph bacteria uncovered in his little lab in which an unsupervised and inexperienced doctor would begin working. In addition to cognitive issues like distraction, forgetfulness, or misperception was Fleming's mistake facilitated by an unconscious destructive intention, his hostile rejection of this new unqualified assistant whose arrival reminded him of the loss of a trusted colleague? If our hypothesis about Fleming is correct, over a period of five weeks an unconscious mean-spirited destructive act created the conditions for the century's most life-saving discovery. Fleming's petty resentment may have been the most consequential emotion felt in that one-hundred-year span. Maybe only a Freudian drive theorist, or a similarly religious person, sees the beauty in that.

In addition to being occasionally beneficial, errors are essential for the development of human knowledge. Mistakes are the primary source of new information and therefore are more valuable than actions that simply confirm existing knowledge. Mistakes are like mutations. They become catalysts for creation, growth, and change. American philosopher Daniel Dennett suggests we should make as many errors as we can, learning

from each, generating as much new knowledge as possible. Dennett (1995) writes:

> Mistakes are not just golden opportunities for learning; they are, in an important sense, the only opportunity to learn something truly new. Instead of shunning mistakes, I claim, you should cultivate the habit of making them. Instead of turning away in denial when you make a mistake, you should become a connoisseur of your own mistakes, turning them over in your mind as if they were works of art, which in a way they are. You should seek out opportunities to make grand mistakes, just so that you can recover from them. (p. 137)

Although individual analysts are pained to admit a mistake (Casement, 2002; Chused & Levenson, 1992; Perlman, 2009; Ralphing, 1992; Gilhooley, 2011), theoretically speaking psychoanalysis loves them. In 1901 Sigmund Freud wrote The *Psychopathology of Everyday Life,* a 279-page treatise on the unconscious basis of forgetting, slips of the tongue, misreadings and slips of the pen, bungled actions, errors, and combined parapraxes. Since mistakes are so common, Freud believed this was the easiest way introduce ordinary citizens to the unconscious mind. His examples were simple, unobjectionable, and discuss phenomena everyone experiences every day. Freud (1901/1906) writes,

> This book is of an entirely popular character; it merely aims, by an accumulation of examples, at paving the way for the necessary assumption of *unconscious yet operative* mental processes. (p. 272)

To paraphrase Dennett, Freud reckoned mistakes were golden opportunities for the public to learn about the unconscious mind.

When it comes to psychoanalysts who demonstrate uncanny expertise at making clinical mistakes, God's Commissioner of Errors is unquestionably Sandor Ferenczi who I imagine oversees each of our psychoanalytic missteps. Ferenczi (1955) says many errors stem from our presumed superiority over our patients, a mistaken assumption Ferenczi calls "professional hypocrisy." This isn't unique to psychoanalysis. For millennia narcissistic grandiosity has been recognized as the basis for erroneous and egregious behavior. Anyway, in 1932 Ferenczi proposed the whole therapeutic enterprise rests on the analyst making a ba-

sic mistake. Led by his countertransference, the therapist will inevitably and unwittingly act out the unconscious destructive intentions the parents originally felt for the patient. Ferenczi writes, "The time will come when [the analyst] will have to repeat with his own hands the act of murder previously perpetrated against the patient" (Dupont, 1985, p. 52). This appears to be the psychoanalytic version of the systemic form of error described above which invariably leads to a negative outcome. The injury caused by the mistake only becomes therapeutic as the patient and analyst mutually struggle to adapt to the event. This rupture and repair repetitively undertaken becomes the bedrock of treatment.

Ferenczi ironically notes, "the more weaknesses an analyst has which lead to greater or lesser mistakes and errors, but which are then uncovered and treated in mutual analysis, the more likely the analysis is to rest on profound and realistic foundations" (Dupont, 1985, p. 15). In fact, Ferenczi (1955) says acknowledging errors restores patients' confidence in their judgment.

> The admission of the analyst's error produced confidence in his patient…we commit blunders often enough, and one highly intelligent patient became justifiably indignant, saying: 'It would have been much better if you could have avoided blunders altogether. Your vanity, doctor, would like to make profit even out of your errors.' (p. 159)

Forget about vanity, Ferenczi was discovering clinical errors were paradoxically therapeutic.

In terms of mistakes, Donald Winnicott and Heinz Kohut adopt positions akin to Ferenczi. Winnicott (1963) writes that patients get well by using "the analyst's failures, often quite small, perhaps maneuvered by the patient" as justifications for their expression of hatred felt toward the analyst in the transference (p. 344). Kohut (1984) regards mistakes, or "empathic failures" made by the analyst, to be an inevitable ingredient in treatment causing the patient to build reparative forms of mental structure. Kohut's therapy is constructed around these "optimal failures" (p. 66).

In fact, Freudian ego psychology proposes that the mind is created in response to environmental insufficiencies which

are the conditions necessary for the development of ego (Hartmann, 1958). As Otto Fenichel (1945) says of the infant's developing mind, "If every need could be immediately taken care of, a conception of reality would probably never [even] develop" (p. 34). Human intelligence emerges from the mind's adaptation to an imperfect world and maturation is built on a foundation of failures.

Returning to our clinical focus, elaborating an idea from Ferenczi's pal Georg Groddeck (Rudnytsky, 2002), Harold Searles (1979) suggests that through the analyst's mistakes the patient unconsciously attempts to cure the analyst and therein convert him into an equally curative agent for the patient. Typically, mistakes become therapeutic when they're discussed. Jeremy Safran and Christopher Muran (1996, 2001) write about repairing ruptures in the psychotherapeutic relationship, noting that "paradoxically, periods of impasse force us to deepen our understanding of our patients" (2000, p. 86). Arthur Feiner (1991) finds errors strengthen the therapeutic "union" essential for cure. George Atwood, Robert Stolorow, and Jeffrey Trop (1989) describe the investigation of treatment impasses that arise around mistakes to be unique opportunities, "a royal road to the attainment of psychoanalytic understanding" (p. 554).

In summary, at the birth of psychoanalysis, Freud thought bungled actions were the best way, even better than dreams, to introduce the world to the unconscious mind. As a clinical practice, psychoanalysis considers mistakes a common basis for therapeutic change, and human error is recognized as essential to learning, growth and adaptation. Errors are two-sided. For the analyst each is a self-inflicted narcissistic injury, reminding us of our human fallibility. Yet, as disappointing as errors are, each provides unexpected ingredients from which to build our futures. Mistakes are continuous opportunities for us and our patients to learn and grow. The quicker we get over our imperfections the better use we'll make of them.

As we consider two clinical cases containing mistakes, let's keep God's Commissioner of Errors, Sandor Ferenczi, at our side.

Tony's mistakes

As I was preparing for this conference two of my supervisees sent me writing describing mistakes in their clinical work. They had no conscious awareness I'd be speaking on the topic of mistakes. Neither knew I was squirrelled away each night in my studio at 3:00 a.m. feverishly writing this paper, desperate to meet the conference deadline. While they were dreaming, I was writing. Naturally, in this state of mind, when I received their written contributions I didn't consider them coincidental. I presumed my two supervisees were unconsciously offering to collaborate with me on this project. Seeing life unfold in this fortuitous way, it seemed like an obvious mistake not to ask if I could use their cases in my presentation. Happily, they both agreed.

Tony would be my first subject. Working from his manuscript, I wrote up his story and sent it to him to review. I'd stuck closely to what he'd sent, so a portion of my text were sentences he'd written. When we met for our weekly clinical supervision he said he was pleased with my write-up and offered no revisions. Thereafter I continued to change it based on our weekly conversations. As the date of the conference approached Tony decided to attend. I was excited and looked forward to his participation. Several years earlier we'd made a successful presentation together and I hoped to repeat that experience. At our last meeting before the event, Tony was curious about how the audience would respond to his story, but he was uncertain if he wanted to participate. I was enthusiastic but he was hesitant. We didn't have a plan going into the event.

Tony's participation posed a couple of technical challenges because the conference would be held on Zoom. While the audience would be muted, I wanted Tony's microphone switched on throughout my presentation so he could speak spontaneously if he chose to. Additionally, whenever he spoke I wanted his image to share the screen with me. These details were finalized with a technician coordinating the event a half-hour before the conference began. During my talk, when I was about to present his case, I introduced Tony to the audience. I explained our guidelines for participation: Tony could speak at any time,

while the audience could ask questions at four points during the case presentation. Tony was asked if he'd mind appearing on screen during the case presentation. He hadn't anticipated these technical considerations primarily because he wasn't sure he'd want to say anything at all. And, he said, "I'm disappointed to find myself in this position."

As I was about to begin, Tony asked me, "I'm curious. What caused you to introduce me?" I explained it was necessary for the technical reasons I'd just mentioned. I didn't say then, but told him later, that I didn't want to deceive the audience. I wanted to be straight forward and announce his presence from the beginning and invite him to say anything he'd like. I also wanted to begin by showing the audience we were a team, and each had an equal voice in discussing this material. The uncertain, unscripted, and frank exchange between us probably heightened the audience's interest. After Tony and I briefly discussed this question, I began to tell the story of Tony's mistakes. Here it is.

Tony got into analysis because he wanted an antidote to his life as a professional musician. For decades he'd sustained a demanding career playing piano and conducting Broadway musicals. He'd spent his life performing at peak-level three hours a day, six days a week, eight shows a week. Peak-level meant not making mistakes. Mistakes were a problem. Tony learned how to prepare to prevent mistakes. But it was no way to live. The performances and the success looked good to others. But it wasn't a satisfying life for Tony.

Tony entered psychoanalysis to learn how to make mistakes. In fact, we met in 2010 when he attended a summer workshop I gave on mistakes. Tony wanted to live differently. He didn't want a deadening life of perpetually preparing for perfect performances. He wanted to experience unscripted improvisations. He wanted what psychoanalysis offered: "Free association!"

About eight years ago Tony came to me to study the free associative process for his master's thesis at New York Graduate School of Psychoanalysis. Before arriving at my door, he'd assembled a literature review. To obtain some empirical data we conducted an experiment. We decided to use the following methodology

to study his free associations as they occurred during our supervisory conversations. Because this was an experiment, we had no idea what we'd find. Here's our method:

> Tony audio-recorded our hour-long supervisory conversations which he considered a kind of psychoanalytic session.
>
> Then, before transcribing the conversation, he wrote a Post-Session Summary *recalling* his thought process during the session. He tried to remember and record both "blockages" to his thinking and "free associations" occurring as we spoke.
>
> Tony then emailed me his Post-Session Summary and his Transcription of the session, so I had a chance to read them, after which we scheduled a meeting to discuss them. After we talked about the session, he wrote Concluding Observations. So, Tony produced three documents to record his experience of our hour-long conversation: a Post-Session Summary, a Transcription of the session, and his Concluding Observations.
>
> We repeated this process eight times and this became the data for Tony's research project.

Our method was precise, but our schedule was unpredictable because Tony was frequently out of town on tour for months at a time. When he was ready, he'd call me and we'd set up a time to meet. You wouldn't think important psychoanalytic work could be accomplished in such a haphazard way. That would be a mistake.

By using this method to study his free associative process, Tony discovered an *important mistake* had colored his thinking. In session after session, he noticed a pattern. Again and again, in his Post-Session Summaries, he recalled he'd experienced blockages to his thinking when I failed to understand him. That is, when *I'd made a mistake.* Tony became distressed by this rupture and worked to restore our interpersonal connection. At those moments he felt lost, isolated, and confused. His Post-Session Summaries followed this pattern: Tony had experienced lively meaningful conversation containing several free associations until I misunderstood him. My mistake created in him urgent feelings of distress. In response to feeling that "he hadn't been heard," Tony always remarked, "I wish I'd had the presence of mind to say…."

What was fascinating to us was that, as revealed by the Transcript, Tony had, in fact, said all those things he'd wished he'd

said. He just had no memory of having said any of them. This became a remarkable discovery. In a moment of acute distress over "not being heard," Tony's Self split in two, into a Functional Self and an Emotional Self. Both Selves operated concurrently but his memory was linked to his Emotional Self, and he became amnesic of his Functional Self. We recognized amnesia to be a product of the psychological process of dissociation, so we identified this as a "dissociative split" in his mind.

Looking at his data Tony now had an important insight. He realized that during the sessions when *I'd* made a mistake, *he'd* made a bigger mistake. When he felt "he had not been heard" by me, he'd "stopped hearing himself." His Functional Self disappeared while an Emotional Self dominated his awareness and memory. He could see it happening again and again in the transcripts! This realization became a central finding of his research project which he entitled, "Listening to One's Self." In looking at Tony's research, we realized mistakes are made during interactions with Others, but are also made in interactions with our Self.

Making these discoveries in Tony's data was exhilarating. We were swept along by the experimental nature of our project producing such unexpected results. On a couple of occasions, when Tony was talking about the surprising stuff our mistakes engendered, out of the corner of my eye I'd notice Ferenczi, God's Commissioner of Errors, nodding approvingly. I never mentioned it at the time figuring it would disrupt our research. And it would be embarrassing to admit. But it was nice to know Tony, even then, was getting a nod from Ferenczi.

It occurred to me this repeated pattern of me making a mistake and Tony making a corresponding mistake, of Tony "not being heard by me" and then "not hearing himself," is what Jung called a synchronicity (Jung, 1952). A synchronicity is an identical pattern appearing in adjacent domains. Synchronicities occur at the seams of reality, at the boundaries between self and other, between man and nature, between life and death. It also occurred to me that "synchronicity" is another word for a "fractal" (Cambray, 2002, 2009; Marks-Tarlow, 2008, 2020; Marshall, 2011, 2016). Fractals are repeating nearly identical patterns

emerging in nonlinear dynamic systems theory, a mathematical model which psychoanalysts are currently applying to their clinical process (Galatzer-Levy, 2009). Robert Marshall (2016) proposes synchrony as the unifying concept underlying these self-organizing forces. "The tendency to synchronize is one of the most pervasive drives in the universe," says mathematician Steven Strogatz (2003, p. 14). Always a half-century ahead of his times, Hyman Spotnitz (1977) speculates about "cerebral synchronization" between minds in group therapy writing, "The innate physiological striving of the human organism for synchrony could be intentionally utilized as a therapeutic factor" (p. 102). What's therapeutic about synchrony? Does synchrony facilitate restorative or corrective adjustments among people? It's tantalizing to think about the role of mistakes in the emergence of synchronous/fractal phenomena.

Anyway, when Tony completed his master's thesis, it was nominated for a Gravida Award for Best Student Work, which he won. He received the award at a luncheon during the annual NAAP conference. I recall that year Bob Marshall received the Gradiva Award for best journal article—Bob had been the second reader on Tony's thesis. Actually…come to think of it, that's a mistake! Bob won in a previous year, and I've fused the two occasions together, a mistake Freud called "condensation." When he received his award Tony was required to make a few remarks and he told a more personal version of the story I just described. The next award recipient was Michael Eigen, and as Eigen passed Tony on his way to the lectern, he stopped and hugged Tony. Eigen whispered in Tony's ear, "That was a wonderful paper." When Tony returned to our table Eigen was speaking. Tony leaned over and whispered, "Who is that guy?" I told him. He said, "He seems to have been affected by what I said." I agreed. (Here's an insider tidbit. Eigen is pals with Ferenczi. I've seen them walking arm-in-arm in the Village, both wearing berets.)

Living psychoanalysis

One of the long-term effects of his master's research project is that Tony became focused on developing his personal psychoanalytic "methodology," his unique way of learning. Today, in

our current clinical supervisory sessions, Tony often talks about "finding his methodology." This becomes his mission in each case. Finding his methodology, like curiosity, mistake-making, and learning has become a *way of being,* a way for Tony to engage others and reality.

As a musician Tony distinguishes between making music and talking about music. During Covid, when we held our supervisory sessions on Zoom, Tony would often play his piano as part of our work. I could clearly see the difference between "playing musically" and Tony talking about his struggle playing particular passages. In a similar way, as an analyst Tony considers psychoanalysis a way of being and he distinguishes between *living psychoanalysis* and talking about psychoanalysis. Talking about psychoanalysis will get you nowhere but *living psychoanalysis* can work magic. Tony explains,

> I say "magic" because it's made the impossible possible. For one example, seventeen years ago I suffered a brain injury from a viral or autoimmune encephalitis. It changed who I was. It limited my cognitive functioning. I had to resolve that I would no longer be the person I'd been. In the past six months, through the years of rigorous work with my supervisors and analyst, the physiological injury has healed. That is something that is not possible. Yet it has happened. This is magical. This is psychoanalysis. I welcome anyone to talk with me about what psychoanalysis is. I welcome them pulling out all the external costumes of psychoanalytic terminology. Using those words is not psychoanalysis. Just like talking about music is not playing music. I don't minimize the value of talking about it, but that is not psychoanalysis.

Recently Tony's developing methodology has become focused on this idea of *living psychoanalysis,* making psychoanalysis a way of being like mistake-making and curiosity. What is *living psychoanalysis?* What does Tony mean by this expression? I'm not sure. Maybe it's, "Being one with…entering a state of attunement… being completely attuned to things we encounter…in the moment."

In a recent presentation at CMPS, Israeli psychoanalyst Ofra Eshel said therapeutic action in psychoanalysis is ontological not epistemological, it's based on "being" rather than "knowing." In Freudian psychoanalysis this is a big deal conceptually because traditionally therapeutic action derives from "mutative inter-

pretations," which lead to better "knowing" in the patient. In Eshel's case presentations, patients made life-altering changes when they felt in a state of "oneness" with the analyst. It was a *way of being as one*, achieved by them both, that was healing. According to Spotnitz (1985), patients are cured by *feeling understood* in a narcissistic transference, not by achieving any understanding. Eshel's (2019) hard-earned revelation, described in her book *The Emergence of Analytic Oneness*, parallels Spotnitz's work from the 1970s. Cure comes from *shared being*—achieving a mental state of *onement*--not from acquired knowledge. Certainly, Tony's idea of *living psychoanalysis* is a state of shared being.

Tony wonders how, as a psychoanalyst, he can best respond to mistakes. He's considering the idea that *living psychoanalysis* involves two activities: free association and responding improvisationally to mistakes. Tony sent me his transcription of a story told by jazz pianist Herbie Hancock (2020) who made a terrible mistake playing the wrong chord in the middle of Miles Davis' solo. His chord was so wrong he covered his ears, and he couldn't even touch the piano again for a minute. To Hancock's amazement, Miles Davis responded to his error by playing a series of notes that made his wrong chord right. Hancock said, "What I realize now is that Miles didn't hear it as a mistake. He heard it as something that happened…just an event…he felt it was his responsibility to find something that fit." This was an important lesson. Hancock says in life "the only way we can grow is to have a mind that's open enough to accept situations…to be able to experience situations as they are and turn them into medicine, turn poison into medicine." Like Tony, Hancock is talking about a way of being.

At the end of my case presentation, several members of the audience asked Tony questions. He responded in-depth. Tony's participation was enlivening. The conversation seemed to develop a "heartbeat." One member of the audience asked Tony a question that highlighted the emotional basis of *living psychoanalysis*. She asked if his experience of dissociation in our research sessions was related to an earlier period in his life. I thought of Freud's (1914/1958) paper "Remembering, Repeating and Working Through," the fundamental therapeutic process. Though he didn't recall anything from his early life, Tony

gave a powerful emotional response. In our next supervisory session, I asked him to recall it: "What was your response to her question?" Tony said,

> I spoke about my connection with you, how powerful it was for me, a matter of life and death. I needed that relationship to remain intact. It gave me a new experience of life. You were giving me an experience with another that I had never had before. It felt like life itself. It's only because of this new intimacy never felt before that dissociation took over when the connection was threatened. Right before our eyes in these sessions a psychoanalytic experience was taking place. Working with that experience changed who I am, allowed me to get to who I am, and to hear a Self. I remember saying to her when I finished, "I don't know if I addressed your question."

Apparently, Tony didn't want to "talk about psychoanalysis," about the origin of his dissociation. Instead, he wanted to recapture the feeling of *living psychoanalysis*. Tony's contrast of talking about psychoanalysis versus *living psychoanalysis* has a history. Ferenczi felt Freud conducted "analysis intellectually, but not emotionally" calling Freud's technique "pedagogical" (Dupont, 1985, p. 93). Ferenczi claims Freud is the originator of therapy as "talking about psychoanalysis," as a series of theoretical explications. Ferenczi, like Tony, wanted an emotional experience in the here-n-now of the therapeutic relationship. In 1925 Ferenczi and Otto Rank published *The Development of Psychoanalysis,* a book on psychoanalytic technique in which they proposed patients emotionally *relive* their pasts in the present with the analyst, and rather than intellectual understanding, this emotional experience is the basis of cure. The idea an analyst would have an emotional relationship with his patient was so threatening Freudians excommunicated Rank on the spot. Freud temporarily cut Ferenczi some slack. So, without realizing it, a hundred years later, Tony is retracing Ferenczi's footsteps.

Akin to Ferenczi and Rank, Tony's phrase *living psychoanalysis* appears to describe an immediate sense of being where his recollection of the past is *lived* in the present. In part, this subjective feeling is an artifact of our research methodology which was an experiment destined to find memory errors. Think about our procedure: Record the conversation. Afterwards write what you

remember of it, then compare your memory to the transcript. Probably inevitably, we found mistaken memories of our past mistakes *discovered in the present* where they came to life.

Tony's experience at the conference was discussed again in our next supervisory session. Of this he said,

> I thought we'd explored what happened at the conference pretty thoroughly. But as we were talking about it again, I began hearing *for the first time* what my experience was. There's a release of feelings in me right now, feelings I didn't know were blocked. I had no idea that something in me was shut down. It was now in this second session processing the conference that I had that very experience, a moment of *living psychoanalysis.* As we explored what had happened, whatever was going on between us was opening me up to a flood of thoughts and experiences, allowing my Self to begin to be free and unstuck. That's the magic. What a joy life is in that state. A true psychoanalytic experience.

For Tony these moments of *living psychoanalysis,* filled with energy and life, feeling free and unstuck, are healing.

Negative space and the unconscious

Let's consider a second case. Presenting patient material is a delicate process. We have a responsibility to handle our patients with care. The great psychoanalytic researcher Robert Stoller (1988) recommended having patients review everything he'd written about them before he'd submit anything for publication. They'd remove or revise material they were uncomfortable with. Furthermore, he recommended subjects remain in treatment throughout the period of publication, the time when their story became public knowledge. What, for the patient, may have seemed like a good idea in the beginning could become a mistake after publication. A subject wouldn't be able to anticipate the effects of publication. Stoller believed patients should remain in a therapeutic environment throughout the process to provide them with the maximum support and protection.

Considering this paper is being presented at a conference on mistakes we should ask, "How will the patients we talk about today be affected by our discussion of them?" Maybe this is the most important question we'll ask today. I had a second case of

a supervisee to describe this morning. She'd made one of the best mistakes I'd seen in years. It was remarkably productive, and it had a curious and very positive affect in the treatment. That was the best part of her mistake. Its inexplicably positive outcome was fascinating to try to explain.

The supervisee is a sophisticated and seasoned professional who was interested in hearing my ideas about her mistake and figured she'd benefit indirectly from the discussion of her case. She reviewed my write-up of her case making recommendations on how to better disguise her patient. I sent her the revised text and she contacted me again asking me to further reduce my description of her patient. So, I withdrew the case from today's presentation. It seemed like an obvious mistake to proceed. When I notified the therapist of my decision, she thanked me.

That put me in an interesting position in terms of my presentation this morning. As a visual artist I'm used to working with both positive forms and the negative space. In music there are the notes played and the silence between the notes. And in psychoanalysis there's always the visible conscious mind and the invisible unconscious. My first case this morning is a positive form, "Tony," who has been right here before our eyes responding to your questions. The missing case, silent and invisible, focusses our attention on the negative space and the unconscious.

As analysts we think of the empty space around us as filled with the unconscious. This idea is akin to our ancestor's animistic belief that they were surrounded by the invisible spirits of the dead. We analysts figure we're surrounded by the unconscious minds of the living. The supervisee's concern was, "How will my patient be *unconsciously* affected by your presentation? How will your presentation affect our future work together?" She was concerned, so I didn't proceed with the presentation.

Here's my impression of the therapist's dilemma. The therapist felt certain her patient would have no conscious awareness of this talk. But would the patient *unconsciously* know she'd been exposed and exploited? Would she think, what right does this guy Gilhooley have telling any part of my story to the world? Wouldn't that be a violation of the trust she and her analyst had been developing over many years of working together? Cer-

tainly, her therapist should protect her from this exposure. Not to protect her would be a betrayal. How would the therapist feel in future sessions knowing this exposure had occurred behind the patient's back, knowing she'd allowed her patient's story to be used in this way? Wouldn't the therapist feel guilty and deceptive? And how would that guilt affect her work with the patient? Even if she got Gilhooley to reduce the description of her patient to near-zero, it would still be a violation. Finally, how would I feel about disrupting this treatment by inserting my exploitative ambition right into the middle of the case?

Whew, error averted! This aborted presentation reminds me of narrowly avoiding an automobile accident forty years ago. I can still feel it. A near-miss. I'm shaken by the experience.

When I notified the therapist I was withdrawing her material from my presentation, she thanked me for my "grace" and hoped I'd find "inspiration" to fill the space left by her case. I was confused by the word "grace." I'm not sure of its religious meaning so I looked it up. It means "divine assistance given to humans for regeneration or sanctification." Then I looked up "sanctify." It means "to purify, to make free from sin." "Grace" is an interesting word for my supervisee to have chosen. It sounds like my choice not to present her case was made with divine assistance. Maybe it was. Certainly, I could use some regeneration, and not presenting her material freed us both from committing a probable sin. Her statement fits with my comment about Alexander Fleming's mistake having a divine origin and my joke about Ferenczi being God's Commissioner of Errors. The older I get the more I find myself thinking like Fleming who suggests there are forces larger than life that help shape reality.

Back to the negative space. Surely the space surrounding us is filled with the unconscious minds of others. Mind is boundless, as far as I can tell; totally nonlocal. It's certainly too big to fit in anyone's brain! After years experiencing countless examples, I've come to believe the unconscious minds of others perceive us. If that's true, the unconscious must be a cacophonous din of information requiring lots of selective attention! Anyway, we each have a responsibility to all those minds which, through

this shared unconscious, inhabit us. This is my supervisee's request: "Protect my patient's unconscious mind from a painful and potentially damaging experience." This is my supervisee's message for us today. "Proceed with care. Take the unconscious mind seriously." Ferenczi interjects, "That's the whole point of psychoanalysis. *Take the unconscious seriously!"* Nowadays you rarely hear an analyst raising his voice, let alone one with a Hungarian accent booming right through the ink on this page! It's comforting knowing Ferenczi sits in the shadows eager to offer his guidance.

Thinking about my supervisee's case, I return to the realization that her mistake turned out so well. It seems that pattern is repeated now in my non-presentation. Her mistake and my mistake-averted look like synchronous twins, inexplicable good endings. In the original case I was curious and tried to explain why her patient had had a very positive reaction to her error. Although I can't describe the details of her mistake I can say it's the same kind of error I made with Tony, leaving the patient feeling unheard, unrecognized, and misrepresented in specific ways which repeat her original childhood trauma. The therapist's mistake "murdered" her patient in the way Ferenczi described. Here is what I wrote with the names removed:

> See how the therapist's mistake appears to cleave right along the emotional edges of the patient's painful childhood. The mistake and the therapist's accompanying countertransference reveal many dimensions of the patient's early life. Through her countertransference the analyst feels the emotional conflicts the patient had with each of her parents. The mistake blossoms into a form of emotional revelation providing a crystal-clear picture of the patient as a traumatized child. Paradoxically, through the mistake the patient becomes more fully seen. Perhaps, on an unconscious level, the patient is aware of this revelatory portrait emerging in the treatment. Following Ferenczi, Winnicott, Kohut and Searles we suspect the mistake is unconsciously engineered by the patient/analyst dyad to produce these mirrorlike emotional forms. These parallel emotions felt in the countertransference are synchronous fractals. On an *unconscious* level of being, through this revelation oneness is achieved between the patient and analyst through a shared state of being, what Spotnitzians call narcissistic transference. This is the healing experience of Tony's *living psychoanalysis.*

And a mistake is how we got there. Tony might suggest mistake-making is nature's universal methodology. We'll have to ask him.

It appears this pattern is repeated in my non-presentation. Thanks to her therapist this too has been a good ending. By me *not presenting* her story, the patient's unconscious mind feels seen, heard, and protected in a state of shared being with her analyst.

Conclusion

So, what do these two cases add to our psychoanalytic understanding of mistakes? First of all, they try to avoid making new mistakes while presenting past mistakes. The goal in these presentations is to present clinical work in a therapeutic way. Tony benefitted from his active participation in his case presentation, saying it led to a growth-enhancing state of *living psychoanalysis*. In the second case I claim the patient benefitted by her story being withdrawn from the presentation, though we can't ask her unconscious for confirmation.

In both cases the therapist's mistake intensified emotional conditions leading to a synchronous mental state forming between the patient and analyst. This appears to be the basis of the mistake's paradoxically positive effect. My mistake led to Tony's parallel mistake, Tony's not feeling heard led to him not hearing himself. In the second case the analyst's mistake, followed by her subsequent discussion of her error with the patient, led to a sequence of intense countertransference emotions in which the analyst experienced her patient's (and the patient's parents') thoughts and feelings. These synchronous mental states indicate the patient and analyst are in a state of shared being, what Eshel calls "oneness" and what Spotnitz names narcissistic transference. This shared synchronous state of mind is inherently invigorating, rejuvenating, and corrective.

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Turning the roles upside down: Can a baby dream the mother's infantile trauma?

Elena Molinari

Bion postulated that the unconscious develops from the capacity to dream. Expanding his interest in the psychotic functioning of the mind, he wrote that alongside conscious and unconscious states of mind, there is a third psychic category: the inaccessible unconscious. He relates this mental category to the most archaic memory traces, including those related to earliest traumas registered only in non-representational form. During a mother-child therapy, with a profoundly traumatized mother, the author observes how the mother's lack of psychic containment increased the expression of the child's emotions through disharmonious and untargeted body movements. The author offers channels for nonverbal communication based on identifying the distortion in this very primitive formal layer of experience. Thinking of the baby's movements and pre-symbolic expressions as nascent "dreams," the author uses them in session to share something of the mother's "ontological anxiety" with her, communicating them as a "selected fact," potentially useful in catching something of the mother's inaccessible unconscious and unavailability.

Introduction

The "open field" in psychoanalytic literature is an expression that calls to mind the observational aspect of the relational

model (Ferro 2006, Ferro, Basile 2009, Ferro, Civitarese 2015) and non linear dynamics systems theory (Grotstein 2007, Marks-Tarlow 2015). At the same time, in spoken language, it refers to the need to keep ourselves open to discovering the unexpected.

The "field" concept also has something of its original roots in theoretical physics, namely, the need for tools and a clear enough theoretical frame to put some order into observations. From a Bionian Field Theory perspective, the field consists of emergent phenomena based on the quality of engagement between analyst and patient. Bion created the grid (of the field) as a tool for observing and categorizing the transformations in the analytical setting. He also described how sensory elements could move through rows and columns towards mentalization.

Conversely, in neuroscience, the "open field" is an experimental tool used to study animal behavior in response to different stimuli. It consists of a box with a grid at the bottom and a video camera at the top. Video recordings allow investigators to observe animals' free movements and the frequency of their freezing episodes in response to traumatic events. Findings reveal that if stressor events occur in early development or repeatedly over time, they can interfere with the endocrine system and the growth of the hippocampus, a region of the brain that plays a crucial role in learning, memory, and the integration of emotional and cognitive systems.

Although observing body movements using grids in an "open field" in neuroscience and in psychoanalysis belongs to very different theoretical models, it represents the starting point of a therapeutic experiment. It consists of focusing on the developing healthy sensation of a baby to help a borderline mother become more conscious of her raw and unmodulated feelings emerging from the body. The baby helped both the mother and the analyst to focus on the multidimensional flow that characterises the internal dialogue between body and mind and contributes in a crucial way to the development of the ability to experience feelings and to think in the presence of emotion.

The relationship between beta and alpha elements and the centrality of the body in the primitive mental state

Between rows A (alpha elements) and B (beta elements) Bion placed the first transformation between the concrete body and the first abstraction of thought. Beta elements are raw emotions and sensations expressed through the body, while alpha elements are affective pictograms representing the first step of the transformative process towards dreaming and thinking.

Later, Bion changed how he first conceived of beta elements and came to regard them as more than non-mental elements; even if the direction towards mentalization is the most important in development, beta elements may be seen as something good and necessary to mental life. Bion's thinking remains consistent with the psychoanalytic perspective of Freud and Klein, who considered emotions of a corporeal nature as the first driving elements of mental functioning.

Consciousness is connected to the sensory organs and this is the first stepping stone towards mental life. The vitality of sensations can be an important element in making the baby feel active and alive before and beyond the primitive functioning of the mind. Beta elements also have a strong tendency to evolve and withstand mental attacks.

In *Elements of psychoanalysis* (1963), Bion affirmed that beta elements were "the matrix of the mind" (p. 22). Although beta elements are mostly referred to as "accretions of stimuli" fit for evacuation and projection, Bion thought of them as the basic building blocks of experience (Ogden, 2004), representing the hypothetical "stem cells" of experience. They occur in the immediacy of engagement with another, prior to representation in the mind, forming non-conscious analogical traces, affective contours emerging from the processes of interaction itself. So, the line that separates alpha and beta elements is closer to a contact barrier than a wall. Antonino Ferro's notion of "balpha" elements underlines that there might not always be a clear distinction between alpha and beta elements as is often described.

They exist even if they cannot be used for thinking (Ferro, 2009).

In another but similar way, Grotstein described alpha and beta elements as being in a more fluid relationship; he formalized this idea of their dynamic relationship, transforming the line between them into a double arrow (2007). If beta or *balpha* elements represent the non-conscious analogical trace, is it possible to think about these experiences as a proto-container or the feature of *an impersonal emergent 'other'*? (Cartwright 2016).

The Proto-container and container-contained relationship

In Bion's theory, the container is the mental space where beta elements are transformed into alpha elements. The container is a construct that arises on the border between body and mind, and which is the reason for interest in the clinical situation described here. Bion hypothesized that the baby's container would improve through the mother's capacity to take in and contain the baby's projections and then make sense of them through her maternal reverie. The restitution of more elaborated elements allows the baby to get used to them as food for his mind and develop his own container function (1962, p. 306).

According to Bionian theory, the relationship between container-contained is not only a primitive level of psychic functioning at the very beginning of life, but a basic mechanism of any transformation; it is one of the functions responsible for the evolution of an element in the grid from one square to the other. In this perspective, the relationship between container and contained is not only an evolutionary function, but something in oscillation at different levels of development.

Container function starts with the problem of psychic containment, but his statement that it is emotions at the body-mind interface that are at the core of the matter to transform through container/content tools reminds us that the concept remains at the border between body and mind. Moreover Bion specifies that maternal reveries return the baby's transformed emotions through bodily actions. His description creates a precious link

between body and mind, placing them in a state of oscillation from the beginning of life to adulthood.

The paradox of the Container/Content relationship resides in its condition of reciprocity: something that contains and something that is contained mutually take on the function of containing and being contained. From the evolutionary point of view, this means that the breast, as container of the anxieties of the newborn, can also become the opposite; the newborn can also function as a container for some aspects of the mother's personality.

In the clinical context, this reciprocity is strongly emphasized:

> The key resides in the observation of the fluctuations that at a given moment put the analyst in unison with ♀ and analyzing it in unison with ♂ and in the next moment they turn the roles upside down....(Bion, 1973, p. 148)

In the context of a wider intersubjective relationship such as in mother-baby therapy, this last observation allows us to imagine an analytic field in which beta and alpha, container/content are fluid elements in oscillation between themselves and between the subjects in the session.

It sometimes happens that the baby is on the receiving end of the mother's anxieties. However, as long as the burden does not exceed the baby's capacity and is not a too frequent occurrence, the baby can go on to develop his own container function undamaged. The drive for physical survival and the need for ob-

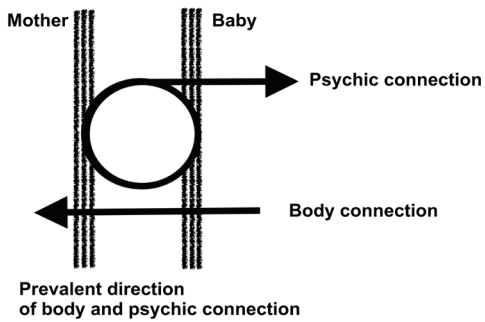

Figure: Bodily experience fosters the development of the body as psychic container with oscillation between both subjects of the relationship.

ject relations are spontaneously and unconsciously interwoven to create a psycho-physical scheme structured as an envelope.

Sometimes trauma rips open even the most well sealed container and it happens rather frequently when the mother's container is a fragile one. The difficulties of delivery, taking care of the newborn, and the affective distance from the partner who can't accept the depression and the strange behavior make the situation a trigger for reactivating the trauma. Mother cannot use her container function for herself and the baby, but her proto-container can't be destroyed.

Cartright (2010) described the role of the proto-container as necessary in the development of the quality of internal objects, and it goes on to have an essential role in adult interactions: the proto-container catches the pre-symbolic activity and puts the expectations concerning what happened in the present moment. So the analyst can work at the crossroad of baby and mother expectations creating a contact between the healthy proto-container of the baby and the mother's damaged one. This type of work has something in common with Winnicott's concept of regression to dependence, with some differences.

In Winnicott, going back to dependence means to put a patient in a situation that leads him to discard his defenses and return to a position that existed before that of the trauma and the construction of his defenses. This is similar to repairing and restoring the mental functions starting from the point of rupture. The difference is that using pre-symbolic communication and the body is not the opposite of the mind but an important inter-subjective relational tool (Lombardi, 2017). To use the entangled fantasies contained in gestures and the movements of all the subjects in the relational field could be a way to repair the proto-container and then the damaged container.

Points of contact and difference in the healthy and pathological use of the body to communicate

Starting from his early work, Bion focused on the development of the mind from the body and the primitive level of mental

functioning; he suggested a new version of the relationship between beta and alpha elements, considering them not only in a linear development. In Bion's words, there is a transitional area between rows A and B, "a series of grids repeating itself as a helix," useful to investigate the deep dialogue between bodily and mental facts (Bion 1973, p. 67). He widened his initial interest in using the body to explore the area between "corporeal fact and psychic fact" in psychotic patients (Bion, 1973, p. 67). In these patients, Bion hypothesized the existence of an apparatus of a bodily kind, unable to transform sensory elements into mental experience.

He shifted his interest from the link between subjects to the connection between thought and emotion in the mind. From a clinical point of view, this vertex shift allows us to treat patients with severe dissociations and broad areas of a-symbolic functioning.

What happens in the analytic setting when there is a psychotic mother who uses bodily sensations to create a "place"—as Ogden wrote[1]—in which to have experiences of herself and a baby who are both using the same sensations to create the first experience of mental life? They are using the body with its sensations and raw emotions similarly and differently simultaneously.

In the earliest phases of individual development, the child is normally dominated by motor and sensory functions, and these are the first complex phenomena of the organization of the mind. Next, the baby uses projective identification to study his own sensations through the effect they produce on the personality into which he has projected them. On the contrary, in a disturbed patient, the body can sometimes be used as a defense against the sorrow caused by thinking and against an "ontological anxiety" (Mawson, 2019).

This agonizing early breakdown is unthinkable, inexperienced, and unrepresented. It is hidden in what Bion named the inaccessible unconscious (Bion, 1997). Bion and Winnicott described

1. With psychotic patients, the bodily sensations are sometimes the only way to create a "place in which [the patient] could feel that he exists" (Ogden, 1989, p. 130).

this deep level of unrepressed unconscious as underlying the difference in intensity of feeling: Winnicott speaks about "the unthinkable" (Winnicott, 1974, p. 88) and Bion of "catastrophic emotional explosion" (Bion, 1970). This intensity is related to the extent of the traumatization and to the failure of not being held and contained. It also depends on the time and how early the trauma occurred. An early trauma breaks the personality that forms at the beginning of the individual's life. It has already happened, but since it has not yet been experienced, it cannot get into the past tense (Levine, Reed and Scarfone, 2013, Scarfone, 2015). It follows that the use of projective identification into the body of the other sometimes becomes essential for managing sensory pressures.

Verbal communications are often not helpful for a baby and a disturbed mother. Psychotic patients tend to refuse symbolic communications because of the pain associated with the inability of the mind to use them. The baby needs verbal communications that are strictly linked with body communications. Verbal interpretations are all but ineffective. The reverie function, the concept of container—in the context of the container/container relationship—to be in oneness[2], has an essential role in driving and organizing experiences of a preverbal nature. The psychoanalyst has to sift through personal sensorial involvement. Thoughts reveal their relevance when they have been able to become a corpuscular matter that flows in the veins and tissues of the body, ready to contribute to the genesis of new thought in the wake of the solicitations induced by the present experience.

So, what better carrier of effective non-verbal communication than a baby?

The mother-baby therapy

The past 50 years have seen the development of several different methods of treating children's difficulties in relation to those of their parents. These methods attribute different roles to parents and babies and propose different focuses in the ther-

2. Be at-one-with (Bion, 1967, 1970; Winnicott, 1971, p. 94).

apeutic process. Some authors focus specifically on the inner world of the infant and mothers, while others emphasize support for the parental function. Nearly all therapists attribute a crucial role to the child, agreeing that the child's nonverbal communication can improve the process. However, they have different positions in answer to whether the child is a patient who participates in the transformation process or merely the recipient. In other words, is the child a subject capable of communicating his conscious and unconscious needs to the therapist, or is he a catalyst that feeds or fuels the therapeutic process in the mother?

The answer has consequences for both theory and technique (Salomonson, 2014). In the first case, the therapist shares the baby's unconscious pain and speaks directly to him. In the second, the baby's suffering is regarded as the result of the mother's conflict. The analyst must connect her unconscious traumatic memories—what Fraiberg (1975) called the "ghost in the nursery"—with the child's symptoms.

The request to treat an intensely distressed mother presented an opportunity to explore a different pathway within the theoretical framework of the post-Bionian psychoanalytic field. The ethical duty and responsibility remained firm: a therapeutic responsibility to manage a borderline mother who uses bodily sensations to create a "place" in which she experiences herself and a baby who uses the same feelings to develop her first experience of mental life. They are using the body and its sensations in a way that is both similar and different. In almost every clinical report focusing on the mother-baby interaction and the therapeutic relationship, it is the more developed subject that tries to promote the development of the less evolved one through actions, reverie, and words. The hypothesis explored in this paper is the possibility that in some cases, the dynamic may be reversed. Nobody is more in touch with bodily sensations than a baby and there is no bodily relationship closer than that within the mother-baby dyad (Reiner, 2010) .

The case study discussed herein refers to therapy with a mother and child. The analyst attempted to make use of the baby's bodily communication, as an aesthetic gestalt, to improve the moth-

er's mental functioning. To better describe how the baby could be a carrier of emerging meaning, we have to go back to Bion's concept of the "selected fact." Bion described it as an idea that emerges in the therapeutic field to give a sense of coherence to the chaos of emotions and sensations (Bion, 1962b). He pointed out that it is not a logical process and used the term "selected fact" to describe this emotional experience.[3] He clarified that it is the result of the analyst's ability and the emotional experience of working together as a group or couple. In *Transformations* (1965), Bion added that when he thought he grasped his patient's meaning, it was often "by virtue of an *aesthetic* rather than a scientific experience" (p. 52). So, if we consider these features of the process, it could be postulated that in mother-child therapy the baby might have an active role in the emergence of an aesthetic selected fact.

The second tool is the possible use of 'imaginative thinking'. Bion (1997). "The most archaic mnemic traces, including those related to earliest traumas, can be registered only in a non-representational form" (Civitarese, 2016, p. 8). In *Taming Wild Thoughts* (1997), Bion again wrote that in his opinion, in addition to conscious and unconscious states of mind, there may be another one, which he referred to as "inaccessible" (p. 50). It manifests itself through somatic innervations and is expressed physically through basic emotions experienced as excessive. In this work, Bion again highlights the importance of *aesthetic* elements, in both the sensory and artistic meaning of the word, on the road towards formulating scientific sentences in an analytic context (Salomonsson, 2006, Civitarese, 2013).

So in my clinical experience, I attempted to gather up the baby's and mother's sensations as a first step towards sensory integration, a first "common relational sense shared relational meaning" a "first sense of truth" in each subject and between them.

The vitality of beta elements in the baby and their urge to evolve towards sensory integration, can be used as a bridge to help the

3. The expression "selected fact" was borrowed by Wilfred R. Bion from the French mathematician Henri Poincaré who referred to this concept as the element that makes it possible to give coherence to a group of scattered data.

mother's defensive sensory disintegration of the mother. Later this first integration will be able to evolve into a "truth-functional-statement," a second level of mental functioning, a more verbal, representative one.

Clinical case

Through many years of analysis, Valentina was a young woman who had tried to extricate herself from a borderline psychic situation and severe food disturbance. Following the birth of her daughter, she had another psychic breakdown, and in the wake of an incident that endangered her baby, she decided to begin a new therapy. We started mother-baby therapy. The session reported here occurred four months after we had begun. The baby, Anna, was eight months old.

We sit together on the carpet.

> *Valentina:* I went to see the pediatrician who scolded me about Anna's poor diet. Many foods are bad for her, like cheese, vegetables, and flour. I tried giving her some milk at supper, but she refused it and wanted to eat our food.

I feel scared as the pediatrician. I think I rushed into the movie *Hungry Hearts*, where a traumatized mother tries to manage her anxiety by controlling the baby's food intake to such an extent that the baby became severely malnourished and at risk of death. I also think this mother experiences any transformation with anguish and says so in concrete ways. So, not wanting to be experienced in the transference as the pediatrician, I feel the need to consider that she shares dependence as a form of persecution. I know that Valentina can't access a knowledge level, but I don't know how to empathize with her difficulties without feeling myself a potential killer of the baby.

> *Analyst:* When we aren't sure what's good and evil, we have to go by trial and error.
>
> *Valentina:* The pediatrician didn't talk down to me. She was even kind, but in her opinion, vegetables don't give you constipation. That's not how I see it.

It seems that Valentina refuses to engage in a fight with me. I also think there seems to be a hint of a healthy element in the

way she prioritizes the relationship with her baby. I wonder if I am trying to find something good in a dangerous situation only to prevent myself from being overwhelmed by fear.

Valentina tried to contain herself, but a "catastrophic emotional explosion" was in the field (Bion, 1970, p. 14). I try to give her back the capacity to feel competent about her baby's needs, but my words cannot sound emotionally true.

As we speak, baby Anna takes hold of the tail of a toy rat and explores it, all the while checking surreptitiously for her mother's attention, stopping and starting many times. Anna carefully explores the objects around her and displays the features of curiosity and inhibition linked to the many traumatic situations experienced during her life. We are speaking about what her mother considers dangerous food, and now, exploring the toy rat with her mouth, I imagine she takes a small step from reality to play. Anna leads us to contemplate and explore unpleasant and even disgusting things. Finally, she does something to contain herself searching for the mother's help.

As in a therapy group, I decided to mirror the possible progression process.

> *Analyst: (in an ironic tone of voice and looking at the mother first and then the baby)* We speak about dangerous food, and Anna is tasting a rat. That's quite a brave step!

Valentina seems not to consider my words but surprising to me, the concrete listing of dangerous foods becomes a telling of a harmful interaction.

> *Valentina:* Last night, I had trouble getting Anna to sleep again. I got wound up, and after a while, I burst into tears and wanted to go away. My husband arrived and tried to help me, but I hated him because he thought I was a bad mother, and at the same time, I wished I could make Anna quieten down concretely. *[She starts crying.]*

There are strange, consensual movements of mother and baby in an area that somehow resembles a transitional space between the body and mind, the effort to contain bad feelings and evacuate them. Valentina tells about her need for mental food in the relationship and her inability to take it inside. Again, I feel myself worried about the possibility of new actions, and, at the

same time, I find myself considering the baby as a subject in the field able to start a new transformation.

Anna explores the soft toy and seems fascinated by the labels coming out from its seams. The labels belong to the object but are at the same time something different and outside of it. It seems that the baby is engaged in an unconscious dialogue with her mother. While the mother explores her feelings, the baby parallels transformations with her body, using her mouth and fingers to scan the object and discover something connected to it but a bit different.

Analyst: I knew a grandmother who made a toy for her grandchildren by sewing different labels onto a ribbon.

There is no reflexive thinking in these words, but, in *après-coup*, it is possible to consider them as an attempt to create a picture of the process. In the "grandmother" character, it is possible to include all the subjects in the relational field who are trying to sew different levels of mind together.

Valentina: Wash and iron care labels?

Analyst: Yes. *[after a quiet pause]* I've just had a strange fantasy: I imagined Anna waving her arms around last night and conjuring up a label with 30% tiredness and 70% fear written on it.

Anna starts to whine as if experiencing our ability to help her after the transformative psychic work.

Valentina picks up her baby rather roughly and says: Yesterday night, I think that I washed Anna with rather hot water!

Valentina shows how her body and mind are both experiencing difficulties in transforming pain. Last night was painful, but so is the memory of her act of violence just after the baby's birth. I feel that in her rude gesture to pick up her baby, Valentina also shows something of her childhood experience. At six, Valentina's mother lost her brother, four years old, struck by a motorcycle while she was watching him. So this woman couldn't take care of Valentina without transmitting the gestures of taking care, the unbearable agony of the fault.

So, I attempt to put these thoughts into words.

Analyst: You know how it is when we think a dress is finally spotless, but then we look at it in the sunlight only to discover that the

stain is still there. I felt that perhaps Anna sometimes makes you feel not good enough, and this feeling is like a stain within yourself. I think that your mother felt the same as you.

Valentina is thinking, and, probably to get her mother's attention, Anna lets her body slide down from her mother's arms; this movement puts Valentina in another difficult situation as she tries to contain her baby both in body and in mind. Now, the mother has to govern oscillations from mind to body containment. Valentina is upset about her capacity to cope. The baby's body reflects the situation of the mind-body disconnection linked to the trauma of the grandmother. Her mother's unconscious anxiety and fault damaged her ability to use her mental container. The ontological anxiety overwhelmed the balance between body and mind, and complex defenses tried to protect the mind by using the body to evacuate.

The paintings of German artist George Baselitz, who became famous for his ability to paint his subjects upside down, came into my mind. This memory enables me to reconnect with my imaginative thinking and use the reverie to sustain the dreaming capacity of the mother. To do that, I feel I had to use the body, not the words.

Analyst: Anna is in the same position as during birth, and you are in the same pain.

I try to make myself a midwife to help the mother contain and transform the emotions and sensations in the field, starting from the body: taking the baby's head in my hands, I help them search for each other, saying little sentences, describing feelings and movements. At first, Anna encounters her mother's scared expression and starts to cry. Then she explores the mother's face with her mouth and fingers and seems fascinated by her mother's hair as by the labels on the toy. Finally, she trusts enough to connect herself to the object.

Three years later

I want to show that the child can help the mother face the oscillation between primitive feeling and representation, body and mind in another development point.

Valentina had improved her capacity to take care of her daughter, but sometimes her primitive anxieties slip again into the body of her child. When the child was three years old, there were constipation moments, as happens typically in development. These transitory moments communicate through the body the child's usual fear of losing pieces of herself and the desire for control over the losses imposed by progressively greater separation from the mother.

Valentina lived these moments as dangerous for the child and a sort of entrapment for herself. Again, with the unconscious intention of washing away negative feelings, she administered massive doses of laxative to the child. But, again, not being able to perceive herself as a separate subject, she projected her difficulties into the child; after acting, she feels herself exposed to crises of the anguish of having damaged her child to the point of causing her death. Moreover, Anna began to attend kindergarten, confronting her mother with further difficulty in separation.

Valentina told me in the session that she found herself trapped in a nightmare from which she couldn't wake up. Again separation became inside Valentina a fear of death; the unrepresented feelings of her mother arose inside her, and the only solution was to project them inside the body of her child.

We often speak about constipation, trying to connect the concrete situation to the entrapment in which her feelings jailed her, but with no result. For example, Valentina gives her daughter some laxatives every day to prevent constipation, causing diarrhea. The body symptom pushes Valentina to feel guilty for damaging her child, but only two days of no evacuation make her mad again.

One day in a session without the baby, who remained at home with the flu, Valentina asked to show me two videotapes on her phone: first, she and Anna were singing a particular song from the 2013 Disney film *Frozen*, and in the second, we can see Anna waking up. Valentina wants to show me her capacity to confront this difficult moment.

I thought about how waking up could mean for Valentina a need to freeze her unrepresented feelings and project them

into her daughter's body along with the hope of a new opportunity at a later date for unfreezing, re-experiencing and correcting the original maternal failure situation. Winnicott indicated as in treatment "a new and reliable environmental adaptation [which] can be used by the patient in correction of the original adaptive failure [of the early maternal environment]" (1954, p. 293). I hypothesize that it could be facilitated by the experience of being in treatment together with her baby.

Valentina was describing to me how this anguish persecutes her all day long, starting from when she had to go out to work, and at the same time, she wanted to share her new capacities in taking care of Anna. While she was talking, she remembered a drawing of her daughter that she had in her bag. It was a squiggle with a little inside line of different colors. Valentina explained to me that one morning Anna told her she was afraid to go to kindergarten; it was like going into a dark cave (the squiggle represented the cave).

Valentina said to the child that in the dark cave lived little people (the colored lines drawn by the child): she drew the sun and the rays like lines entering the cave up to the single little character.

This drawing and the storytelling of the mother served the function of helping the baby stop crying and accept having to go to kindergarten.

The child starts to represent her fear, and the mother does the same; she can understand through this primitive sign something about her going into the dark more than she could with my words. As in Winnicott's squiggle play, the active participation of both subjects effectively transforms the unconscious feelings of both.

> *Analyst:* Anna represented the kindergarten as a cave, and you transformed it into a place full of light and inhabited by colored characters. You conserved the drawing as a precious object in your bag, and for this, we can hypothesize that it represents something more than a simple drawing. It contains something of your experience too.
>
> *Valentina:* The drawing let me feel active and effective, in contact with and different from Anna at the same time.

Analyst: Two bodies in contact and two minds in oneness. You have been brilliant in catching Anna's effort to communicate her fear.

Valentina: The problem sometimes isn't Anna's fear but my terror of losing her. It is like a dark ink that erases my mind.

Analyst: You fall into a dark cave that makes you feel blind and imprisoned. But now Anna can start to create her own presence, and you, like a bat, have a radar to find her.

I thought that the squiggle could be seen from a different point of view and represent a crucial moment in the process. It represents a first attempt of Anna to share her little capacity to contain feelings and the dark hole in which she goes down when her mother becomes unable to help her. Valentina finds in the squiggle a mirror of her experience. The pre-representational form is more able to enter her mind and be assimilated without the direct act of using the primitive defenses to wash away the negative.

Discussion and final considerations

The "open field" is, from a psychoanalytic point of view, a helpful device for observational purposes and for the exploration of new ways of expanding knowledge and improving therapeutic outcomes.

Using Bion's grid, the open field is like a periodic table that enables us to observe transformations in different directions while also trying to reverse development and use the concept of oscillation more freely.

Bion described how the mother could use her reverie to transform the baby's body communication into pictograms and meaning. However, her task is to transform the meaning into a gesture to give back its sense to the baby. Starting from this description, Bion revealed further developments in his theory, a first description of the oscillation between body and mind, gesture and thinking and the interweaving of the two subjects of the relationship.

Let us suppose that a mother is experiencing the inability to be an adequate container, starting with her body. As a result, the beta elements inside her and the elements evacuated by the

baby will remain untransformed, and she will be unable to help her infant with her mind or body. It happened when the mother was a victim of trauma in the early stage of development. She had to freeze her catastrophic feelings and hide them in an unconscious, deep "place" that is not accessible by memory. When she has the experience of taking care of the baby, she is pushed by this experience, into the place of breakdown. Without the mother's help, the baby cannot process his raw emotional experiences, evacuate them, and fails to develop the capacity to learn from experience.

In the preceding clinical experiment, at the beginning of therapy, Valentina expressed difficulty in containing and processing her negative emotions by projecting them onto food for her child. Food thus became potentially harmful, and the only way to protect the child was to deprive her of food. I described how the analyst could help the oscillation between baby and mother containment by using the baby's body to reactivate the mother's capacity to offer containment first through her body.

The baby was developing its container, and the initial stage (proto-container) intersected with the broken development of the mother. Using the permeability of the physiological regulation between infant and mother, I hypothesized that the baby wasn't only a container of projected negative emotions but might select something pertinent and potentially valuable for the relational situation.

With due consideration of the baby's fragility, I attempted to use the selected fact emerging in the field to foster emotional contact between mother and baby; being unable to achieve a relationship with the body traps the patient in unthinkable anxiety that can drive her to madness and death. The analyst's role is to facilitate the transformation of the raw and unmodulated feelings from the body in an internal musical dimension starting from aesthetic elements. The analyst may follow the tracks of bodily communication and the physical connection to revitalize the mind's transformative function.

We can also consider what happens between the subjects involved in a psychoanalytical relationship as the field theory perspective allows, better than other theories. What we can observe

is always the result of a conscious and unconscious interaction in which it is impossible to decide the weight of contribution of each subject. From this point of view, the baby may be considered a sensitive probe able to explore the dynamic field and capture relevant issues to start a transformation.

For the same reason, the analyst's interpretation could describe the emerging link between unconscious feeling more than the unconscious meaning emerging in one of the subjects. Moreover, the more unsaturated baby's communications increase imagination and daydreaming.

Judith Herman (1997), whose *Trauma and Recovery* is still a classic text, states that the reestablishment of a safe space is the first step in recovery. Safety is a place of containment, as well as a person who can listen without being overwhelmed. The emergence of considering the baby (the weakest subject) as the more effective one to transform body sensations into mental ones needs more exploring, and this could be an effective area of research for helping mothers with complex mental difficulties.

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The (co)creation of shared meaning: An interdisciplinary discussion "between" dialogic learning and the analytic third*

Neil Hopkins and David Mathew

The theories of Alexander (2008) and Mercer (2019) are used to inform discussion of dialogic learning along with Ogden (2004) and Benjamin (2004) on intersubjectivity and the analytic third. The authors suggest that the use of specific types of talk in dialogic learning mirrors (to a significant extent) the dynamics that occur in psychoanalytic situations facilitating the analytic third. Similarities (and differences) are drawn between these practices from an interdisciplinary perspective and specific reference is made to the "hard to reach" learner in the context of higher education. F. Bion's and W. R. Bion's ideas on the individual, speech and silence are used to inform the discussion of presence and absence in educational and psychoanalytic environments.

Introduction

Midway through Discussion Three of *Four Discussions with W.R. Bion*, the interlocutor—named only, in a most Bionian man-

*The authors declare that they have no conflict of interest.

ner, as "Question"—attempts to respond to Bion's previous reference to "two superbly trained surgeons" (Bion, 2018, p. 45). The fundamental difference between these two surgeons, Bion had submitted, was that "one of [them] had become something and the other…was just like a surgeon, but could never become one—not in this fundamental sense." To this contribution (and to Bion's summary: "It is most mysterious"), Question submits a relevant comparison. "The same phenomenon," s/he adds, "has been observed in different teachers" (ibid).

> One can use all the media and follow all of the rules and do everything to perfection, but the children don't learn; another, by some mystery of being in the classroom with the students, succeeds in getting them to learn.…(p.45)

While Bion (1997) is taming his wild thoughts, the gender-neutralised interlocutor, with the very sobriquet—"Question"—that might have emerged from one of Bion's (1991) psychoanalytic novels, risks a summary. "I suppose it has something to do with relationship—caring about people and transmitting it in some language no one knows about yet" (2018, p. 45).

Bion answers Question (who has not voiced a question) with a supposition that bridges the reader back to the surgeons — and indeed to therapy in general. Of the two teachers mentioned he offers: "In a crude way we can say one of them is ill and the other is not." Notwithstanding the matter of pedagogic proficiency (a matter to which we will return), one unasked but important question might be: Which is which? In Bion's estimation, is the educator of the children who fail to learn the one who is "ill"? Or is the very same illness a contributing factor in his or her success at teaching this same young audience? If we were to ask Jacques Lacan for an opinion, we might receive the following: "Thinking is not an illness in itself, but it can make some people ill," as he asserts in *My Teaching* (Lacan, 2008, p. 101).[1]

By considering similarities between two different workplace transactions—the educator and the learner; and the analyst

1. In a paper that concerns itself with intersubjectivity and connections, the authors pause to wonder why so very little has been written of the similarities and differences between Bion and Lacan. Please see below our endeavours to bring these two minds together.

and the analysand—we will discuss the similarities in dialogic approaches in two different professional encounters.

Setting the scene: Why education and psychoanalysis?

Whether we evaluate one such encounter as successful or not is dependent on any number of interpersonal and longitudinal factors. Perhaps this is one way of agreeing that the pedagogic and the psychoanalytic encounters are alike: that results are not necessarily straight away—or even in the short-term. Understanding (defined as broadly as seems useful) might take a matter of days, of weeks; perhaps true understanding might take years.

As we hope to show throughout this paper, the links between education and psychoanalysis are plentiful. To start, perhaps, with an innocent enough comparison, we should consider interpersonal relationships. Both disciplines depend primarily on the interaction between people; after all, both vocations depend on communication—verbal, non-verbal, emotional, intellectual and intrapsychic communication, to name but a handful of the most obvious contenders.

Such territory is far from virgin. For example, while Deborah Britzman (2009) draws the reader's attention to certain similarities between education and dreaming, she is also keen to note the links between learning and the psychoanalytic encounter. Early in *The Very Thought of Education*, she offers:

> …the psychoanalyst, along with the analysand, would be caught between not knowing and the desire to know, and by creating a transfer of love into knowledge this conflict begins their strange education. The nature of this education, however, is not easy to convey because it exists and does not exist at the same time. This unusual tendency places psychoanalysis in the defenseless position of inviting uncertainty and gambling with nonsense without losing its patience. (p. xviii)

Britzman continues by opining that "like the dream, education requires association, interpretation, and a narrative capable of bringing to awareness, for further construction, things that are farthest from the mind" (ibid).

At this point we might include a contribution from Wilfred Bion. In the following gobbet, if we replace the word analyst with educator; the word patient with learner; and the word psychoanalytic with pedagogic, then do we not understand more about the quirky and idiosyncratic fabric of interpersonal symbioses (in general)? "What one says," Bion (2013) begins,

> is something which is suited to the particular patient. One is making the thing absolutely individual, because you're dealing with a unique individual. So that the formulations you use, are not psychoanalytic formulations. They're psychoanalytic formulations which enable the analyst to see that a particular pattern has recurred. (p. 45)

Further similarities might well be more evocative. For the adult learner (for instance), the relationship with the educator might be complicated. At any point during any pedagogic encounter, a swarm of emotions is airborne. Indeed, any reminiscence of our own post-compulsory studies is likely to confirm something along these lines. As an adult learner, I might regard my educator—in this context, also my interlocutor—as a packaged exemplar of all that I wish to explore and to absorb. In a blunt comparison, we might say—here—that I am an adult learner, with one eye on my wallet and the other on my watch. Because I have paid for this learning (or finances have been transferred from one bank account to another on behalf of my education), I expect a full and commensurate movement of pedagogic goods. In this same blunt example, education has become a commodity, bought and sold: If money can make the leap from one repository to another (the learner demands on an unconscious or even conscious level), then why cannot the service—whose fiscal value both parties have agreed on—make a similar transition, from one mind and body to the next?

If any (or all) of the above is acceptable, we might venture this question: Is a teacher like a psychoanalyst? Or perhaps, the better interrogation is: In what ways is a teacher like a psychoanalyst? At first blush, the question appears to be an odd one. After all, the two vocations set out to achieve different objectives, in different ways. Although Sigmund Freud (1933/1964) submitted that the purpose of education was to teach the child "to

control his instincts" (p. 149), the contemporary teacher works collaboratively with a group of students (most of the time) to establish a basis for knowledge in a given discipline or subject. If self-knowledge is acquired as part of the process, this is a useful but not essential by-product. With psychoanalysis, however, enhanced self-knowledge of the analysand is an important, if not always the sole, aim of the interaction. Exploration of what we might call disciplinary knowledge (outside of psychoanalysis itself) is facilitated and even encouraged in certain contexts but is not the heart of the concern.

However, when we step back and view both vocations in the round, there are common areas of focus. For one thing, they value the benefits of honest discussion and the need for criticality. Both deftly use questioning as a means of extracting information or ideas and for encouraging a greater depth of initial thoughts. It is our contention that what Thomas Ogden (1997) writes in the following (and elsewhere) about the "analytic hour" and "human experience" is also true of the pedagogic hour and the struggle for learning:

> …the sense of aliveness and deadness of a given moment of an analytic hour is perhaps the most important gauge of the analytic process. The attempt to use language to capture/convey a sense of this delicate interplay of aliveness and deadness of human experience in the analytic setting represents a major challenge to contemporary psychoanalysis. (p. 4)

(It might be mentioned at this point that the power dynamic between analyst and analysand, and educator and learner, is comparably germane.) Alternatively, if we twist our viewpoints, we can look at the encounter through the pedagogic lens. "Most students who become interested in an academic subject," write Mihalyi Csikszentmihalyi et al (1997), "do so because they have met a teacher who was able to pique their interest" (p. 7). Again, this observation could be transferred to the psychoanalytic setting with little difficulty.

However, it is on the interrelated procedures or techniques of dialogic learning (in education) and the analytic third (in psychoanalysis) that we might fruitfully concentrate next. Although it is not our intention to claim that there is an exact "fit" between dialogic learning and the analytic third (as

we shall explain these concepts shortly), we would hope to highlight certain similarities—not least the idea of both concepts being creative processes. We respect that distinctions exist and that any connections we endeavour to make must be tentative and theoretical. That said, we also think there is enough evidence of where the processes of dialogic learning and the analytic third meet to justify an exploration of them together to see whether these are the lines that psychoanalysis and education might profitably take to inform their future practices.

To begin in an exegetical vein, we should be clear about our terms.

What is dialogic learning?

One of the most interesting developments in relation to pedagogy of the past few decades has been the reestablishment of dialogic learning and discussion as an important aspect of the education environment (Hopkins, 2014). Primarily developed by Robin Alexander since the early 2000s, dialogic learning uses discussion to stimulate interest and thought, in order to empower learners to engage with the commitments of lifelong learning and democratic engagement. Referring to education in the school setting, Robin Alexander (2008) envisages five propositions to dialogic learning:

> **Collective**: Teachers and children address learning tasks together, whether as a group or as a class;
>
> **Reciprocal**: Teachers and children listen to each other, share ideas and consider alternative viewpoints;
>
> **Supportive**: Children articulate their ideas freely, without fear of embarrassment over 'wrong' answers; and they help each other to reach common understandings;
>
> **Cumulative**: Teachers and children build on their own and each others' ideas and chain them into coherent lines of thinking and enquiry;
>
> **Purposeful**: Teachers plan and steer classroom talk with specific educational goals in view.
> (pp. 112–113)

Alexander (2008) argues for a movement away from situations where "[t]eachers rather than learners control what is said…the so-called 'recitation script' of closed teacher questions, brief recall answers and minimal feedback" (pp. 92–93). He endorses a form of classroom discussion that is cognitively demanding for both the teacher and the learners:

> Language not only manifests thinking but structures it, and speech shapes the higher mental processes necessary for so much …learning.… It follows that one of the principal tasks of the teacher is to create interactive opportunities and encounters that directly and appropriately engineer such mediation. (p. 92)

Neil Mercer (2019) takes a broadly similar line regarding the importance of talk as a pedagogic tool: "Talk is now recognized as more than a means for sharing thoughts: it is a social mode of thinking, a tool for the joint construction of knowledge by teachers and learners" (p. 63). Mercer is equally critical of how talk is typically used in contemporary classrooms as a means of curtailing discussion and collective thought processes: "The use of language as a toolkit for collective reasoning is not a common topic in classroom talk, nor does it figure explicitly in any school curriculum I have seen" (p. 125). Like Alexander, Mercer has a more expansive and democratic view of what constitutes educationally and socially beneficial talk in the classroom:

> The assertion that children's learning and intellectual development will be best assisted if, for at least some of the time they are in class, they are encouraged and enabled to take an active and proportionally significant role in the classroom. That is, dialogic teaching is that in which both teachers and pupils make substantial and significant contributions through which pupils' thinking on a given idea or theme is helped to move forward. (p. 357)

Mercer approaches the issue of dialogical learning from a social scientific perspective that deploys linguistics and psychology alongside recent research into cognition, memory and the impact on knowledge. Mercer categorises classroom talk and thinking into the following three groupings:

> **Disputational talk**…which is characterised by disagreement and individualised decision-making;
>
> **Cumulative talk**…in which speakers build positively but uncritically on what others have said;

> **Exploratory talk**…occurs when partners engage critically but constructively with each other's ideas.
> (p. 56)

There are immediate parallels between Alexander's and Mercer's categories (most obviously in the shared use of "cumulative" by both authors). Mercer's use of "exploratory talk" finds echoes in Alexander's "collective," "reciprocal," and "supportive." The "disputational talk" category in Mercer's list is the one that has less immediate connection with Alexander's principles although it could be argued that his "supportive" category could encompass disputation if students challenging one another is seen as supporting each other in the quest for knowledge (Berrill and Hopkins, 2021).

What is the analytic third?

By coining the term "the analytic third," Thomas Ogden (1994) gave important and lasting substance to a notion that occasionally had been explored up to then (for example, in the field of interpersonal relations). It was Ogden's submission that

> one can no longer simply speak of the analyst and the analysand as separate subjects who take one another as objects. The idea of the analyst as a neutral blank screen for the patient's projections is occupying a position of steadily diminishing importance in current conceptions of the analytic process. (p. 62)

Ogden was keen to stress the importance of the analyst's contribution to the creation of a third persona, a tool (if we like) of the psychoanalytic trade.

> We as analysts attempt to render ourselves unconsciously receptive to being made use of in playing a variety or roles in the unconscious life of the analysand. Unconscious receptivity of this sort… involves (a partial) giving over of one's separate individuality to a third subject, a subject that is neither analyst nor analysand but a third subjectivity unconsciously generated by the analytic pair. (p. 9)

The analytic third—and indeed, the Pedagogic Third that emerged from Ogden's contributions (cf. Mathew 2019a & 2019b)—depends on the interdependence of (at least) two stakeholder parties. Both the analytic third and the Pedagogic

Third benefit from introspection and reflection on one's previous goals, targets, achievements, and failures. Both lead the stakeholders on a journey whose map can only be glanced at when the journey begins. Moreover, both are educational—possibly therapeutic—experiences that use the concept of time productively: as a tool, as a restriction, as a source of (necessary) conflict (Mathew, 2015, p. 167).

With the analytic third (and the Pedagogic Third), the analyst and analysand (and the educator and the learner) are employed in the manufacture of a figure that exists primarily on the unconscious intrapsychic level. When Lacan (1991) insists that "it is a recognised fact that in analysis the patient is not alone. There are two of us—and not only two" (p. 2), is he not perhaps referring to the analytic third? This third is not the analysand/learner and not the analyst/educator either; nor is it a notional middle point between the two (even if such a middle post were possible to identify). The third is a brand-new character in the game, shared by the two protagonists in a symbiotic fashion that is beneficial to either party. The fact that this third might be created as much by what would be regarded as poor or combative behaviour as by sound academic progress should not be ignored (cf. Mathew, 2019b).

Speech and the use of voice(s)

Perhaps an obvious connection between dialogic learning and the analytic third is in the realm of speech. Both concepts place speech and communication at the heart of their strivings towards knowledge and understanding; both facilitate shared knowledge and insight through the vehicle of language; and both involve collaboration, the exchange of thoughts and ideas to try and establish cumulatively, and on an ongoing basis, a sense of shared meaning, a making sense of the world, be it through dreams or mathematical equations. Here, we might consider the vitality and the crucial nature of the voice itself. To quote Mladen Dolar (2006) in *A Voice and Nothing More*: "What singles out a voice against the vast ocean of sounds and noises, what defines the voice as special among the infinite array of acoustic phenomena, is its inner relationship with meaning" (p. 14).

Bonnie E. Litowitz (2014) states that "interaction is inseparable from communication.…Communication is an exchange of messages in some medium…that both interactors share" (p. 298). Giving specific emphasis on oral communication, Alexander (2008) concurs with Litowitz, stating:

> Of all the tools for cultural and pedagogical intervention in human development and learning, talk is the most pervasive in its use and powerful in its possibilities.… Language not only manifests thinking but also structures it, and speech shapes the higher mental processes necessary for so much of the learning that takes place. (p. 92)

The communication in question need not be linear. Indeed, one thing that most iterations of both fields—the academic and the therapeutic (and where exactly do these two ideas overlap?)—have in common is the notion of intersubjectivity, with all of its implicit illogicality and emotional messiness. Jessica Benjamin (2004) writes about…

> intersubjectivity in terms of a relationship of mutual recognition—a relation in which each person experiences the other as a "like subject", another mind who can be "felt with," yet has a distinct, separate center [sic] of perception and feeling…we actually come to the felt experience of the other as a separate yet connected being with whom we act reciprocally. (pp. 5–6)

What might be happening during such moments? In *Making the Best of a Bad Job* (a typically plangent titular note from the author!), Bion (1994) proffers his analysis of the psychoanalytic phenomenon, both in terms of speech and of silence. He writes:

> The patient or the analyst says something. It is curious that this has an effect—it disturbs the relationship between the two people. This would also be true if nothing was said, if they remained silent. I often do remain silent, hoping to see, or become aware of, or observe something which I could then attempt to interpret—I usually leave the initiative to the patient if I can. (p. 321)

Dialogic learning in Higher Education

Although Mercer and Alexander's work is primarily focused on learning in primary and secondary contexts, dialogic learning also plays a crucial role in higher education learning. Furthermore, although a sector-specific exploration is outside the re-

alistic ambitions of this paper, the authors are of the opinion that our argument crosses boundaries—from one pedagogic sector to the next. For example, let us consider a submission from John Dewey (2007):

> The educator's part in the enterprise of education is to furnish the environment which stimulates responses and directs the learner's course…the teacher should be occupied not with subject matter in itself but in its interaction with the pupils' present needs and capacities. (p. 137)

The context happens to be the school setting, but Dewey might easily have been discussing the higher education setting in the same gobbet—indeed, any other setting at all in which learning is striven for and attained through what Bion (1994) calls "an emotional storm" (p. 321). Or, to incorporate the university sector more explicitly, let us consider a contribution made by Malcolm Knowles (2005). He has spoken of "the richest resources for learning reside in the adult learners themselves…greater emphasis is placed on peer-helping activities" (p. 66). Knowledge and understanding are created through the dialogue of the seminar room, the exchange of thoughts and ideas among participants in a collaborative setting.

Over the past several decades, higher education has moved away from a trajectory centred on the linear transmission of knowledge from the expert lecturer to the novice students. The current trends lean towards the interchange of ideas, the arrival at understanding from different departure points. Paulo Freire (2006) has stated:

> Teachers and students…are both Subjects, not only in the task of unveiling the reality, and thereby coming to know it critically, but in the task of re-creating that knowledge. (p. 51)

According to Freire, it is necessary for teachers and students to work together to adopt a critical stance to refine or reject the prevailing assumptions or orthodoxies. This pursuit challenges traditional hierarchies regarding expertise and authority.[2] However,

2. Furthermore, if it is true that a learner seeks affirmation from an educator—not only a confirmation of the worth of his/her academic submission but also a subsequent proof of his/her identity inside the society of the pedagogic setting—then something similar occurs inside the adult learner's psychic apparatus as well.

this pursuit also points out the problem that is exposed when one party in the dyad does not wish to engage—does not wish to make a useful submission. We should consider the hard-to-reach learner…and by extension the hard-to-reach analysand.

Hard-to-reach learners; hard-to-reach analysands

What might go wrong in the educational encounter? What might contribute to the fragility of the educator/learner discourse (Mathew, 2015)?

Although the description might not always be helpful (or appreciated), there is no shying away from the fact that "the hard-to-reach learner" became a term of reference and remains in circulation. Indeed, in the last decade, the idea of the hard-to-reach learner has staggered onward to some sort of academic respectability. Possibly "the hard-to-reach learner" went so far as to give a name—albeit semi-formalised—to a student, or to a body of students, already in the educator's mind. However, if we were to delve into the hard-to-reach description, what exactly would we mean? Would we reach for the internalised thesaurus and bat away a few inappropriate synonyms? Lazy, disruptive, pig-headed? Perhaps; but not necessarily.[3] Reluctance to learn comes in all stripes (Mathew, 2015).

The hard-to-reach learner is at least partly the construction of the educator; and more than partly the responsibility, as well. As that very same educator, we can justify the word learner in 'hard-to-reach learner' because the adjective in play is not impossible, which does at least suggest that he or she is learning something. Nevertheless, 'hard-to-reach' remains problematic: it suggests, perhaps, that the blame lies with the learner who has made him or herself hard-to-reach, rather than with the educator, who is less than the task of making an effort to reach, or of achieving the tasks of reaching. Moreover, in such a (hopefully rare) example of a (hopefully temporary) dialogic stalemate,

3. Indeed, the reader's understanding of "hard-to-reach" might be different from your writers'; and furthermore, your writers' understanding of "hard-to-reach" might be at odds, with a different learner entirely, with an earlier conceptualisation of the very same enigmatic and slippery comprehension.

the educator must sometimes embrace several large subjects in a short period of time. The first, perhaps, is the simple sting of swatted pride. However hard we might have tried, one particular learner remained beyond my grasp. If reluctance to learn comes in all stripes, so does a correlative reluctance to teach. It could even be argued that here lies an example of Mercer's disputational talk (highlighted above) although the communication, paradoxically, is more on what is unsaid.

We might imagine a situation in which two people are emitting sounds. This exists in an image in which two identical silhouettes, each facing the other, are bridged by a speech bubble to which each person is contributing. However, in this shared speech bubble, no words are visible: the bubble is a bulging sack of random letters, numbers and punctuation marks. These letters, numbers and marks are variously coloured: the resultant question being—perhaps predictably—to what extent are these two silhouettes actually communicating? By visual representation, the two silhouettes (gender-neutral shadows, ageless and robbed of individual identity in the same way that the Bionian character of Question was at the start of this paper) are indeed producing sounds. But they seem to be doing so at precisely the same time, without a breather for the other to respond—or to retaliate. In essence, the speech bubble is a pocket of noise; a shorthand for what we might refer to as polluted dialogue—senseless, overlapping and built on shoddy foundations of cumulative din.

As seemingly frustrating at this set-up might be, there is nonetheless something of dialogic learning about it…although it might be that the learning is not learning in which either party wishes to participate. Similarly, a failure to connect is not proof of the absence of the analytic third. If we simultaneously transfer these visualisations to the pedagogic encounter and to the psychoanalytic consulting room, we might picture the educator/learner and the analyst/analysand, embroiled in polluted dialogue, no doubt; but at least they are facing one another. In other words,[4] when the hard-to-reach becomes the status quo,

4. The authors are aware that the very words "in other words" are laden with various meanings and crossed wires.

the two silhouettes—each seemingly identical—are rendered two halves of the same conversational desmid.[5] Sounds are exchanged: but not words. Noises swim in the effervescent pool between the two mouths—sets of bells and symbols, tingling and sizzling in a racket that sounds like panic or pain. Here is dialogic learning, its message unpleasant; here also is the analytic third, its motives impure.

The violence of silence

In the two professional encounters that we are discussing, what might we make of silence? (Or what might silence make of us, as practitioners?)

Bion (1995) tells us that "Restricting ourselves to verbal intercourse won't get us far with a silent patient" (p. 20), and surely the same is true in a pedagogic setting. For the educator, the silent or uncommunicative learner is a horror, at least at first. But what does this fear of silence denote? And can we make some use of the silence, after all, even if matters are not progressing along any predictable lines. Referring to the possibility of respecting the silence, Bion continues:

> What kind of psychoanalysis is needed to interpret the silence? The analyst may think there is a pattern to the silence. If he cannot respect the silence, there is no chance of making any further progress. The analyst can be silent and listen—stop talking so that he can have a chance to bear what is going on. (p. 20)

What kind of psychoanalysis? (let us note). Here, Bion hints at strategies and tools to deploy within the psychoanalytic setting, not least the use of something other than "verbal intercourse". Does Bion not also make clear that within psychoanalysis (for him) there are different movements and varieties; perhaps even different genres of psychoanalysis? After all, Bion used mathematics in his thoughts and practice in a manner that was highly original and influential. Once more on the subject of an analysand's silence, he writes:

> Some silences are nothing, they are 0, zero. But sometimes that silence becomes a pregnant one; it turns into 101—the preceding

5. Desmids are unicellular organisms with two main compartments separated by an isthmus.

> and succeeding sounds turn it into a valuable communication, as with rests and pauses in music, holes and gaps in sculpture. (p. 20)

We might argue, therefore, that silence represents more than an unwillingness to cooperate. As a form of chaos, silence delineates the scene in which the natural order has broken down. Communicative guidelines and certain rules of politesse have decayed. And if Freud declared that psychoanalysis is the "talking cure"—one route through a psychic disturbance of one variety or another—then silence is the build-up of unwanted emotional matter that cannot be healthily discharged.

Speaking is not even a conscious decision. It is a nightmare sound barrage, possibly with topics unfinished and overlapping.

Evaluating dialogic learning and the analytic third

As Paul Verhaeghe (1999) writes saliently in *Does the Woman Exist?*:

> psychic material is ordered and written down in a specific script which varies according to the period of life. At the boundary of each consecutive period, there is a transcription or translation of the psychic material into the language of the next period… (p. 40)

Irrespective of our foremost practice (education or psychoanalysis), we must reach an endpoint, or at the very least a stage of transition. At the local level, this might be the conclusion of the seminar or the therapy hour; however, the transition might be something more life-changing—a time for one or other party to move elsewhere, pedagogically or psychically speaking. (Perhaps also the analytic third wants to more room to breathe, elsewhere.) For educators and analysts, in the moments of "completion," it is customary to evaluate our successes and failures (perhaps in line with Freire's notion of us as "subjects").

In common with psychoanalysis, dialogic learning might be adjudged a success or a failure, session after session. Similar to an analysis, the phenomenon of learning is a process—sometimes tortuous, usually complicated by the irruption of internalised

objects and occasionally thwarted by the very components that Bion advises us to eschew, namely memory and desire. It would also be true to say (of course) that learning is far from being the only process to draw comparisons with psychoanalysis. Arguably, an employee in any line of work whose tasks involve synchronous interaction with another human being (which, let us face it, is most professions), and whose participants' meetings are frequent, paid-for and finite (or terminable, cf, Freud 1937/1964), might make a similar claim for a similarity with psychoanalysis. If the successes or failure of that work are judged both on the basis of individual fifty-minute sessions as well as retrospectively as a whole process, then perhaps the likenesses are more striking still.

However, the analogous natures of dialogic learning and psychoanalysis are further brought into relief when we think about how much of the theory and practice takes place on the level of metaphor; how we might discuss the importance of forgetting and of confusion; how (figuratively speaking) both Conflict and Question are characters in the psychodrama; and how the presence of the so-called "hard to reach" person (the learner or the analysand) is not only inevitable, but represents a professional challenge and an opportunity to learn to adapt and to grow as a practitioner. Of course, there is also the presence of the Third: a recognised and recognisable addition to the present and pregnant scene. Nor should we attempt to diminish the countervailing forces inherent in our learners' and our analysands' fragility. The fragility of educators and analysts should not be dismissed either.

However, in spite of discussion regarding fragility, we must acknowledge here certain differences between the educational and psychoanalytical contexts. The latter has, primarily, a therapeutic aim whereas the former does not (although the distinctions are blurred at times—knowledge through dialogue can and does have significant benefits for psychological well-being as noted by Nussbaum [1994] amongst others). The examples of dialogic learning outlined by Alexander, Mercer and Freire above are creating a similar but not an identical space to that encountered in the analytic third—whilst shared meaning and understanding occur in both environments, the student/

teacher dyad has different boundaries and expectations to that of the analyst/analysand. Regardless of how fragile the student might be with the learning dialogue, healing is not the explicit goal of such interaction, in spite of the fact that the path to knowledge can often, in itself, be painful and bewildering.

Summary

During a clinical seminar in Brasilia in 1975, Bion (1994) and the group members discuss the case study of a patient who had suffered from obsessive neurosis to such a degree that it would take him an hour to wash his hands and four hours to take a bath. As a result, this patient was usually either late to the psychoanalytic session or missed it altogether. The presenter says: "We agreed that if he didn't come for at least half an hour of each session until the end of January, then I could not continue the treatment." To this, Bion's response can only be adjudged predictable in the context of everything that Bion concluded in the seminars being predictable! "I would be doubtful about interrupting the analysis," Bion tells the group. A few sentences later, he adds: "You can say you will expect the patient to pay if he takes time off; you expect the time you make available to be paid for. What the patient does with that time is another matter" (pp. 67–68).

Perhaps understandably, a member of the group asks a question that might variably read indignant or nonplussed. "Isn't there something implicit in the concept of work that both people should work together—actually work?" (p. 68). And again, Bion (1994) astonishes the reader with his reply:

> You would think it should be so, but it very often isn't. The background of this could be that the child believes that the parents must look after it. But in fact they don't—that is why there are children who are abandoned. So I don't think you want to appear to enter into a contract which you cannot in fact keep. You can try, if you get some help from the patient, but you don't want to get edged into a position in which you have said that you will cure him or do something for him no matter whether he helps or not. (p. 68)

The point to make here is that with the pedagogic and the psychoanalytic encounter, there exists both a sense of separation

and collaboration; of working with someone who is other but with whom we have a close connection or a shared goal. In the psychoanalytic consulting room, the endeavour will be towards a greater understanding and awareness of those anxieties, compulsions or inhibitions that spawn difficulties or pain in terms of construction of the self and personal relationships. In terms of the classroom, these efforts will be in respect of achieving a deeper appreciation of concepts and how they are applied within a given field, the increased ability to problem-solve or establish credible solutions.

In theory, such practices can occur in private or isolation (Freud had to conduct self-analysis to initially experiment with psychoanalytic technique, and history tells us of various figures who have contributed to learning as auto-didacts—the life and work of William Blake springs immediately to mind). However, psychoanalysis and education are primarily practices that require interaction and a basis for sharing (even if the act of sharing can sometimes be difficult for either party). As Bion (1994) remarks in *Clinical Seminars*:

> It is just as well to get used to the fact that you are unprepared. There is nothing more to be said about what you are prepared for; what you know, you know—we needn't bother with that. We have to deal with all that we don't know. (p. 158)

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Group analysis during COVID-19

Jane G. Goldberg

During COVID-19, the author, like most psychoanalysts and psychotherapists, was forced to move her practice from in-person to a digital platform (Zoom). Although her initial expectation was that much of the therapeutic value of the group experience would be diminished, she was surprised that the contrary proved to be evident: Her pre-existing groups flourished, and there appeared to be no loss in efficacy based on member self-report data. The author makes the case that group analysis is essential to a comprehensive analytic experience and not an addendum to individual analysis. The author explores her theoretical positions and provides personal commentary from some of her patients on the transition to and experience of in-person versus telehealth options.

When the anthropologist Margaret Mead was asked what was the earliest sign of civilization, she did not cite a clay pot, or a grinding stone, or the discovery of fire. Rather, she answered: a healed femur (Blumenfeld, 2020). The longest bone in the body, the femur links the hip to knee. In societies without the benefits of modern medicine, it takes about six weeks of rest for a fractured femur to heal. A healed femur shows that someone cared for the injured person. This care would have involved doing the hunting and gathering, but then also staying with the person, providing physical protection as well as companionship

until the injury had time to mend. Mead felt the first sign of civilization was compassion.

Many millennia later, in COVID times, we are finding ourselves especially struggling with finding compassion and working as a cohesive group.

COVID, and the governmental responses to it, have left us feeling and physically isolated from one another through the practices of masking, lockdowns, and social distancing. We have become hypervigilant and hyper-paranoid about those who believe and behave differently from us. Hannah Arendt, in referring to another horrific period of history, used the term "organized loneliness" to indicate an imposed, systematized state of social isolation during the holocaust. Sherry Turkle's trilogy ended on this very same idea pre-pandemic. The title of her book said it all: *Alone Together: Why We Expect More from Technology and Less from Each Other* (2011). I don't know if the Ad Council knew the full title of Turkle's book when they chose the hashtag "#AloneTogether" to promote social distancing, but it perfectly captures the spirit of today's social fragmentation. If they had known of Turkle's less than enthusiastic endorsement of digital communication, perhaps they would have wanted to choose differently.

We don't learn compassion from being alone. We learn compassion, and all of our other uniquely human traits, from being with other humans. Being with other humans in ways that are emotionally balancing, cognitively stimulating, and linguistically rich gives us the opportunity to be the potentiated humans we can be—the top of our humanness game. My personal experience is that these attributes in me were first inserted by my loving family, most especially my mother, and then were later strengthened and developed more completely through my participation in modern group analysis.

Real brain, virtual brain

After graduating from The Center for Modern Psychoanalytic Studies (CMPS), and then teaching at both the New York and Boston centers for several years, I gave up teaching when my

daughter, then eight, complained that I was away from home (and her) too many nights. It was almost twenty years until I returned to teaching at CMPS in the Spring of 2020. I felt a bit rusty at the beginning of the semester. I wanted to give my students the same experience I had had when I was a student there: integrating thought with feeling, synthesizing intellect with emotion: communications from teacher to student/student to teacher/student to student all having instructive meaning. Not group therapy, but also not a traditional classroom; more free-flowing, more learning through sharing. This was process teaching! The students and I were coping well enough, finding our footing with one other. And then it changed; it got worse; it became close to a nightmare. And I concluded, ultimately, that I was an awful teacher for that semester. I imagine most of the students in that fateful class would agree. It was the semester that we were unexpectedly interrupted, halfway through, with having to "go digital." It was my first experience with Zoom. It was many students' first experience with Zoom.

It has been said that the virtual horse has already left the digital barn. Digital communication and connection are here to stay. Yet, even with the apparent depersonalization of the ubiquitous digital world, it is clear that we humans still need our contact with one another. The Internet constitutes the largest commune ever created in the history of the planet. But can it provide the same or good-enough connection?

Two years into the COVID and Zoom worlds, I have conducted all of my weekly analytic groups on Zoom. And these events have been wholly different from that original classroom challenge. My therapy groups have been as successful as the class was dismayingly unsuccessful. I believe I have come to some useful insights about the digital group process—what it means for my past, as well as what it means for the future of digital group analytic practice.

My regurgitative mind and a second birth

I was not an un-smart student throughout my academic education; based on grades and such. It might be said that I was a smart-enough student. However, as I evaluate it now, I was,

mostly, only a regurgitative student. I was able to feed back to my teachers what they had fed to me. And that ability provided me with enough skill that I went through my academic career, even getting my PhD, without much of a struggle.

I consider the time of my attendance at CMPS to be my second birth, the time when my brain fired into energetic aliveness, with creativity and imagination. There were no specific classes on group therapy. While being in a group was not a required part of our formal training, the founders of modern analysis conducted groups, and we early students at the Center participated in their groups. I considered my group experiences to be essential to my analytic experience and training. I participated in four groups a week: two with Dr. Phyllis Meadow (one as supervision and the other as a therapy group, conjoint to my individual analysis); one with Dr. Hyman Spotnitz, and one with Dr. Lou Ormont.

My personal history is that I had an infinitely loving mother. I never doubted her adoration of me, and I easily and eagerly reciprocated her immense love. I progressed into my personal analysis with this same surety of acceptance. I experienced my relationship with my analyst, as I had that with my mother: never doubting her belief in me and her care for me. With her, I felt as though I was enveloped in a warm bath, soothed and wonderfully comfortable (the analytic translation here is that my transference pulled from a mostly blissful early infancy symbiosis, and possibly even back to intrauterine life!). And, while my individual analysis was a sublimely comforting and satisfying experience, it was rarely a challenging one. Group, however, was decidedly different. It was emotionally and intellectually thrilling in a way that nothing in my life had been. I lived for my groups. They were the best part of my week. I embraced the work that went into exploring other people's thoughts and feelings in relation to one another, and my own thoughts and feelings in relation to the other group members. I felt that these interactions gave me a depth of understanding of the nature and the implementation of modern analytic techniques: object-oriented questions, optimal frustration, progressive and emotional communications, and more.

It is my contention that group analysis should be considered useful, and essential to a having a full analytic experience. I began conducting my own analytic groups fifty years ago. Twenty years ago, I made it a requirement for all my individual patients to be in group, and I accepted no new patients without my evaluation that they would make valuable group members. After sufficient individual work with my patients, all have agreed to be in group. Some have been in group for most of the decades since I started; many have been in group for over ten years; most have been disinclined to leave. It has become for us, as it was with my own group analysts, a commitment for life, 'til death do us part.

The animals do it, and so do the humans

Many animals besides human animals have families, friends, attachments and social networks. Elephants, wolves, dolphins and chimpanzees are social. When we look at birds, we see that they function coherently, cooperatively, and almost as though they are a single unit. It was first thought that they were communicating through some sort of telepathy or biological radio. But we now know, through research specifically on starlings, that the secret of the seemingly impossible synchrony of their enormous swarms—there may be thousands of tiny birds in a single swarm—is that each bird pays really close attention to just the birds closest to him/her. One bird will get its cue of what to do next from the six or seven birds closest to it. This kind of intense observation and responsiveness to each other accurately mirrors the human analytic group process. There is a difference, however. Animal sociability is limited to family and friends. What separates humans from all other species on our planet is our ability to connect not just with family and neighbors, not only with our "flock," but potentially with strangers, as well. This is one of the primary aspects of our humanness that group analysis takes advantage of. We begin as strangers. We continue as humans flocking together, ultimately connecting together and functioning as individuals within one whole.

And with connection comes cooperation. All great achievements—from the building of the pyramids, to sending humans out to space, to unraveling the DNA code—required group co-

operation and collaboration. Math, language, aerospace travel, microwave popcorn, and the flushable toilet—none of those emerged from the mind of one solitary person sitting alone, thinking, speculating, attempting to solve problems of those surrounding them. In analytic groups, our job is not to create great art, nor to make products that ease our daily tasks. Rather, our task in group, individually and collectively, is to listen, process, understand, and reflect back to one another understanding from analyst to all group members, and from group member to group member.

Hanging out—Beginning with Adam and Eve

Being together in groups defines our evolution from the emergence of our *Homo sapiens* species. Even the very creation of life was a group phenomenon. And that's true whether you attribute it to the hand of G-d in putting Adam and Eve fortuitously in the same place at the same time, or you favor the scientific theory of sperm meeting egg. It takes two (or three if you want to include G-d) to tango, whichever way you look at it. From the dawn of humankind, survival developed from a community of people putting their heads and bodies together; it came out of collaboration, from thinking and feeling and strategizing both with others and about others.

When we started walking upright instead of on all fours, the human baby came to be, by biological necessity, in a hurry to be born. Otherwise, Baby would be trapped forever, with an outsized head, too large to fit through Mother's newly evolutionarily narrow birth canal. Born before full development had time to happen, newborn humans became entirely dependent on their mothers for survival. It took just as much work to attend to the needs of our ancestors' babies as it takes today: a village to raise a human. The more friends and family our ancient ancestors had available as babysitters, or sharing in the work of food foraging, the greater the chance was that the infant would survive. The food issue was critical. Everyone needs and wants food. From then to now, we have a love affair with food because we die without it. In pre-agriculture times, foragers were out

and about, actively looking for food. And the odds for survival were better when the overriding principles were "stick together" and "share and share alike." Evolution favored those who had others they could depend on. We're alive today because we are descendants of earlier humans who had the advantageous attribute of liking other humans, and wanting to hang out with their fellow folk.

Togetherness is still keeping us alive and making us smarter too

Contemporary research validates still today the importance of togetherness for survival. One study documented that socially isolated women were 66 percent more likely to die of breast cancer than women who had friends they could count on. Similarly, people with close friendships are less likely to die young, less likely to have dementia, heart attacks or cancer. Women with large families live longer than those with small families. People with active social lives recover faster after an illness than those who live solitary lives. Social contact switches on and off the genes that regulate our immune response to cancer and the rate of tumor growth.

On-going survival is not the only advantage of togetherness. The combination of staying together and fighting for survival as a group endeavor made each of us smarter than if we had been left alone to our own solitary devices. Better intelligence developed from a community of people putting their heads and bodies together; it came out of thinking and feeling and strategizing both with others and about others. Hanging out with each other created unprecedented animal intelligence.

Togetherness made us smarter way back when, and it is still making us smarter. Research shows that even if we are just thinking about other people, we are getting smarter. Peter Fisher (2010) found that spending a few minutes contemplating a family tree boosted performance on a variety of cognitive tests. Our connection to other humans can happen as we daydream, fantasize, rhapsodize, or think or feel. As Alan Jacobs (2017) says, thinking for yourself is an anomaly. "Thinking is necessarily, thoroughly, and wonderfully social" (p. 37). We may think of

good ideas for bad reasons; we may think of bad ideas for good reasons; we may think of good ideas for good reasons; we may think of bad ideas for bad reasons. But whatever it is that we think, whatever we think we know, whatever we believe—our thoughts and beliefs arise, if not fully then certainly greatly, within the context of our interactions with others. Our thoughts will be either in harmony with, or in contrast or even contradictory to the thoughts of other humans.

Researcher Thomas Allen was interested in why some research projects succeeded beyond reasonable expectations, and others failed dismally. His first finding, immediately apparent, was that those clusters of teams who fit the description of "clusters of high communicators" had a "particular knack for solving complex problems with precision and speed" (Coyle, 2018, p. 69). Allen pursued collecting data with a vengeance, looking at levels of intelligence, age, reading and contributing to the same professional journals, attending the same graduate schools. None of those data were relevant. In fact, they were surprisingly irrelevant. Allen discovered only one factor that seemed to make a difference: the distance between their desks. As he concluded: "something as simple as visual contact is very, very important, more important than you might think" (p. 70). And for visual contact to be effective as a communication factor, the physical distance between people matters greatly. The graph he created is now known as the Allen Curve, and it plots the amount of interaction against the distance between communicators. The key distance is eight meters (about 26 feet): when people remain less than eight meters distance from one another, their communication remains high. At six meters, the communication frequency goes off the chart. At more than eight meters, communication shuts down, almost as if a tap has been shut off. As Daniel Coyle describes the Allen Curve, "proximity functions as a kind of connective drug. Get close, and our tendency to connect lights up" (pp. 71–72).

Bell Labs, established in 1925, was a non-digital (and non-mass-market) ancestor of Google. It brought great minds together (by hiring them), and they made many discoveries that brought us into the digital age: the transistor, data networking, solar cells, binary computing, communication satellites, cellular

communication, and the laser. One might say that more than any other group of people, Bell Labs brought us the tools we use in our modern life.

The approach at Bell Labs was entirely collaborative. They believed in what Tony Hsieh, founder of the enormously successful retail catalog site Zappos, calls "collisions," by which he means serendipitous personal encounters. The leaders of Bell Labs understood the importance of what I call Together-Tech as the current digital equivalent. They designed their main building in New Jersey to maximize the chances of randomly happening upon one of their colleagues. These chance encounters held the promise of fostering interesting and productive sharing of information. For many years, Bell Labs ran an internal speaker series, known as the Bell Communications Research Colloquia Series, in which all researchers had a chance to formally present their research for feedback from the best scientists working in their field. Even lunch was fodder for the hungry brains. Richard Hamming (1995), in one of the speeches for that series, talked about eating at the physics table. He enjoyed it, and learned from sharing with other brilliant minds—until a Nobel Prize was awarded to the scientists he was eating with; those scientists all got promotions, and moved on to other lunch venues. Hamming became bored at the physics table without all the luminaries, and moved on to the chemistry table, talked to chemists, learned a lot about chemistry, and so on. New lunch tables: new ideas.

My personal experience is that I understand that my group experiences have made me smarter. I have come to realize that my brain works really well in some ways, and really poorly in other ways. I did well in all academic courses that involved reading and writing. I did less well in courses that involved facts (the sciences) and listening to words I had never heard before (languages). My brain seemed to be wired to be sensitive to, to learn from, absorb, and adapt to emotional communication, and as well to the equally important phenomenon of blockage of emotional communication. My group experiences strengthened my brain in the ways that it already had a predilection for operating at a high level.

The painful birth of therapy groups

It was inevitable that humanity would eventually show interest in creating groups specifically aimed at utilizing and maximizing their health-inducing properties. When this therapeutic movement developed in the psychological realm, the process became known as group therapy.

The history of group therapy covers the last century. Early advocates mentioned the practice in mostly apologetic and self-effacing terms: it was meant for the seriously ill; it was the poor stepsister to individual therapy, and not as effective; it provided mere assistance in learning elementary skills in relating to others. Yet, those who persisted in this novel and mostly unpopular technique noticed much more. They found that people with normal-day neuroses benefited. As every psychotherapist knows, not all patients are helped through their therapeutic experience. We therapists of the mind are not uniformly miracle workers of injured psyches. Group therapy provides us with one more viable technique, one that often leads to, as Spotnitz often concluded, surprisingly good results. These good results may well be through the exposure of an assortment of people, each with his or her own specific emotional conflicts and psychic blocks. Thoughts and feelings that have not surfaced in individual therapy can be stimulated by the group process.

Group therapy was a late-comer within the psychoanalytic realm. Analysts have theorized that although the individual sessions hold a symbolic mirror to the early emotional experience of the one-to-one mother/infant symbiosis, the group experience comes closer to replicating the first group the infant comes to know—the family. As Spotnitz (1961) says, the group setting gives the patient "family prototypes with whom he can experience a new edition of his infantile conflict—in brief, his need to be loved by both parents and to be free to love and hate them" (p. 6). Spotnitz goes on to say that "the group experience arouses the conflict that the psychoneurotic lived through in his relations to his parents from the ages of three to six" (p. 12). Ormont (1992) writes "fundamental to all group therapeutic treatment is a single truth. It is that people in their daily lives and as patients in group always create their own im-

passes, and in virtually the same ways" (p. 4). Or, in terms of internal psychic processes, group therapy imitates, replicates, and mimics the real-life circumstances that we encounter as we move through all the various group relations, and our experience outside the analytic setting. Group members, in their commitment to listening, processing and understanding conflicts presented in the group setting become assistants to the group analyst as well as facilitators in the therapeutic process.

Still, today, there is resistance within the psychoanalytic community to group as a method of applying psychoanalytic technique to our work. In New York, where Spotnitz's theories have been applied, and in a number of off-shoot analytic institutions, group analysis is a standard therapeutic option. However, some analysts unfamiliar with Spotnitz's work have not embraced the value of this work, and in some quarters, it is still considered to be radical that psychoanalysts run groups. As one example, after I published an article in *Modern Psychoanalysis,* my mother proudly boasted to my very renowned psychoanalyst uncle that I had published an article. He asked me what its subject was, and his response to my answer was: "You know, group therapy is not really psychoanalysis."

Many minds

Many minds are better than one. We humans are smart because of how brains work together when they come together. This understanding of the collaborative processes of human intelligence is one of the most overlooked aspects of being smart. Intelligence is a team-sport. Human thought is a community event.

Intelligence is not the product of what happens in the individual brain—yours, mine, or Einstein's. It's a nice story to tell that Newton discovered the force of gravity by sitting alone in a field, watching an apple fall. But the story is apocryphal at best. Before that fateful day of imaginative inspiration that changed the scientific understanding of the force that keeps earth in place in relation to the other heavenly bodies, Newton had spent more than twenty years studying data that other scientists had collected pertinent to the orbits of planets. The researcher on

intelligence, Dean Keith Simonton found that, while Newton had only one mentor, he had fourteen idols and ten associates. So, too, with Freud: he was certainly the most prolific writer of his circle of fellow psychoanalysts; but any student of Freud sees that he changed his mind frequently and with comfortable ease. That notable mental agility, it seems clear to me, was not engendered by, nor evidenced only by, his work with more and more patients; it also wasn't a matter simply of his acquiring more information, and modifying his theories to adjust to his new discoveries. Rather, it was, in large part, because smart colleagues who held the same passion for understanding human emotions surrounded him. There were those whose theories synced with his thoughts, and he incorporated them (think of Alfred Adler—birth order; Otto Rank—birth trauma); and there were those whose contributions were so alien to his thinking that he discarded them, and they went on to develop their own schools of psychoanalysis (for example, Carl Jung—spirituality and cosmic synchronicity; Wilhelm Reich—theory of bioelectric sexuality). The same was true with Einstein: as he was working out his theories, there was ongoing an international collaboration of laboratories studying the same problems, and only from considering others' mathematical theories on the nature of curved space was Einstein able to formulate his theory of relativity.

While individual mind-space gives us the sense of our own individual self-ness (and thus why an individual analysis can be crucial as a life step into selfhood), it is the group-mind-space from which all great events in the history of mankind have happened, and from which the most significant discoveries have been made. The group-mind-space created in group analysis brings insights and understandings of group members that exceed the understanding of the single mind of one analyst.

Language: Man's greatest superpower

Language is the *sine qua non* of psychoanalysis. As a psychoanalyst and writer, I believe in and talk and write a lot about language. I think of language as a superpower. Indeed, language is the best superpower humans have.

Tony Hsieh understands a fundamental tenet of what it means to be human, what constitutes original and intelligent thinking, and what is, as well, the foundational premise of psychoanalysis. As Daniel Coyle (2018) writes: "When an idea becomes part of a language, it becomes part of the default way of thinking" (p. 67). When we give form to thoughts through words, our thoughts become visible, processed, conscious. The neuroscientist Oliver Sacks asked: "Are you conscious of your thoughts before language embodies them?" (Hayes, 2017, p. 87). My answer to the esteemed Dr. Sacks is: we can think and we can visualize without words; but we can't know our thoughts in a clear, precise and uniquely human way without words. Language separates thought from non-thought.

Language also gives us the "I" that we experience ourselves as being. We relate to our fellow humans in a way that no other animal does. We are not limited to having an identity as one of a species. Rather, we each have subjectivity, and our mind tells us, on a continual and continuous basis, that our subjectivity is the "I" we know ourselves as being. The "I" and the "You" pronouns that we use in language reflect this unique subjectivity. Jewish scholar Martin Buber referred to this uniquely human encounter as immersed not only in subjectivity, but in the sacred, as well, and called it the "I" and "Thou" encounter. Our world may be represented by our human encounters, but it is organized by language.

Language allows us to see through another person's eyes, to hear through another person's ears, to interpret through another person's thoughts (the empathy that Margaret Mead referred to). These human-only abilities arise from thought. Thought, introspection, and speech are indivisible. Words connect who we are on the inside to all of what remains outside our selves—from our loved ones, our enemies, those we haven't yet met, and those we'll never meet.

Because of language, we have the ability to look inward in a way that is different from all other species. Self-reflection is a unique quality of the human brain/mind. We can sense—through various perceptions, including but not limited to our five senses—what our internal state is. We can observe our mind, assess our

mind, and study our mind. We do this through language, the ultimate human invention that gives us an ability that, if we weren't so used to it, would seem, in a science-fiction-y sort-of-way, to be not possible. Think about this: the brain is the only entity on earth that named itself. The human brain came up with the name of itself: brain. What else in the world is able to name itself? Not the schefflera tree hanging out in my living room. Not my dogs Petey and Lilly. Only the brain has the ability to name itself. And this ability of self-perception may be the biggest brainstorm the electrified, chemicalized brain has achieved to date.

The why of the why

The study of group communication has confirmed in many ways the value of psychoanalytic groups. But leading among all this research is one finding that is a stunning affirmation of the rightness of our psychoanalytic thinking. Robert Bales (1951) was one of the first scientists to study group communication, and he found that questions comprise only six percent of verbal communication. Yet, this small amount of this specific form of communication, yields an astonishingly large sixty percent of ensuing discussion. Since our psychoanalytic method is to continually explore the question of "why," Bales's research confirms the rightness of what I call "the why of the why"—questioning that leads to the first why inquiry, but further why questioning of the all the subsequent questions that arise from all precedent whys. But, of course, paying attention to the why of the why is not an easy procedure to master. The analyst may decide to offer an opinion, an intervention which can terminate the precise line of inquiry; or the analyst may divert the line of questioning to another track of questioning; or the analyst may get bored by the long and tedious process of getting to the final why. But when the patient arrives at the final why, there is manifested a full integration of thought and feeling combined with a complete comprehension and clarity of how, why, where and when the conflict, or pain, or disturbance arose, and a powerfully felt release. Alternatively, knowing when to take these diversions from the path of the why of the why, and embracing

the free-form, free-floating inquiry that will lead to an even more productive path of inquiry is equally difficult. Knowing when to stay on center, when to divert, when to not respond at all—learning these is one reason that psychoanalytic training takes so long.

I laughed when I heard Spotnitz (1981) say that a good analyst has to come to feel like a psychopath. He was suggesting that getting paid for what we analysts do is a bit silly. A good analysis is when: the analyst asks a few *why of the why* questions; simultaneously allows his line of inquiry to wander a bit as is appropriate, too, at any given moment; and subsequently watches the patient struggle to find the answers. A good patient considers various hypotheses, settles on a narrative that comes to feel is meaningfully pertinent as well as reasonably and sufficiently accurate, and thus cures (her)himself. It is not the analyst who leads the patient; the patient leads the analyst. In groups, the patients lead each other. Spotnitz (1961) posited that if the analyst is lucky, if the combination of group members makes a good fit for the specific kind of group work that is required, then one or more of the group members will come up with the feelings that other members need.

Group members leading the leader is the same principle that makes other group situations successful. The Navy Seal team led by Dave Cooper was studied extensively by Daniel Coyle (2018), who describes Cooper's ideas. The Seals were the team that we sent in to take out Osama bin Laden. Dave Cooper was the head of the team, but his understanding of a successful team mission is the same as Spotnitz's for a successful group. The team works together to understand what and how they need to accomplish their task effectively. Group talk and questions are essential. As Coyle writes "you have to ask why, and then when they respond, you ask another why.…You ask and ask and ask" (p. 141). Cooper concluded that the "hive mind" that developed from all the back-and-forth talk means: "They were better at figuring out what they needed to do themselves than I could ever be" (p. 206). Surely Cooper's description of the group process of how a team works together to successfully assassinate a perceived enemy is, too, a good a description of a well-functioning analytic group.

The good, the bad and the wash

There are obvious advantages to the world of digital psychoanalysis we find ourselves in. It is more convenient, to the analyst, who doesn't have to travel to an office to see patients, as well as to the patient, who doesn't have to travel to an office to see the analyst. Analysts can treat patients from a great distance, and patients, from a distance, can find analysts with ease. Because of these factors of convenience, we analysts may find ourselves more willing to pass on savings in travel expenses to our patients, and take lower fees, allowing individuals who may have been priced out of therapy previously to now have access to high quality therapy at an affordable cost.

There is also the advantage of building a practice within a shorter period of time. When I began my practice, all my patients came from personal referrals. It took me five years to build a practice, and that, in those pre-Wi-Fi days, was a relatively short time frame. My daughter, on the other hand, building her digital practice during COVID, had twenty new patients within five months.

Digital psychoanalysis has its disadvantages as well. Psychotherapy is essentially a method of collecting information. We analysts collect information from our patients in each session, from the moment the doorbell rings announcing their arrival. We make note of either their timidity or their pluck walking into the room. We see how they are dressed. In many ways, we pay attention to cues and clues about their emotional deportment, and from these revealing indications, in addition to their words, we construct theories from which we operate analytically. Non-verbal digital information gathered from a small screen is necessarily considerably less than the wealth of information the analyst receives from *in vivo* contact.

There is also the not good/not bad—what I call a wash. In both digital group analysis and *in vivo* group sessions, we access information about fellow group members mainly through the two senses of auditory and visual. Zoom allows the visual image of each group member to be clear, well-defined, and equivalent to a close-up video head shot. It is not unusual for group members

to comment and speculate on what they think other group members may be feeling based on their facial expressions. This aptly mirrors the experience of *in vivo*. Spotnitz (1985) often talked about the importance of facial and bodily cues, commenting that group members are talking all the time even when they are not talking with words: "They communicate by posture, facial expressions, the way they sit, how they move their arms and legs and make grimaces" (p. 128). Spotnitz goes on to say that a successful technique for group analysis "is to keep the group talking by watching everybody's facial expressions, understanding what they are trying to say through facial expressions. . . " (p. 128). Although in Zoom we may miss the body movement cues, the images of faces often give us sufficient information with which we can successfully read facial cues and infer feelings from them.

The good

Group member for over twenty years, "Betsy," describes her first experience of the transition from *in vivo* to digital:

> The most vivid memory I have in the days leading up to the pandemic is walking out of group with another member, speculating on what may come. We were right about very little, but one thing we were committed to was keeping group in whatever shape we could, perhaps for telling the biggest consequence of the pandemic, the need for a sense of continual community. Group anchored me in a reality larger than that of my life with my husband and two small children, and smaller than the global news pounding us incessantly with fear and foreboding.

Group member "Nancy" joined group during COVID. She did not meet, in the usual sense, her fellow groupers until she was more than a year into her group experience. She explains how digital group analysis gave words to her inner experience:

> When I joined group, I felt really shocked and comforted by the honest way people expressed their experiences with each other and their thoughts and feelings, almost like they'd been inside my brain hearing all the bizarre, weird, sometimes disturbing things I think and feel every day.
>
> I have never given a voice to some of those things—not like I was stifling them, but I typically do not acknowledge them or think there is something to explore, because I usually think there is no

> point to them, or people won't want to hear, or they would create a messy interaction. Then sometimes I do acknowledge them only because they bubble up like a tangled mess, and I feel wrong or rotten for these things just sitting in my head and never getting expressed. I realized when I came to group and saw people voicing these "private" things that I'd always just kind of felt like something was wrong with me for sometimes having strange thoughts or feelings. But in group when they become said out loud, they form connection between people, and verbalize that connection we feel already (or disconnection) and it leads to really profound discoveries about ourselves. And it's made me realize how much these unconscious feelings impact on relationships and interactions all the time. It's helped me to not feel isolated from others by the voice inside my head.

There is likely to be a ground swell in research on telehealth therapy post-COVID-pandemic. Some people will return to in-person therapy and others not. Both analyst and patient will likely become better at whatever modality they choose—returning in person to a room, or staying online in a zoom. In live group therapy, each member inhabits his own space. It is called a chair. For the ninety minutes of the group, that chair is the home of the individual. The group rule in terms of occupying space is the same as individual therapy on the couch: no one leaves their chosen home space during the session time. The zoom group replicates creating a home base for each member: here it is called, and on the screen has the form of a square. The square replaces the chair, and the mission remains "all talk; no action." All communication takes place between the boundaries of either the chair or the square. When the world went remote in 2020, there was a learning curve. Analyst and patient had to relearn some of this, but as always, whatever happened was grist for the mill.

"Connie," a 10-year group veteran, gives a good description of how the processes of live and digital groups both mirror each other and depart from one another, and gave her a new experience of her social self, an aspect of her character that she had long struggled with, and made little headway with until she joined group:

> My attraction to starting group therapy after years of being in individual analysis was to explore and get in touch with my social

> sense of self. When we moved to digital group due to the pandemic, I started to experience another layer of self-awareness in the context of the visual experience that was taking place in the zoom room. Within the room itself, not only do we see others talking and displaying affect and emotion on the screen, but the reflection of our own image on the screen has added a whole new layer to the experience of the group and how we see ourselves and each other. In the digital group, we can alter our appearance, change the lighting, even add filters to present ourselves in a way that we want to be seen. In many ways, we have more control over how we are perceived by others, adding an element of playfulness to the concept of self-identity and the social self that we experience in the group. The digital group allows us to alter our image in a more controlled way: we can change the settings to mute our mics and hide our screens by turning off the cameras, altering what the others see and hear about ourselves. The concept of the group members acting as mirrors to ourselves has been transformed in the digital group as the visual reverberations of our own image on the screen has shifted. Whereas in the past, we relied on our imagination and transferences to intimate how others perceived us in the group, now our image is reflected back to ourselves by ourselves and we have a new idea of how we are being perceived as we see ourselves on the screen.

In many ways the zoom group has altered the idea of the analytic gaze. In the session, the patient's attention and gaze are free-floating as his body rests on the couch. Similarly in the group *in vivo*, the patients may look around the room, at times drifting off, letting their eyes focus on objects in the room as a form of containment and holding of attention while they listen, share, and process. In stark contrast, the gaze in the zoom room is more constrained and focused on the squares that the other members inhabit for the duration of the group, their eyes strained in a way that does not take place in the group *in vivo*. We can remain more anonymous to a great extent in the zoom group—we can even take off our cameras at times and be a voyeur and avoid being seen. At times, our image can be in greater focus depending on which group members are looking at what on the screen, rendering us naked and exposed.

As we speak and listen to others and watch them speak, there is a new kind of self-consciousness and awareness in how we present ourselves to within the group itself and to test our internal

perceptions of how others see us versus the reality of how others see us in the zoom group.

The bad

"Harry," another 10-year group member, explains the disadvantages Zoom presented to him, and his work on overcoming the inherent difficulties:

> Virtual group analysis helped me get through the early isolation of the pandemic, despite its drawbacks. Virtual group pales in comparison to in-person group as it had less visual information to soak up: there's no eye contact, and I generally can't see hands, gestures, and other subtleties of posture. There is also less relevant audible information. Instead of one shared background, there are either many noises from each person's background, or people mute themselves which prevents the subtle sounds people make from being heard. There's also an inability to hear the natural overlaps of multiple people talking at the same time due to how the software is designed. Because there's less visual and audible information, my mind fills in the blanks with assumptions. However, part of the reason virtual group felt like a tolerable substitute for in-person group to me was that I already had years of experience in person with the other members. So, the lack of information was filled in with my assumptions based on years of knowing them. If I didn't know them, my assumptions might be from my own history, which would likely be less accurate and more charged.

Group member for thirty years, "Frank," has a different understanding of the differences between *in vivo* and digital. Without knowing Allen's work on proximity, Frank intuitively understands the phenomenon, and creates a theory of the differences between live and digital group analysis on a more subtle or energetic level:

> What is the potential difference between a therapy group conducted on-line with zoom, and one conducted in person? It can be expressed a number of ways. First is tangibility: the "connection" between humans (and other "nearby" animals, dogs, cats, horses) is more "tangible" in physical proximity. There are many reasons for that, among them the potential for physical contact, usually discouraged in therapy groups, but the "potential" (positive electrical charge) is present. Many or most of these potentials exist on an unconscious level, but are present regardless.

Another form of connection exists also, related to the previous, but "larger" and more encompassing, but also one we tend to dismiss as hokum, is the interaction between proximate nervous systems. Basic electro-magnetic theory: transmission of electricity through a wire generates an electromagnetic wave of specific strength and form determined by the characteristics of the specific transmission.

The nervous system is the organ of "the sixth sense", and it depends on proximity (inverse square law of wave propagation). The nervous system is a very complex "antenna" structure attuned specifically to other human nervous systems, but also extends to other mammals. Due to the proximity effect, the sending and receiving of this "radio-energy" is strongest in a hug. But it is also strong in a "proximate group," where the numbers of sending and receiving "signals" creates a more complex "electromagnetic field."

The field "enters us" on a mostly unconscious level, meaning the brain (part of the nervous system) is "processing" the "information" generated by the proximate group, but only comes to awareness "when necessary," upon activation of the instinct functions having mostly to do with threat, procreation, and food, the basic survival instincts.

The wash: Nancy (again)

At first, being digital made it hard to read other people's emotions and reactions. For someone who has trouble expressing myself authentically and speaking my emotions in the moment, this was nerve-wracking. There were moments my words were met with silence, and I desperately looked for a nod or an affirmation that what I said was "approved of" in some way. But this was ultimately good practice for me to not be afraid of a reaction, not splitting a reaction into "good" or "bad," just being confident that if I need something in return I can ask for it, and if a response feels bad to me I should say that and work through it. Otherwise, there's no actual contact made with the other members of the group.

Often early on in zoom I felt so overwhelmed by the uncertainty of inner question "how am I doing" that my brain was completely clouded over. Probably due to some anxiety I was repressing—it felt like I had no thoughts. And I still get this sometimes, but I think being alone in my room made it harder to say things out loud, to find a spot in the conversation. A moment passes and then my feeling is blocked again. A bit of a fear of public speaking.

In person, I can hear little "mmhmms" and nods that help me to feel understood, which in turn helped me to trust other members of the group and feel connected to them by knowing they could relate or were impacted by what I said. I can feel my words "land" which makes them feel worth something. So, these sort-of experiences of nonverbal communications (or lack thereof) are helpful online and digitally but in different ways.

I also think that starting digitally helped me to not rely on these nonverbal expressions in order to feel "approved of" by the group—it taught me that being approved of is really not the point at all. I had to get comfortable with that uncertainty—and then when I came in-person I was a bit more clear headed and able to articulate where I was at.

The hybrid—Half human/half machine

Eventually my all-digital groups became hybrids. Once patients felt *in vivo* encounters were safe from COVID contagion, some wanted to resume in-person sessions. I opened my office to those who chose to come in. For most of my groups, half the group members chose to come in to the office. Some of my patients had left New York; others appreciated the convenience of doing group from their own living rooms and decided to continue digitally. As a result, each of my groups, then, became hybrids—half still on zoom, and half in the office.

This half-in/half-out situation created its own dynamic. Those who were in-office immediately formed a bond among themselves that separated them from those we could only see as a digital square—they formed a subgroup. It was a subtle sense of a division. However, it didn't make the effectiveness of the group process any less.

Betsy (again)

Over the two years of the pandemic, group was a constant. But the composition of the group did not remain constant. About half the group had turned over, changing the average length of a group member's tenure from over 10 years to under 5. If someone had told me this early on, I would have despaired and might have let it slip away, as so much pre-pandemic routine. But I've found a rebirth of group with the new members, and the depth of con-

nection with some has far surpassed what I had with others who'd been in the group alongside me for 12+ years.

When I met some of these members in person, at a summer/fall session of hybrid groups that actually worked quite well, I met it with the nervous anticipation I expect someone faces when they take an online courtship into real life. Gregg was larger than the man who filled his zoom screen both psychically and energetically. Jack was more remote, to my dismay, our intimacy actually suppressed without the safety of a screen intermediating. Amy was just as alluring, though her eyes were more piercing with nothing reflecting back except us. Carl noticed my 20 lb. weight loss and sculpted legs; he'd last seen me in real life postpartum and broaching chunky. One thing that will remain true in group during a pandemic or even apocalypse—compliments on each other's physical appearance are a personal and crowd favorite. And then there was Dr. Goldberg. The pandemic pulled into high definition her surrogacy as my mother. The mother who is the same when the world turns on its head. I hope to replicate Dr. Goldberg in hologram, so she can always join our zoom (even from ether-space) in our indefinitely hybrid group.

Conclusion

In group therapy, whether *in vivo* or digital, we play with ideas; we engage in communicating and interacting; we have fun and we share pain. As Spotnitz (1995) describes, the progression of communication moves from monologue to dialogue to "groupalogue" (p. 72). The feelings become contagious, like the virus we have all been trying to avoid contracting. When we allow ourselves to catch feelings as we catch viruses, interaction functions like music played by an ensemble. There may be no foreordained plan, but the individuals act and react to one another—playfully, somberly, with all moods creating a complex web of entanglements and interactions—and beauty is created. This is how compassion is constructed, how intelligence is crafted, how meaning is found, how collective intelligence is built, and how a culture is formed. As "Betsy" pointed out in her concluding thoughts: "The pandemic pulled into high definition [Dr. Goldberg's] surrogacy as my mother. The mother who is the same when the world turns on its head." These are essential elements for the beginning of civilization, as Margaret

Mead points out, and now, too, for the ongoing continuation of civilization: Emotional femurs are healed.

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Book reviews

Midlife: Humanity's Secret Weapon, By Andrew Jamieson. Notting Hill Editions Ltd. 2022. 144 pp.

Andrew Jamieson, a practicing psychotherapist and orchestral concert promoter in the UK, has written a short book, handsomely turned out in red cloth by Notting Hill Editions, on the human potential coiled in the midlife crisis. In his practice, he writes, three-fourths of his clients have been between their thirties and fifties, arriving in a "state of near breakdown," anxious, depressed, and beset by the feeling that they've lost their way (p. 1). Having both seen and been versions of this patient, I can affirm that this is territory worthy of exploration. For Jamieson, midlife is an essential developmental phase. Refreshingly, he does not couple it to procreation. Instead, it's a phase of personal emotional development through introspection. Its task is one of "ethical evolution," to balance out the tumult and destructiveness of our technological evolution (p. 4). Engaging with the work of midlife is good for the individual, plausibly essential for human survival; the stakes are nuclear. Jamieson makes his case through a loose, intermodal theoretical structure and a set of personal and historical exemplars. It's the midlife crisis theory of Great Men, and a few women.

Jamieson admires Jung, and has studied his work and life. He thinks in terms of shadow and anima, egocide and individuation. Focused on individual growth, he seems to accept Jung's treatment of the women in his life as a down payment of the price of greatness. But Jamieson is anything but doctrinaire. If

his readings of analytic theory can tend towards the reductive, as when he writes off the pleasure principle as "Freud's euphemism for sexuality" (p. 26), he has no axe to grind with psychoanalysis, insisting, rather, on the revealed neurological truth of its theoretical models (p. 48). He is an integrationist, striving to connect Jung's theory of individuation to a neurochemical understanding of the brain, by way of Freud's repetition compulsion and Winnicott's fear of breakdown. For him, the therapeutic work of midlife is safely to experience, overcome, and repair the infant trauma represented in the mind by primitive agonies (p. 51). Trying to balance the opposed tendencies of the human potential-liberating individuation and the implacable frustrations of the repetition compulsion, while siting them in what he knows of neurology, he suggests that we may pitch between them by design:

> No individual psyche is either solely the conservative preserver of the familiar or conversely the restless devotee of change and renewal. It is our fate always to be both; a universal tension within us all; a constant chaffing between our deep desire to remain the same and our unrelenting desire to develop and change. (p. 31)

Any therapist who has spent time with a patient navigating a midlife crisis would be hard put to disagree. Any host expecting a weekend guest lost in the dark woods of the middle years might do well to leave a copy of Jamieson's little red book beside the pull-out sofa.

Midlife is an exhortation towards introspection, rather than an account of or a manual for psychotherapy. The majority of Jamieson's exemplars, from Adlai Stevenson to Ludwig van Beethoven to Marie Curie, get nowhere near a therapist's couch. Despite Jamieson's insistence on the helpfulness of a therapist or some kind of "anima mother" (p. 64), his exemplars' struggles with midlife are, by and large, and undertaken alone. A maternal figure kindles Lincoln's transformative love of literature not when he's forty, but when he's ten, long before his years in the wilderness of despair. After losing her husband Pierre to Parisian traffic violence, and her love Paul to the emotional violence of public sanctimony, Curie doesn't pick herself up and surmount her midlife crisis through dialogue, but in response to the voltaic shock of war. Maybe this points to the

transformative powers of internal objects and external events. If Jamieson's exemplars don't speak to the importance of clinical work, I hope that readers will overlook it. As Patrick Radden Keefe writes in a recent issue of *The New Yorker*:

> We live in an era that has been profoundly warped by the headstrong impulses of men who are technically sophisticated but emotionally immature. From the whoopie-cushion antics of Elon Musk to the Panglossian implacability of Mark Zuckerberg, a particular personality profile dominates these times: the boy emperor. (Keefe, 2022)

A contemporary joke says that men would literally rather colonize Mars than go to therapy. Maybe, if one or two of them are inspired by *Midlife* to take off their spacesuit helmets and pick up the phone for a little assisted introspection, Jamieson's little red book will not have been written in vain.

Adam Pollock

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At the Risk of Thinking: An Intellectual Biography of Julia Kristeva By Alice Jardine. Edited by Mari Ruti. New York: Bloomsbury Academic, 2020. 400 pp.

At the Risk of Thinking: An Intellectual Biography of Julia Kristeva is a biography of the renowned philosopher, semiotician, psychoanalyst, novelist, activist and prolific writer. This biography is authored by Alice Jardine, professor of French literature, post-structuralist and feminist theory and Studies of Women, Gender and Sexuality at Harvard University. Jardine first met

Kristeva at Columbia University when she was a student there in the 1970's and was Kristeva's research assistant. This was the beginning of a professional and personal relationship that has spanned decades. The book was edited by Mari Ruti, Distinguished Professor of Critical Theory, Gender and Sexuality Studies at the University of Toronto.

Prior to reading this biography, I encountered Kristeva's work through two of her 45 books, *Black Sun* (1987), a book about depression, and *Powers of Horror* (1980), an exploration of power and otherness, which introduces the concept of "abjection." In my search to make sense of myself as a mother of very young children this concept made a lasting impression on me. "Abjection" originated in Kristeva's own experiences as a mother of an infant, and as she returned to Klein and Freud, she found the origins and fear of the "other" and the "foreign" as originating in the pre-oedipal stage "where there is no subject, no object, just attraction and rejection." This instability between subject and object exists between mother and infant:

> This in between state that pulls us in through fascination but then makes us want to spit it out can become frightening. In the adult subject it can lead to the kind of defensiveness… the desire to no longer live "at the border" but to retreat within, to defend oneself (and those like oneself), and to exile (when not to eradicate) the scapegoat seen as causing the invasion of impurity. (p. 196)

Kristeva applied this concept in her study of Louis-Ferdinand Céline, a famed French novelist (1894-1961) and an antisemite who advocated alliance with Nazi Germany, "thereby illustrating an instability between self and other that is found at the core of all racism" (p. 196).

This encounter was the extent of my knowledge of Kristeva's work, except to be aware of her as a feminist and philosopher of the caliber of Simone de Beauvoir. As such, her orbiting of my skies as a great feminist woman thinker was a consistent comfort. With this profile, I presented as the kind of reader for whom this book was written. Jardine writes in the Introduction that she strives to make the concepts accessible to all readers: "This book was written for the sophisticated, the uninformed and everyone in between" (p. 19). As a psychoanalytic clinician,

my understanding of Kristeva's fields of scholarship, other than psychoanalysis, is superficial at best. Overwhelmingly Jardine is successful in the task of making Kristeva's ideas and concepts accessible to the non-specialist reader.

Julia Kristeva was born in 1941 in communist Bulgaria, behind the "Iron Curtain" of the Soviet Union. Her father was a devout Orthodox Christian who worked as a church bureaucrat, thus not a member of the Communist Party, which led to experiences of disadvantage and persecution for the family. Her mother was a biologist, a woman of science. Raised along with a younger sister, the seeds of Kristeva's inclination towards a multiplicity of perspectives and a bringing together of disciplines was sowed. Kristeva's love of reading, voracious curiosity and exceptional intelligence was apparent from a young age, and her education included lessons at the Alliance Française where she developed a command of the French language and a love of French literature. As an educated young woman in Bulgaria, Kristeva worked as a journalist and was awarded a French government scholarship in 1965 in Paris. Kristeva has lived and worked primarily in France since that time.

Kristeva, a mother to a severely disabled child, has been married 50 years to a famous French novelist, Phillipe Sollers, who, in France, is more famous than her. Throughout their enduring marriage Sollers had a mistress, Dominique Rolin, a Belgian novelist, who was 23 years his senior, and who died in 2012. Kristeva was aware of this relationship but never publicly spoke of it except to acknowledge her unusual marriage. I learned Kristeva was supervised by André Green and mentored by Roland Barthes, the renowned French linguist. Kristeva was a student and contemporary of Lacan, eventually choosing a Freudian psychoanalytic training over a Lacanian one.

As a young intellectual in Paris, Kristeva's area of study was primarily literature and semiotics. She made a lasting influential impression on this field of inquiry: "…one of her inventions became one of the most famous terms in semiotics. 'Intertextuality'—the idea that any text represents the absorption and transformation of others" (p. 118). Her message in semiotics is about form and function of language:

> The audacity of linguistic imagination was—and is—the unavoidable sign of the subject in revolt. For example, the attention given to form as meaning; or, even more so, in a novel, the importance given to dream narratives, word games, or the upheaval of narrative time. (Kristeva in Jardine, p. 146)

This perspective of form as meaning, and the subject in revolt, are enduring ideas that become central as Kristeva's thinking matures, as she becomes Julia Kristeva, and grow in the fertile ground in which "For the young Kristeva, there is no way for the poetic spirit to become law" (p. 119).

While Kristeva writes in French and has lived the span of her adulthood there, her experience as a foreigner and outsider in France is central to her thinking with a consistent thread of exploring themes of otherness. "Delicately, analytically Freud does not speak of foreigners: he teaches us how to detect foreignness in ourselves. That is perhaps the only way not to hound it outside of us" (Kristeva in Jardine, p. 58). This quote radiates both Kristeva's experiential understanding of foreignness and touches the heart of her message of secular humanism, an ideology that embraces a multiplicity of singular subjectivities. This embrace of the foreign and other is of great value on a subjective and sociopolitical level; an inability to know one's own foreignness can lead to an externalization and projection with frightening consequences. Yet, concurrently, Kristeva is hopeful. For example, Kristeva is critical of Eurocentrism and states it is important to "recognize the terrible sins of hegemonic European culture." She also believes that due to Europe's "complex intellectual history" and its "cultural multiplicity," Europe could be a place in which "celebrating and developing freedom as a genuine encounter with human diversity, rather than freedom as an adaptation to market capitalism through an illusion of choice" (p. 289).

Kristeva insists on psychoanalysis as a liberating force in the individual and in society. For Kristeva, psychoanalysis inevitably leads to her driving values of humanism and freedom. Kristeva, a staunch atheist, has successfully, but not without criticism and misunderstanding, integrated "universal singularity" and spirituality (not religiosity) into her secular humanism. Jardine writes: "Her defense of psychoanalysis frequently took the form

of an emphasis on alternative logics of care, reliance and rebirth, always with the insistence on the fact that what escapes Western definitions of rationality need not be limited to madness or evil" (p. 238).

The culmination of Kristeva's work may highlight the reader's dread of our moment in history as storm clouds of fascism gather and threaten. Kristeva writes "…the banality of evil is the destruction of the capacity to think" (p. 236). Jardine proclaims, "Kristeva's most cherished value: a vibrant psychic space where thought and life are one" (p. 234). Kristeva argues that "hyperconnectivity is not providing humanity with more freedom, but on the contrary, is in the process of banalizing and globalizing barbarity, and ultimately the death drive" (p. 239). Kristeva's singular universalism and secular humanism stress the importance of psychic space and she alarms us to the consequences of its loss. The spirit of revolt—the struggle to live freely—is set on the foundation of the ability to possess psychic space and, in turn, a spirit of aliveness. This is the place from which the ability to revolt emerges. In Kristeva's work, the death of psychic space is prescient and anticipates how technological revolutions and their sociopolitical consequences can kill revolt and heed the return of totalitarianism. In the early 2000's Kristeva connects her public statements with political activism. During this period, her activism focuses on bridging the religious with the secular. Her disability activism, inspired by the persistence of her son's lifelong disabilities, also inspires her interest in "non-normative subjectivities."

For me the book came alive most when I encountered the Kristeva who feels deeply: the mother who excruciatingly endures her child wavering between life and death; Kristeva the child punished by her disciplinarian father, on her knees in the corner for hours on end ordered to keep her back straight, Jardine commenting, "maybe this is where she got her backbone from" (p. 39); Kristeva the graduate student making herself ill from overwork; Kristeva, through relationship building, triumphant, determined to bridge a discourse of humanism between the religious and non-believers; Kristeva outraged and horrified by being accused, in 2018, of having been a Bulgarian spy during her early years in Paris.

The vastness and detail of the ideas was at times overwhelming, yet the ideas do not fail to intrigue throughout the book. Some of these include: "the need to believe" as the foundation of "the desire to know" (p. 269); "reliance" as the maternal function (p. 263); sadness and loss as part of language acquisition (p. 140); Matricide in Klein: "…Klein articulates matricide as an essential piece of psychic development, indeed as the primary mechanism required for creativity, for the journey from fantasy to thought" (p. 264); The "female genius" book trilogy, which consists of biographies of Hannah Arendt, Melanie Klein and Sidonie-Gabrielle Colette (published 1999, 2000 and 2002); And, wonderfully, the feminist core: "…humanism is a feminism. The liberation of desires could only lead to the emancipation of women. The battle for economic, legal and political parity necessitates a new kind of reflection on the choice and responsibility of motherhood" (Kristeva in Jardine, p. 284).

Jardine's admiration of her subject shines throughout the book. She is impressive in her ability to introduce and successfully convey the span and complexity of her subject's ideas. She provides a remarkably detailed chronology of Kristeva's life, intellectual career, and countless accomplishments. This was Jardine's primary, proclaimed goal: to convey the vast influence and messages in Kristeva's work, to demonstrate Kristeva as the important interdisciplinary intellectual that she is, and to explore, through the story of Kristeva's life and work, how an intellectual life can be lived in our contemporaneous reality. The reader is tantalized by the possibility of diving deep into various aspects of Kristeva's body of work.

Michal Tziyon

Books received

Bögels, G. (Ed). (2023). *The letters of Sigmund Freud to Jeanne Lampl-de Groot, 1921-1939: Psychoanalysis and politics in the interwar years*. New York: Routledge. 168 pp. Softcover.

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David Mathew, PhD, has been an educator since 1994, and has shown his commitment to academic professional development and pedagogic innovation through his work in schools, colleges, universities, online, communities, the workplace and prisons. As an author since 1997, he has published nine works of fiction and three academic books on the subjects of education and caring for others, using psychoanalytic frameworks. His publications include *Fragile Learning: The Influence of Anxiety, The Care Factory*, and *Psychic River: Storms and Safe Harbours in Lifelong Learning*. A fourth academic book, *Learning and Long-term Illness: Saturated Spaces* (co-authored with Susan Sapsed), was recently accepted for publication. David works as a Learning & Development Manager within the NHS (England).

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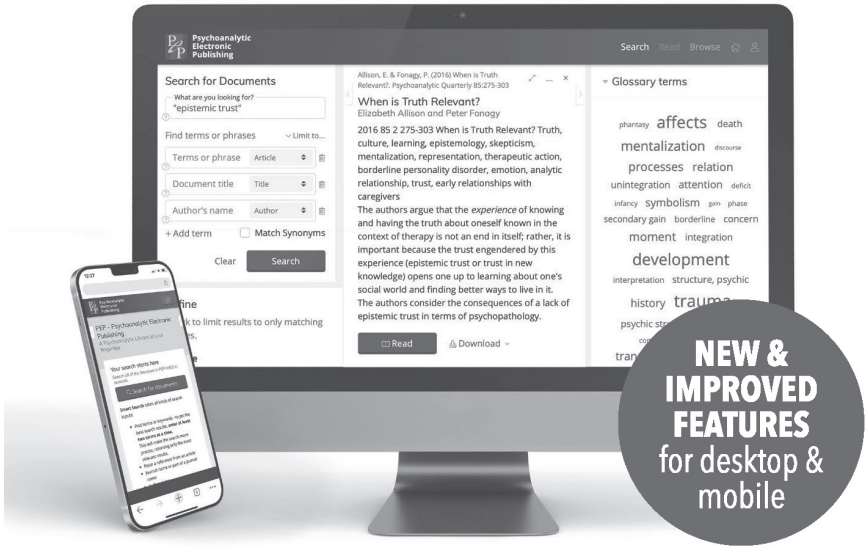

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