

Article

WHAT LANGUAGE ARE WE SPEAKING? BION AND EARLY EMOTIONAL LIFE

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Bion (1970) saw his concept of ‘O’ as the central psychoanalytic perspective. It is a waking dream state, seen also as an essentially “religious” or spiritual perspective. While religious ideas may seem far afield in a discussion of fundamental elements of psychoanalysis, the word “spiritual” here refers simply to metaphysical matters of the spirit, mind, or personality, three terms used interchangeably by Bion. This essential experience of ‘O’ is seen as a selfless state, which the author clearly distinguishes from *pathological* states of selflessness, mindlessness, or nothingness often seen in patients who suffered early emotional trauma. Philosophical ideas about being and non-being help to clarify the difference. The challenges in finding an effective language to communicate verbally with pre-verbal states are explored through detailed clinical examples of working with often intractable states of resistance to being.

KEY WORDS: Bion; ‘O’; mental Black holes; being and non-being; Language of Achievement; early trauma

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Questions about what binds and/or divides us as psychoanalysts, and about what constitutes the fundamental elements of psychoanalysis are difficult to answer in an increasingly diverse analytic field. The days of a more homogeneous foundation of Freudian theories are long gone, although even shortly after its inception, theoretical diversity and controversy were evident in psychoanalysis. By now, the foundation has undergone major shifts. For one thing, knowledge of primitive mental life has deepened, and as increasing numbers of analysts work with early infantile and even pre-natal states, we are challenged to find new ways to speak to patients at these deeper levels.

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This raises an essential, though often overlooked issue concerning the language that we use to communicate with, and about, the psyche. Not only is the human mind a vast internal universe that far outstrips our capacity to understand it, but analysts rely heavily on *verbal* language that often must be used to express *pre-verbal* mental states. Communicating what we know is complicated, whether to patients, colleagues, and even to ourselves, as we try to adapt a language better suited to communicate about the *phenomenal* world, to address the *numinous* world of the mind. I will approach these questions of diversity in the field and the fundamental elements of analysis from this perspective of our use of language, using detailed clinical examples to illustrate the challenges.

THE TOWER OF BABEL

Language is so basic and so central in a field that is essentially about communication, that we often take it for granted. Bion, however, often spoke directly about the inherent difficulties in communication, especially in this metaphysical realm of the mind whose properties are undetectable to the senses. We cannot see, touch, or smell feelings or thoughts. Linguistic obstacles of English, French, Spanish, Japanese, etc. are relatively simple compared to the infinitely more complicated job of finding a language that speaks to the unconscious. Apropos of this, Bion (1977a) often pointed out that our use of language is still rudimentary, saying, “[O]ur ability to talk articulate language is our most recent acquisition” (p. 14), just over 5,000 years old. To put it gently, we still have a lot to learn, which is especially so when addressing ephemeral mysteries of the mind.

Freud (1900) provided the useful tool of dream interpretation that helps us deal with these inherent conundrums, as dreams represent a kind of primal language that speaks directly *from* the unconscious. But the question is how can the analyst speak *to* the unconscious if he is wide awake? I have discussed that dreams are our first language, an innately poetic language that expresses itself with traditional tools of poetry—symbols, metaphors, myths, etc. (Reiner, 2008). This primal language is also quite sophisticated, however, allowing us effortlessly to create complex nocturnal “poems” while sound asleep, although people generally cannot comprehend this odd language of their own making. Bion viewed dreams as a form of “unconscious thinking,” able to reveal unconscious truths and help us to process experience and “generate meaning” (Bion, 1962a, cited in Meltzer, 1984a, p. 94). Difficulties in dreaming often reflect problems in thinking, and we have to be aware of the kind of container a patient’s dream represents, as well as its contents. Summarizing Bion’s theory of dreams,

Grotstein (2007) wrote, “Psychopathology is essentially the result of impaired dreaming” (p. 267) (Bion, cited in Grotstein, 2007, p. 267).

Is there a unified psychoanalytic language? We do have a theoretical language, but it is often a bit like the old quote about England and America being two countries divided by a common language, a statement attributed to Wilde (1887), but also to Churchill and G. B. Shaw, though without formal citation. In some ways psychoanalytic work is by definition subjective, for despite being armed with theories and techniques, an analyst’s only instrument is ultimately his or her own mind and self, each of which is unique, and represented by an idiosyncratic language. We are then dealing with what at times seems like the confusion of tongues at the Tower of Babel, where “Yahweh confused the language of the whole earth” (Jerusalem Bible 1966, Genesis 11:9-10.)

WHAT LANGUAGE ARE WE SPEAKING?

One evening, in an on-going private clinical seminar I had with Bion (1977b) in Los Angeles, he listened to someone’s session, after which he asked, “What language is this patient speaking?” I was a very young therapist at the time, and I had no idea what he meant or, I suppose, what language he *or* the patient was speaking. Like a Zen koan, it was unanswerable in logical terms, and so it forced us as a group to try to think with a different part of our minds. It was an invaluable example of the state of mind he thought we needed to find when listening to the patient, but it also questioned the very tools of our trade—our means of communication.

Where was this other part of our minds? Bion’s (1962a) theories of thinking put forth the idea that intellectual thinking is not necessarily thinking, for while *reason* may seem to be the basis of thinking, Bion locates the source of thinking in the capacity to contain primitive *emotional* life. Meltzer (1984b) writes, “Not only does [Bion] place the emotional experience prior to thoughts, he also places thoughts prior to thinking” (p. 67). Thinking is made possible through a *relationship* between emotional and rational aspects of the mind. This gives rise to what he called the “Language of Achievement” (Bion, 1970, p. 125), the product of a mind capable of containing primitive emotional life. He distinguishes this from the “Language of Substitution,” a defensive use of language that obstructs real communication (pp. 125–129). The latter reflects a mind unable to contain feelings, thereby substituting unconscious “lies”—illusions, phantasies, and delusions—for truth. This distinction reflects his question—“What language is the patient is speaking?”—for these different languages derive from different states of mental functioning.

FUNDAMENTAL ELEMENT OF PSYCHOANALYSIS

Bion encountered his own difficulties in trying to communicate his ideas to colleagues. His lectures in Los Angeles often met with hostility from Freudians and Ego psychologists, who then largely defined psychoanalysis. But these were new ideas. In his concept of “O”—representing ultimate reality, absolute truth, the infinite—Bion (1970) addressed metaphysical mysteries of a transcendent mind (pp. 26–27). Apropos of our subject, I think we can say that “O” was an attempt to describe a fundamental element of psychoanalytic practice, a way to apprehend these deep truths, unreachable through rational means.

The analyst must focus his attention on O, the unknown and unknowable. The success of psychoanalysis depends on the maintenance of a psycho-analytic point of view... the psycho-analytic vertex is O (Bion, 1970, p. 27).

His intention is clear, which is not the same as saying it can be clearly understood, for again, these metaphysical realities cannot be fully expressed in verbal language and continue to be misunderstood to this day. The question raised earlier about how to speak to a dream when one is wide awake, is answered here. One had to cultivate this deeply intuitive state—“O”—through a kind of waking dream state, an ability to dream while awake that is seen as fundamental to clinical work.

Without rational understanding, one had to make one’s ego boundaries semi-permeable, an intuitive, or felt, kind of “understanding” that allowed one to become one with the object of one’s perceptions.

Bion was known to bristle at being too easily, or too logically, “understood,” which he saw as an ineffective short cut to knowledge that was the enemy of curiosity. This implied the need for a new word to describe *real* understanding, and he often quoted Maurice Blanchot’s statement, *La réponse est le malheur de la question*, meaning, “The answer is the illness (or misfortune) of the question” (Bion, 1977a, p. 30). The answer provided rational or intellectual understanding without emotional understanding. Bion did not assume that the patient understood us, or that we understood the patient. He inquired into obstructions to real understanding, and the need to find a language capable of speaking to the infant, or fetus, or the ghosts of those aspects of the personality. To use Winnicott’s (1960) terminology, how can we get past the False Self in order to be heard by the True Self? Early emotional traumas that obstruct development of the self often lead to a sense of emptiness, a mental Black Hole, and the patient who is emotionally absent cannot make use of what we say. These matters of language therefore become central to clinical practice, as I will examine

below with reference to clinical examples that reflect these primitive levels of mental functioning.

THE OUTCOME AND EFFICACY OF PSYCHOANALYTIC WORK

Since we cannot communicate with someone whose whereabouts are unknown, we have to consider first of all whether or not we are actually talking with a patient who is present. I noticed in those who suffered serious emotional trauma in early infancy, that despite some progress, there was often an intractability in the essential disorder with which they presented. I began to understand something about this fundamental barrier, not in the literal language, of course, but in the state of mind, or mindlessness, from which that language derived. Freud, and even Klein, had assumed the existence of the mind, which presumed that patients could actually *think* about our interpretations. But Bion (1962b, 1963) pointed out that while human beings have an inherent *potential* for thinking, it must be developed in relation to an emotionally receptive mother. Many of our patients have been deprived of that kind of connection, and so we have to ask ourselves how we can reach an as yet non-existent mind.

CLINICAL EXAMPLE #1— “ERIC”

I experienced this dilemma with “Eric,” whose mother was psychotic and abusive. Though extremely bright and accomplished, Eric suffered from a serious eating disorder and crippling anxiety. He was cooperative and serious about analysis, and over many years made considerable progress, professionally and seemingly emotionally, but I noticed that certain symptoms and anxieties were unchanged. I finally saw this reflected in the “language” of his very long, detailed dreams, which seemed more real to him than his actual life. It was easy to get lost in the content of his dreams, until I noticed this underlying repetitive pattern of what I began to see as a defensive process of dreaming. Any mental pain was dreamed away through his unyielding phantasies of an ideal childhood and idealized parents. This often included his negation of pain caused by my interpretations, which unconsciously made him feel like the victim of his abusive mother, in this case, me. I was variously seen as the good, bad, or idealized mother. What he did not know was these dreams made him the victim and/or perpetrator of emotional violence against his real self, all carried out by his unconscious loyalty to his “perfect” parents.

There was progress at this point as Eric started waking up to his destructiveness to himself and to me, and to his chances for growth. He began a relationship with Kate, a woman who, for the first time in years, was a good match and whom he loved, but he soon started unconsciously devaluing her in the same way:

I dreamt that Pete [a childhood friend] came to live with me and Kate, bringing two parrots with him. The birds were frightening, and so big, with big cages. I was terrified my landlord would kick me out for having pets, or for having Kate living there.

Eric said, "Pete grew up in the perfect family, compared to mine! He's now in a really happy marriage." Eric said that his landlord was really nice, and in fact had no objection to Kate living with him. I thought that the scary 'parrots' represented Eric's parents, more specifically his identification with his idealized internal parents. With a psychotic mother there was little chance of developing his own self, but by identifying with his ideal parents he could act and sound like a grown-up, "parroting" how they talked. As long as he is that "perfect couple or ideal family" he has no self and no language of his own. These parrots are his False Self, whose job, Winnicott (1960) said, is to "organize the suicide" of the True Self (p. 143). The more contact he has with real vulnerable feelings, either with me or his girlfriend, the more desperate he feels to get rid of these painful feelings, but his new awareness of how it destroys anything real has put him in a quandary.

These idealizations are complicated, because despite having positive associations to his landlord, I think he represents the bad me who disapproves of his "parrots," and his false self, and is causing him to change. These parrots speak the Language of Substitution, the lies of the false self, and he really can't tell which self is which. If he listens to my interpretations on that falsely grown-up level, he may feel I haven't noticed it is false, but as soon as there are real feelings I become a frightening figure. In subsequent months, his guilt about hurting me increased, but so did his tolerance of his guilt.

The question of whether one is speaking the Language of Achievement or the Language of Substitution, is determined by one's level of mental development. Bion's (1970) idea of the Language of Achievement reflected Keats' (1817) idea of the "Man of Achievement" (pp. 328–329) whose exercise of egolessness, or "Negative Capability," was at the heart of his greatness. Essentially, "O" is negative capability, the capacity to suspend rational ego functions in favor of that self-less dream state.

Most analysts, when listening to patients, are familiar with experiences of being suddenly overtaken by feelings of sadness, anxiety, sleepiness, rage, etc. One may be feeling what the patient cannot feel, something either

unconsciously projected into us by the patient, or like an uncontained energy looking for someone able to feel it. Either way, it provides a clue that the patient's "language" is not actually made of thoughts or feelings but of unthought, unfelt feelings. These are words that sound like words but are not products of a mind able to contain feelings or thoughts. Unlike the Language of Achievement, they are evacuations of unprocessed feelings that substitute for thinking, and Eric's dreams were used almost exclusively with this same evacuative purpose. As Bion (1959) put it, this is "not a dream but a hallucination, and [the patient] can make no use of it because he can get no more from a hallucination than he could get milk from an imaginary breast" (p. 38).

This changes the way one responds to these kinds of communications and these kinds of dreams, which are substitutions for reality. Like Eric, the patient may be intent on evacuating the painful feeling, for unable to understand the language of the mind, he is speaking the language of the body. With dreams that are being used to undo reality, one first has to help create a place in the patient's mind capable of holding a feeling.

ANALYSIS TERMINABLE OR INTERMINABLE

It is difficult to notice the inefficacy of one's work. In "Analysis Terminable and Interminable," Freud's pessimism about analysis was evident, but he wrote a somewhat defensive disclaimer about analytic technique being more exploratory than therapeutic, saying, "I have never been a therapeutic enthusiast" (Freud, 1937, p. 151). Throughout the paper he speaks of patients whose "riddle is almost completely solved" or someone whose "whole being is altered... [just] a residue of his symptoms remains" (1937, p. 115). But he also described a patient, cured of hysterical symptoms after nine months, who endured all sorts of disasters throughout her life, causing him to wonder, "Is there such a thing as a natural end to an analysis?" (p. 219).

Despite this later fear of analysis as interminable, Freud's analyses often lasted just a few months, enough time to "solve the riddle" *intellectually*, or even "cure" the symptom, but without touching deeper emotional states behind the symptom. Although a few decades later, an analysis might last for 10 years or more, these were mostly training analyses, while today, it is not uncommon for an analysis to last 10, 15 or even 20 years, in part due to our deeper understanding of primitive mental states, and the difficulty in reaching these levels of the personality. It may seem as if analysis interminable has become the norm, and perhaps at times neither analyst nor analysand knows how or when or why to stop. On the other hand, if we

try to reach psychic areas we could not previously reach, it seems to take a long time to help the patient to develop a self that is capable of communicating with us, and with him or herself. Everyone is different, of course, but if one can find a way to traverse these deeply hidden areas of inner space, it is possible to have an analysis that is long, but *not* interminable.

BLACK HOLES IN INNER SPACE

Even neurotic patients who appear to function well in their lives may exhibit what is essentially the absence of a sense of self, or the presence of a false self that is felt to be real. These are ontological matters of being and non-being, of which even the patient may be unaware. Many analysts, including Bion (1970, 1977a, b, c), Tustin (1990), Grotstein (1990), Eshel (2019), and myself (Reiner, 2017a), among others, have described these states of mind as a kind of “black hole” in the personality. Tustin’s ideas about psychogenic autistic states, and Mitrani *et al.’s* (1997) ideas about autistic enclaves in neurotic patients address these deep states of loss as a black hole of despair, mental absence, and nothingness. Winnicott’s (1974) “fear of breakdown” describes a breakdown of the self that occurred long ago but lives on in the present in states of unconscious dread that prevent emotional development. Proto-mental experiences unable to be felt, processed, or represented in the infant’s mind, remain embedded as unremembered “memories.”

Although the astronomical term, “black hole,” was not coined until 1967 by John Wheeler (Overbye, 2008), the *idea* of an inescapable gravitational pull of a dense collapsed star from which even light cannot escape, went back to 1783 (Hawking, 1988, p. 81). Bion used the term “black hole” in 1974 as a metaphor for unknown mental states that exert irresistible pressure on the personality, a kind of collapse of the self that succumbs to a state of non-being or nothingness. Tustin (1990) mentioned her 4-year-old autistic patient’s reference to “the black hole with the nasty prick” to represent the painful separateness between tongue and nipple as the loss of a body part (p. 79), but not so much as a metaphor for the astronomical phenomenon. Ferenczi had much earlier addressed similar states in patients in whom he recognized an “atomisation” or fragmentation of the soul, and he described traumatized infants’ retreats to what he called the “astra”, an idealized mother/God “in the stars” (Ferenczi, 1932, p. 207) (Reiner, 2017a). It is similar to Deutsch’s (1942, 1965) “as if” personality, someone who looks like a person, but like Eric’s “parrots” represent an unconscious act, beneath which lies an abyss of emptiness.

Ferenczi (1932) spoke of his own early trauma in his relationship with a mother who was “hard and energetic and of whom I am afraid” (p. 45). As the eighth of twelve children, Ferenczi never had enough of her time or attention, but as he wrote to Groddeck “I received from her too little love and too much rigor; sentimentality and caresses were unknown in our family” (Ferenczi & Groddeck, 1982, pp. 55–56). The trauma of this emotional misattunement gave him insight into the effects of emotional deprivation in infants. Ferenczi and Deutsch, both analysts of Freud, could not get help from him for their primitive dissociated states, and Ferenczi was aware that Freud was not working at this deep level (Dupont, 1988, p. xvi). The infant’s attempts to escape the pain of early maternal neglect results in a loss of emotional connection with the mother, and with the self. In the original story of *Peter Pan* (cf. Reiner, 2017a, b) the “Lost Boys” are described as babies who “fell from their prams... when their nurses were looking the other way” (Barrie, 1904, Act I, sc. 1). In Ferenczi’s theory, the mother’s averted gaze had similarly dire consequences (Ferenczi, 1929).

Analysts must find a way to work with these lost souls who often do not know they are lost. I cannot say whether various emotional and/or sociological stresses have contributed to increasing obstructions in the proper development of the self, or if we are simply better at recognizing and dealing with more primitive mental states. It may be a combination of the two, as well as other factors, but as Bion predicted, it does present us with issues of language, for how does one speak to someone that does not exist? How does one speak to a ghost?

Human beings are a work in progress, and we may simply not yet have evolved enough as a species to effect the development of a true self, and true consciousness. Knowledge of infantile emotional life has grown, starting with Freud, although Bion’s (1962a) focus on the foundation of thinking as a capacity to process and digest early feelings has contributed to our ability to see the problem more clearly. But this kind of ontological knowledge is still relatively rare for most people outside of analysis, including mothers. From this perspective, the “good enough mother” (Winnicott, 1960, 1971) may not be good enough to satisfy certain of the infant’s requisite mental/emotional needs, especially if problems in the mother’s development unwittingly prevent her from providing adequate emotional containment.

THE MIND AS EVOLUTIONARY POTENTIAL

While our evolutionary potential for a human mind remains, the means to realize that potential may not exist. Even in the “best” homes, the emotionally deprived child unconsciously perceives this loss that is a sort of mental death sentence for the infant. One has lost one’s identity, and one’s destiny, for there is an inherent sense that without a mind we are not human but, at best, “as if” humans. A kind of mental death takes place, for inadequate conditions that threaten the growth of the mind is equal to the threat of inadequate nutritional sustenance that starves the body. Bion’s theories of thinking therefore provide a way to understand, not just mental illness, but the parameters of mental health, where truth is a necessity of mental health.

This is a high bar. If this seems like a negative picture about mental evolution, all we have to do is look at the current confusion about truth and lies in American politics, and elsewhere throughout the globe. Mankind’s capacity to think may have been assumed as a given, but there is ample evidence that this may not be so.

FREUD, BION, GRODDECK

Freud (1937) sees analytic progress as dependent upon “making conscious what is repressed” (p. 238). It differs from Bion’s (1961) ideas about “proto-mental phenomena... that transcend experience” (p. 101). These primitive unconscious experiences have in fact never been conscious and so cannot have been repressed. The question of language is again central here, for we cannot use the ego’s rational language to speak to these pre-rational, pre-verbal non-experiences. To find a language that can find its way to unfelt, unthought areas in the black hole of non-being, we first need to have a clear idea of these states of being and non-being.

Freud’s (1923) view of the unconscious as a receptacle for dark unwanted impulses, is somewhat analogous to Pandora’s box, filled with all the evils of mankind, while Bion’s (1970) unconscious also includes the more transcendent, infinite realm of “O”, a level of higher truth and knowledge unavailable to the conscious mind. The latter view of the unconscious has more in common with what Georg Groddeck (1923) called “the It” (*das Es*), than with Freud’s *Id*, a term Freud (1933) borrowed and adapted from Groddeck’s concept. Freud wrote to Groddeck that “in your It I naturally cannot recognize my civilized, bourgeois Id... Still, you know, mine is derived from yours” (Rudnytsky, 2002, p. 152, cited by Berman, 2007, p. 218). Freud admired Groddeck, and “welcomed and motivated him” (Groddeck & Freud, 1974; cited by Hristeva & Poster, 2013, p. 233),

but Groddeck noted that Freud's use of the term differed from his own. For Groddeck, the Ego—*das Ich* (I, myself)—is not who one *is*. Rather, it is the "It" that represents one's true self, although, like Bion's "O," it is unknown and unknowable, a mystery even to oneself. As Groddeck said, one does not live, rather one is "lived by the It" (Groddeck, 1923, p. 41). We are guided, that is, by an unknown force within, but one without the negative charge of Freud's *Id*, reflecting instead an intangible dynamic energy that is also part of the individual's capacity for healing, while the Ego is engaged in controlling that metaphysical, mental, and spiritual self of the It. The It, though hidden, is not a dark force, it is "in the dark" by virtue of being inherently *unknowable*, again like Bion's (1970) O. In identification with this unknowable self, what may seem like non-being is, in fact, being. Paradoxically, being in touch with this unknown self *is* the self. It is important to distinguish this elevated unconscious self of pure being from the nothingness of an unborn self. We can examine this more closely through the following literary examples.

BEING AND NOTHINGNESS—BION, SARTRE, NIETZSCHE, BECKETT

Sartre's (1943) *Being and Nothingness*, begins, "Our inquiry has led us to the heart of being" (p. 33). The ego, he says, comes into existence after a *more fundamental consciousness* makes it the object of reflection. Thus, there is no conscious self, only a consciousness *of* the self. That more fundamental consciousness—like Bion's "O", or Groddeck's "It"—is also the essence of the Buddhist aim to transcend the ego in order to fully inhabit the present moment. One's sense of existence depends on at-one-ment with the moment, in Bion terms, "at-one-ment with "O", becoming the reality one experiences. One "knows" something, not by logic but by *being* it. For example, one would not say "I *am* a writer," but rather, "I am the writing that is being written." As Gertrude Stein (1935) put it, "One has no identity.... when one is in the act of doing anything" (Stein cited in Oates, 1997, pp. 131–132). Artists recognize this as the creative state, where the work is not felt to be created by oneself but by something outside the self—the "Muse," or "God." In fact, one has just opened oneself to that fundamental consciousness, ceding control to that unknown self that also goes by the name of "God." According to Bion (1970), one connects to that expansive or "divine" self by suspending ego functions of memory, desire, and understanding.

In Sartre's dialectical theory, nothingness is an inextricable part of being (1943, p. 44). In order to *be*, one must be nothing. Bion (1965, 1970), also describes "O"—the central psychoanalytic perspective—as a waking dream

state in which the analyst must lose his self to become one-with the patient's state of mind, essentially becoming nothing. Again, this differs fundamentally from the pathological sense of nothingness described above, for this is a *transcendence* of the self, a *suspension of ego functions to facilitate contact with a higher self*. One cannot transcend one's self unless one first has a self.

We might describe this transcendent egolessness as a *consciously unconscious* experience of nothingness. In Sartre's terms, anything else is "bad faith" (1943, pp. 86–87). Other existential authors—Camus, Pirandello, Beckett, and others—address ideas about mankind's terrifying aloneness in an infinite, and Godless, universe. Nietzsche's (1883–1885) proclamation that "God is dead" (p. 41), is sometimes believed to be a condemnation or denial of religion, leaving mankind to fend for himself in a godless world. In fact, Nietzsche was condemning the *misrepresentations* of religious experience within the Christian Church, that had already doomed society to a godless existence. By saying that God had died, he meant that *mankind, and Christianity, had killed "Him,"* by reifying God or Jesus as a savior. This was a betrayal of true religious thought, depriving people of the opportunity to develop the divine or spiritual part of their own minds. For Nietzsche, as for the Gnostics, Jesus was a teacher who represented the spiritual state of mind that each person had to develop for oneself, not by a primitive identification with Christ. I have written elsewhere that the primitive notion of God is reflected in Freud's (1912–1913) view of religion as an infantile neurosis, a child's perspective of the father (we would now say mother) as an omnipotent, idealized God (Reiner, 2009, 2012). This is true as far as it goes, but what is missing is the reality of a different, divine sense of transcendence, represented by "O." Grotstein (2007) associated "O" with what he called the "transcendent position" (p. 3), a mental development beyond the depressive position.

Beckett's characters in *Waiting for Godot* (1948–1949) live on the cusp of a transcendent self and a self not yet developed. They are beyond religious belief in an external God, but unable to attain that transcendent state. Beckett's dream-like myths shed light on profound experiences of early mental life. His characters, in the painful loneliness of the infant cast out of the blissful womb of "religious" belief in a god-like mother, are like outcasts from Eden, doomed to roam the world alone in often denuded, post-apocalyptic landscapes. For such an infant, in the place a self would have developed, there is nothingness. As we know, Bion treated Beckett in psychotherapy for his breakdown in the 1930s (Bair, 1964; Miller & Souter, 2013; Reiner, 2017b). Beckett's painful relationship with an unreceptive, depressed mother caused him to be expelled too early from the "womb of the mother's mind" (Tustin, 1981, pp. 106–107).

MORE CLINICAL EXAMPLES

Dealing with states of mental non-existence can lead to treatments that last 10, 15, even 20 years. I have certainly asked myself if this is really necessary or just an indication that I don't know what I'm doing. I am not averse to considering both, but on the more forgiving side, I knew that in dealing with such primitive traumas, it might take 2 or 3 years for the patient to be present emotionally. What sounds like communication may be hiding formidable obstacles that preclude real contact.

The patient, especially if intelligent and sophisticated, offers every inducement to bring the analyst to interpretations that leave the defence intact and, ultimately, to acceptance of the lie as a working principle of superior efficacy. (Bion, 1970, p. 99).

In the presence of these unconscious "inducements" there can only be an *appearance* of progress.

CLINICAL EXAMPLE #2—"TARA"

Tara came to me almost a year ago for marital problems. She loved her husband but often nagged or verbally attacked him, replaying old anger and hurt in relation to her immature, depressed mother with whom Tara never felt safe. Her father, a workaholic businessman, was emotionally absent. Tara became the good girl, submerging her feelings until becoming angrily rebellious in her teens. Tara's husband has aspects of her depressed mother and neglectful father, so painful feelings of being invisible or unloved were easily activated, although her despair and confusion often turned quickly to rage.

As she got in touch with other feelings—disappointment, sadness, need—Tara's rage lessened, but the internal confusion remained. In this session, Tara was concerned about money, often spending lavishly, then tortured by guilt. I got the sense that she was trying to figure out what has value, including herself, as if it were a mathematical problem. I said that she is unsure if she deserves anything for herself, a question for which there is no quantifiable answer, so she obsesses about money. Remembering that she had just paid me, I added that maybe she also had feelings about paying me, wondering whether I am worth it, but also not knowing if *she* is worth it.

She was thoughtful. "When I said earlier that I didn't know what to talk about, the feeling I had was 'What is *good enough* to talk about here?' 'What is the *right* thing to say?'" I said, "It's hard to imagine what the 'right thing' would be—according to what standard? —but I think your main question is whether or not you are really allowed to exist."

Tara has been trying to figure this out her whole life, an impossible task with parents unaware of her emotional existence. "It's like the tree that falls in the forest," I said, "did it fall if no one sees it?" She replied, "And my whole life a lot of trees kept falling and no one noticed. I would go off by myself and try to figure out, were my parents bad or was it me?"

With no mirror for her feelings, her states of mind were unknown to her, and with no language to think with, she just went in circles, using "logical" or mathematical language to talk about complex matters of the mind and heart. With me, she was searching for the "right" thing to say, something "worthy" of discussion, but her real search was how to be seen as herself, how to *be*. The infant screaming into a void will quickly lose hope of knowing, or being, who she is. And so for Tara, the rest was silence, until now. While this was just a beginning, she gradually felt more able to say what she had to say, and spoke in a more connected, animated way, aware, I think, that I was listening.

CLINICAL EXAMPLE #3—"MELINDA"

In this more detailed example, I will first give a sense of the course of treatment with "Melinda," a bright, successful, CEO of her own business. I often had the unsettling feeling that I was not really talking to anyone. She had troubling obsessive-compulsive symptoms with a sexual component for many years, but after only 10 months of analysis, not unlike Freud's early hysterical conversion patients, Melinda was "cured" of these bedeviling obsessions. While she felt encouraged by this, and grateful to me, it was barely the beginning of our work, for these symptoms of uncontrollable sexual excitement masked a core of deadness that had killed any real feelings of love, vulnerability, and need. Her resentment at needing me caused her to kill off the treatment as well.

Melinda continued to improve but during a stressful time, new obsessional thoughts returned in the form of fears of having to vomit in public, and in our sessions. She feared that real feelings would burst through her defensive fortress, spilling out toxic mental waste beyond her control. Underneath this, she feared that she too would spill out and disappear, for the internal wall, or protective womb in which she was felt to be safe, was slowly crumbling.

It is as though these individuals have been hermetically sealed and only are moved to pain when this autistic barrier is pierced. I want to emphasize the seeming normalcy of these individuals who appear "just like" others, talk "just like" others, and move "just like" whomever they imitate (Paul, 1997, p. 179).

Although Melinda's fears of vomiting in public terrified her, she had unconsciously created or induced them, but real feelings—like her growing feelings of need for my help—were beyond her knowledge, and control. As she became able, at times, to tolerate these feelings mentally, her fears of physically losing control of herself receded. We were then in a better position to deal with *mental* states, most notably a deep sense of nothingness at her core, but she would soon return to numb, dehumanized states that she saw as her “superpower.” Her hatred for me at these times was intense and disturbing, with many deadly silences, and at one point I asked, “If that is your superpower, why waste your time coming to see me?” She said she had no intention of leaving analysis, but she was clearly scared to use me, or to lose me, an attachment/repulsion that lasted for several more years. When she began to realize that she was helpless to stop herself from wasting her sessions, and her life, her deadness lost its allure and began to disturb her. Her rigid emotional control gave way to more feelings of tenderness and love, that had been so forbidden by her machine-like self.

Fears of being emotionally born, of being real, and the oscillations between being and non-being, are in large part why analyses of deeply dissociated states take so long. Thinking, or any mindful activity, is impossible if vomit is one's only building block. And yet, since feelings are so basic to being human, we may assume that everybody can feel and think, but what masquerades as feelings are often these induced “feelings” that are really symptoms of an *absence* of feeling, and the absence of a mind or self to feel them.

Session With “Melinda”

Now in her tenth year of treatment, Melinda is dealing more openly with this core issue of not having a core. Although at times still dominated by powerful prohibitions against contact, she is significantly more connected to me, and our work, and is now in a relationship with “Tom.” Past relationships were based solely on sex, but she seems to like and admire Tom and tries to communicate feelings, rather than retreating and going dead. At the beginning of this session, Melinda said how much she loves Tom, but feelings of love have been unreliable, often following the patterns of engagement/retreat we've seen in analysis.

I dreamt that Tom was the “whistleblower” [the government official who secretly reported Trump's illegal behavior, leading to his impeachment]. I said to Tom, “What are you doing?! You're creating negative energy! You're inviting hate mail into our lives for the rest of our lives... If you keep doing this, I'm leaving!”

Melinda was upset about how Republican senators united to protect Trump. "He's a liar, they're all liars! There's no truth anymore!" Her comments implied that the whistleblower was a positive figure, on the side of truth, but this was clearly not so in her dream. And despite saying how much she loves Tom, she also complained that he "polices" her, judging her every move. "Maybe that's why I keep having fantasies about other men!"

Her confusion between good and bad felt dizzying. I found myself thinking about yesterday's session in which Melinda had been silent for the first twenty minutes, a deadly silence in which neither of us seemed to exist. Her dead self was in full force, and I had interpreted yesterday that she seemed to be trying to convince herself that she's in love to avoid facing these difficult feelings of deadness inside. She was silent again, but not a hostile silence. I felt she had heard me.

About today's dream, I said that she sees me as the whistleblower because of what I'd said yesterday, blowing the whistle on her illusions about her relationship. She had hoped she could cover up her emotional deadness with the illusion of a "normal" romantic relationship with Tom, and despite the healthy aspects of the relationship, its aim now was to hide her underlying emotional reality. By bringing it out in the open, she felt I was "policing her" and exposing her for a fraud. She agreed that she wants to be seen as someone capable of marriage, children, etc., while these sessions are revealing the troubling emptiness. In this fundamental confusion of affects, the good, truthful whistleblower becomes bad, and the dishonest "president" that wields power over her personality, becomes good.

Melinda was scared, for she had always evaded the terrifying awareness of inner deadness through the excitement of sexualized behavior, but I thought we had found something in her beneath the deadness, a genuine interest in truth, even a truth she did not like. I felt that I had a patient to work with, someone who realized that there was in fact a problem, and at least for now, we were speaking the same language.

CLINICAL EXAMPLE #4—"JANICE"

There was a similar dynamic in "Janice," an arrogant but fragile young woman who was adopted after having spent months in foster homes. In addition to this traumatic abandonment, her adoptive mother was cold and demanding, and her adoptive father was bi-polar. She came to analysis concerned about her sexual promiscuity. Sexuality was meant to dispel her sense of inner deadness beginning with that abandonment through an illusion of being alive. After 11 years of analysis, she has now for the first

time experienced the sense of nothingness that had served as her protection, and in this session, she saw how deadening herself had made her feel abandoned by me as well. She went from icy hatred of me and the treatment, to feeling “sad,” and when I asked if she could describe her sadness any further, she said, “I don’t know if I can fix this... I think I have a serious problem.”

Despite our having worked on these things for years, she seemed surprised to find she has a problem. “What am I supposed to do?” she asked. After a silence she added, “I have to kill myself.” While this was troubling, it did not feel like an actual threat but rather was a powerful expression of her feeling she had no way out. I said that internally she had been killing herself for years, without knowing it, and didn’t know how to stop it. A real feeling self was coming to life, as opposed to her self-engendered sexualized feelings that may have felt like life but were really death. She doesn’t know what the real feeling is or what to do with it, for in the past her hateful self had just killed it. I thought she was confused about whether to allow that part of her to kill this vulnerable seed of life, or to kill the killer in her.

“How do I stop choosing death?” she asked. She wanted me to tell her if she was capable of doing this, which of course I didn’t know. “What I can say is that at this moment something that has been dead in you feels alive, a very small, vulnerable self that has been hidden even from you, and your question is what to do with it? Should you just kill it again, or what?”

In the next months, and years, she did of course kill off that nascent self again, and again. But it was alive now, and that little sprig of life also kept coming back. Although she became more anxious, something was alive. She was no longer nothing.

CLINICAL DISCUSSION

Bion’s (1970) “selected fact” describes one central element in the session, around which all the many and diverse elements of the session cohere. It serves as a key to understanding the flood of clinical material we sometimes hear—dreams, associations, intuited sensations, etc. If one can intuit this selected fact, it provides evidence that we are on the right track, or not. The interpretation has to illuminate the patient’s existing state of mind, or mindlessness, if it is to reach where he or she lives. The false self may be very convincing, so we have to be able to recognize where the deadness is. In Melinda’s session the Republican senators represented a punishing superego self that hates herself for defending her powerful but corrupt internal President, but she also hates me, the whistleblower, for telling her the truth. But since, as she told me, she has no intention of leaving analysis,

she is also, in part, on the side of truth. Although she had achieved a lot in her life, none of it had meaning and so she was “living” as a sort of zombie. These zombies—the “undead”—might also be said to be the “unborn.” Unless we distinguish the living from the dead, we can’t find the language they are speaking, but they are often so hopelessly entangled that the language to differentiate them is elusive. This idea of the oscillating faces of life and death of the self is deftly addressed by Dickinson.

A death-blow is a life-blow to some
 Who, till they died, did not alive become;
 Who, had they lived, had died, but when
 They died, vitality begun (Dickinson, 1959, p. 168).

At the heart of the conflict between states of life and death is an inability to tell good from bad, what Rosenfeld (1987) referred to as fundamental “confusional states” that confound love and hate (p. 273). Janice wants to kill herself but doesn’t know which self to kill. Melinda who hates the “bad” Republicans who lie, is herself also the liar she hates, and yet protects. In short, they do not know which side they are on, and so cannot really know whether I, or anyone else, is on her side. To be dead, or nothing, was once Melinda’s “superpower,” and the idea that this dead self may be dying terrifies her. It no longer feels powerful, or even safe, for the black hole in which she was lost is no longer totally dark, so she can now “see,” or feel, the darkness. Can the part of the patient that values truth and life co-exist with the part that has pledged allegiance to lies and death? It is our job to introduce them to each other, to find out if they can reach some sort of understanding, and *détente*. Analysts, and analysts, fall down over and over again, but like Sisyphus (Camus, 1955) we have to try again, *ad nauseum*, to rise above our primitive obstructive selves, in the hope of developing our higher minds.

SUMMARY

In a proto-mental mindless state, there is nothing to know and no language to speak of it, and no way to distinguish life from death. Bion’s concept of a transcendent mind represented by “O” involves ideas about religion that may seem far afield in a discussion of the fundamental elements of psychoanalysis, and yet a “religious” or spiritual experience is at the heart of what Bion (1970) called “O.” We must, however, clarify that this idea of “spiritual” simply refers to matters of the mind or spirit, terms which Bion used interchangeably. It is from this perspective, paradoxically, that the patient’s essential self can be perceived as a state of selflessness. Another

way to say it is that consciousness, far from being a state we think of as clear wakefulness, is more like a waking dream that depends also on a capacity for *unconsciousness*. That self abides in the fundamental mind—or “mindlessness”—of “O.” However, this is a very different kind of mindlessness indeed. This ontological sense of being must be distinguished from the often-intractable pathological states of mindlessness, deadness, or nothingness discussed here, that are often seen in those who suffered early emotional trauma.

NOTES

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