In Quest of the Psychoanalytic Datum

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Here, finally, I am ready to reach beyond the "attractively shaped object and the Weinerschnitzel dream," and even "the derisive mirages organized by […] agents." and out to—well, out to inside. (Nabokov is in his usual Quilty pursuit of the "Viennese delegation.")

What marred my previous excursions was that they were more concept than intuition. Patients ordinarily come to the point at which one can neither find more out nor figure more out—the impasse at which only intuition will serve. They require that only by their fruits shall we know them. Some, indeed, first arrive at the door while at that point. They so detest their own productions that they cannot bear to overhear them. Or they are so frightened to breathe, let alone move, that just to get to the initial session is about all they can dare. An interest in why people cannot bear to be patients (how else can one learn from a set of teachers wider than the customary?) has disposed me to do what I could in respect to those who can only almost bear to "take" analysis. This paper is in a way the imposed product of such patients—and of all patients at those times when one can't find more out or "head" them off by figuring them out. If there is to be a datum, it is clear where it will have to be looked for.

Already after the first few minutes of the first session Mr. V. has lurched out of the consulting room knowing that he will never be able to be sober, knowing that analysis won't help if he comes to it drunk, as he is at present.

Ms. K. tells me that she is wall-to-wall drugs, mosdy hallucinogens, and she gets herself picked up and beaten by men of color: now she sadly adds, "This is ridiculous. How can I expect talking will help?"

Ms. N. wanted therapy since she was 15. She is now 22, and only now has her father consented to pay for a course of treatment. It is plain that he is more than the seven years too late, and he will pay for this for the rest of their lives together.

I take Mr. V. by the arm and haul him back, but I leave all the doors behind him open. I tell him: "It is no trick to prove my inadequacy; I cede it. It is no contest. But I do not see why I should roll over and be dead." He stumbles to the chair, falling.

Ms. K. does not, despite her thought "this is ridiculous," leave. She remains merely silent. When time is up I tell her when I next have an appointment time. Ms. K. will visit me twice weekly for almost four years. One day she will tell me that come June she is leaving for France to attend the Sorbonne. She also tells me that she has been off drugs now for over a year. I suspect I have a transference cure on my hands. But she has given us lead time during which to look into why she has told me of my "successes."

Ms. N. also returns. She tilts a jaw line that would stop an Anschluss. I experience her in headlines of the sort that say, "Man bites Dog. Today a resolute and spunky woman once again bested her father in round twenty-two of their lifelong match." Or, "Asked about his daughter, a Cleveland man replied, not without pride, 'Well, at least she takes after me.' Asked about this, Daughter replied, 'It's only round twenty-two.' Asked about that, Lexington shrink averred, 'It's a dog-ma eat dog-ma world'" (It will take me a while to see the significance of the "Ma-ma" in what I said.)

These of my patients, though they do not speak to me, seem to take in what I say. Their silences seem to me generally full of conveyance, even when I cannot attune myself. They do not complain if sometimes weeks go by and I do not have anything to say that I haven't already said. They do what they can, I what I can.

In time I will learn from Mr. V. that he had a sister who died when she was 6 and he was 10 and in her grief his mother told him that she wished it was he who died. I will understand that he told me this because he thought I was ready to hear it—that I had put enough together that this precious piece of his life's puzzle will be a capstone and not a bit of history of the sort a patient is supposed to tell. But this will be only after he sues his insurance company for paying me for sessions I billed for when he was "too pissed to drive."

In time I will learn from Ms. K. that she had fought off a man in the Port Authority bus station with such fury that she broke his arm. I will understand from this that she has identified my own wishes to accost her and thought she might set me straight. When I say this, she will "reward me" by telling me about the problem there had been in taking baths at home. I will tell her that she is trying to mislead me. She will blink at this, but listen very closely. Presently it will be evident to her that she now gets sexually aroused during the sessions.

Ms. N. will drum up everything she can to force a situation in which I am in the wrong. I will find myself feeling enraged by this. And sure enough, one day I will keep her waiting—not twenty-two years, but all the same. I will wonder why I was so obliging. And then I will imagine a child calling, Mama, Mama! Please come, Mama, Mama; and I will remember calling this out myself in my life, and understand why I wanted instead to join her in keeping it among the fathers. So while she is raging at me one day I will tell her that something has almost made her miss her Mama, more than she thinks she will ever be able to stand again, and she will cry. In time I will be able to tell her that she is angry because she skunked her Mama for her father, who accordingly thought it was he she loved so, and she's being loyal to her mother in punishing him for his hubris. With this she will begin to free-associate in the sessions in the ordinary way, and we will be able to go over the same ground in the detail it requires.

Mr. V. will enter an inpatient alcoholism program. He is very pleased by this move, for he had been afraid he was much too much of a snob to mingle with others with whom (he hoped) he had nothing in common but the need to drink. The program however does not, as it turns out, permit its patients passes to see "outside" therapists. They reason that if someone is in treatment and is still drinking, the treatment can't be any good. They assign him another therapist. He calls me from his locked ward, but I am unable to call him back or visit him, it being that sort of program. His wife turns up to use his sessions—somehow she appears to be the only person to have known the policies of the program, having made the arrangements. As best as I can I suggest a return to her own therapist. She demurs, saying she is quite well now and that she has come to see me only that the sessions should not go to waste. I tell her I shall no longer be charging, and would she let her husband know I have been unable to reach him. But I don't hear from either of them again, until years later I learn secondhand that on the day of his discharge from the hospital he bought a gun and shot himself in front of her.

Such people require one to learn of them mostly from what they stimulate in one's self. The privation in their lives is such that they have nothing to say that they can bear knowing when in the presence of an Other. Being an Other, the analyst has to rescue the stillborn mental life from the ash heap by getting the idea first and making it viable for purposes of communication. Otherwise it's dead.

What do I want to say—and why do I want to say it? Patients far along in their psychoanalysis might well want to ask this question at each moment of an actual session and at those moments between sessions when a session is nevertheless taking place.

Sometimes the answer is simple: Patients need help interpreting an experience of a happening, a thought, a feeling, a fantasy, or a dream. They require the perspective that can come only from another, alternative point of view, just as each eye or ear, set slightly apart, is necessary for the other to have depth of field, optics or sound in stereo, and thus location in the extended cross-references of experience. Information is being asked for and given. The exchange is freely made.

At other times, the question reveals an action that the statement is intended to perform on its recipient; what is said is spoken not so much to exchange information as to bear an effect. The speaker wants to influence, even command, the way the listener is feeling or viewing matters. Speech is only nominally speech; it is more accurately viewed as constituting a form of action. As such it reveals to the initiate the state of the transference: who is this analyst to me that I wish to have this or that effect?

The analyst is also listening with this question: why is my patient telling me this? The analyst is listening not alone for the meaning of the words but for the use to which the communication is being put. Although patients have been asked simply to express in words what they experience, they are bound to use words as a form of action, much as they use "minus-words" or silences as forms of actions. Patients, after all, are in pain and want relief. They want their analyst and the therapy to change in ways that will afford them such relief. In short, they want less talk and more action.

Patients fairly far along in their analysis have joined up with the analyst in what is sometimes called the "therapeutic alliance." Patient and analyst have become allies—more or less—in the belief that the study of patients' experiences will prove rewarding, not only to the analyst. Whether this belief is so or not, the sense of being a pair and sharing a purpose often offers a good deal of composure—certainly to the analyst, sometimes even to the patient. The wrangling that couples do (all knees and elbows, as most couples are to begin with) gives over to the sharing of a common purpose outside of their immediate selves that distinguishes the pair from the couple.

The couple, beginning with what Winnicott (1952) aptly called the nursing couple, wants to couple. Coupling is the relief each seeks, from, with, or (ruthlessly) at the expense of the other.

Both members of the pair lay aside these urgent purposes and the fights they create, when not mutually reciprocal, and look not at their very interesting differences, but at what they have in common. The pair is the smallest unit of the group, and the so-called pairing group that Bion (1961) described operates the therapeutic

alliance. This is to produce not a baby as such, but a new babe, born again, baptized at the font of analysis, circumcised with termination, sent out to become one of the initiated.

If the wish to couple drives what we call the transference, the wish to pair drives the wish to identify and ally. The former serves the pleasure principle, and the latter serves the selection principle. The pleasure principle is well known; the selection principle, less so. It is the counterfoil and moderator of the egoistic urges of the pleasure principle. It works on the Darwinian mandate that the job of the species, is, so to speak, to maintain itself in office, and the devil take the leastmost. Coupling for coupling's sake is to be put aside to a degree so that selectivity of partner can enter in. If the pleasure principle expresses itself in feelings of desire and frustration, the selection principle makes itself manifest in feelings of hope and despair.

Thus we regard with a certain well-bred horror the idea that "id-ish" pleasures should come from the analyst. If analysts hold the patient, they do so not in their arms but in the holding environment; if they talk, they do not murmur, soothe, or chat but interpret, confront, or clarify. Patients likewise are to speak their mind, but not so as to frighten, seduce, or otherwise manipulate the analyst. At least not knowingly.

But, of course, patients do, and, of course, analysts do.

In the beginning it was to be different. Freud did not yet altogether know about the transference, despite what Breuer told him when referring Annie O. (Freud 1895), who had rather unobligingly become "pregnant" from his hypnotic treatments. Freud, having discerned that the method he was discovering for the madness he was treating led backward in time to early events, felt that genetic constrictions of how and why the twig was bent were all that was necessary for the tree to right itself. The original data were the seemingly bizarre symptoms of Dora (1905) or Emmy Von N. (Freud 1895), or, for that matter, Freud himself, and the game could well have been called Clue. Like Hercule Poirot, Freud might murmur, "Never mind what you think is important; just tell me every little thing no matter how unimportant it seems to you." And so, in both senses of the phrase (contiguity and cause and effect), one thing led to another. The genre was a crime or a trauma that had to be solved by a most careful process of detecting the deceptions and arriving at the full reconstruction of what had happened—like the fact that Herr K. had had an erection in the story of Dora. At that period any clues were valuable, but particularly those clues that were not disguised by the cunning mind of the deceiving patient, but instead only clumsily hidden by the naive processes of the dream work—which thought, for example, a penis could be successfully hidden within a snake or a church tower.

This was like flicking trichnopoly cigar ash outside 221b Baker Street.

The truth, then, was a historical truth involving experiences of things past. With Freud's increasing realizations concerning the transference, the clues became much more in the present. And high time too, considering that Dora had fled her analysis, never to return; perhaps Herr K.'s potency was not the only effort at penetration she found so disturbing.

If the experiential event, replete with self-deceptions and their motivations, was not in the past but in the here and now of the transference, why elucidate the past? Why not simply allow the experience to evolve, undo the self-deceptions that keep patients from knowing what they experience, investigate the motivations for these, and be done? Why venture onto the perilous reefs of historicity?

Indeed, with the advent of Little Hans (Freud 1909) there seemed less and less reason to venture backward in time. Hans's phobia was analyzed into its conflicting elements even as they were occurring. Moreover, Anna Freud (1954) was dubious about whether or not a child formed a transference; she felt children were too attached to their parents to allow an analyst to become a parental surrogate. Miss Freud's counterpart (and *bete noire*) Melanie Klein analyzed her own children. She came away from the experience absolutely convinced that children did make transference. (One can suspect that the belief in transference comes more easily to one when analyzing one's own children.) The badness of the breast, she saw vividly, was transferred to the mother via projections of the inherent death instinct (Klein 1952).

It appeared to be true: like pentimenti, behind and underneath the image children had of their parents were alter images of the sort the brothers Grimm caught in their stories. And these images came into the analysis, as when, sitting round the play table, the 4-year-old said to Susan Isaacs (1952) about Isaac's breasts, "So those are what bit me!"

If, then, there was a transference and that transference did come into the analysis, toward what genesis did analysis have to reach? What had archaeologically to be constructed?

One could say: "When you were a baby, you became afraid that Mommy would bite you like the wolf in Red Riding Hood or the witch in Hansel and Gretel. But that was because you were a very gobbly baby yourself and wanted to bite and chew on Mommy's lovely breasts. Only you loved Mommy too much to keep wanting to hurt

her just for fun and chewiness. So you said, 'Not me; I don't want to do that to my mommy. It's her things that want to do that to me—naughty breasts.' "

Or one could say: "Big as you are, there is a you that wants to chew and suck at my breasts. Only you feel that you are too big for that now, and you feel that even to know you want to do that is naughty, so you put the biting wish into my breasts where I can be safe from it and it can be safe from being given up."

The latter, of course, does not interpret the transference, nor does it imply a past beyond the past just before the projection of the impulse.

The issue is not one of technique; I would suppose that either mouthful might be helpful. But the issue does speak to the question of whether there is a pair studying the couple. Or to put it another way, how and when can the pair emerge from the couple?

The interpretability of an experience is illustrated by a little story told by Joyce McDougall (1989) of one of her little patients, a 5-year-old boy who came racing into the playroom after a summer at camp and exclaimed that at his camp the boys and girls swam nude. "Ah, so you had a really good chance to see the differences," said McDougall. "Don't be foolish!" exclaimed the boy. "I just told you they didn't wear their clothes" (p. 205).

This child, quite probably like the little girl who was Isaacs's patient, was not able to see things as his analyst saw them, figuratively and literally. In both cases the patients appeared unconcerned with the idea of psychoanalysis as a vehicle for discovering their self-deceptions and the motivations for these self-deceptions—to paraphrase a definition of Hartmann's (1959). For the moment the analyst can only ask her patient to look at things a different way. She interprets the self-deception and its motivation, but in doing so she is asserting her aloofness from the couple. The children are not merely passing the time of day with these communications; they are trying to get something going or not going in the coupling. The analyst is acting as if she were a member of the pair, and the child is acting as if he or she were a member of a couple. A rather good interpretation, for example, that I gave on a Friday turned up in a dream told on Monday, which began, "I was at this lecture you were giving...."

For the interpretation to take, the analyst must demonstrate that what seems to the patient to be absolutely true is true only for this time and this place and for reasons having to do with what this time and this place represent for the patient. Demonstration is hard work; it involves providing instances as data, again and again, and drawing

attention alike to the minor differences that disqualify an instance and those that nevertheless qualify it for use toward an accretional "so-ness." Isaacs-Elmhirst (1952) speaks of having to give the same interpretation 999 times until suddenly it is not the same old interpretation, but the first. Or as I might put it, until oh-oh! becomes ah-ha!

The original concept that Freud called "construction" but that, for reasons I shall shortly come to, I prefer to call "reconstruction"[1] moves experiences decisively to where they were thought by Freud to have begun. This time and place are but that time and place, and I am but a surrogate for this person or that. These constructions are made up of shards from associations, recollections, dreams, and transference imagery. Their object is to produce memories —not of childhood, as Freud put it, but from childhood. With these memories at hand, a comparison and contrast could be made. Since no one knows what, if anything, is forgotten (as opposed to repressed), even the reconstruction about the gobbly baby might well have sparked a recollection that would enable the little girl to reclaim her teeth.

But what about when there are no recollections to construct?

In my own studies I have been following some lines of thought concerning the inability to bear the choice of any one experience for fear of losing the potential riches of other experiences. I (Boris 1976) have written on hope—a selection principle phenomenon—so great as to preclude the following of desire, for to use Bion's words (1961): "Only by remaining a hope can hope remain" (pp. 151-152). I have also written on greed (Boris 1986), fueled by hope, such that one wants everything and cannot endure the envy of allowing another to have, even to give, what one lacks and needs. One can imagine that McDougall's patient preferred not to know about gender differences because he was frightened over castration. But one can also think about the pain of being a young man and not a young woman or a young both as too much for greed and envy to bear. By thinking the two sexes to be the same, except for such easily remediable trivia as clothes, he spares himself the pain of choosing which he is or which parent he wants. Earlier, perhaps, such a youngster might have found it impossible to choose which breast he wanted, for taking the vanilla means leaving the chocolate. Later the horns of the dilemma may be between "Miss Right and Miss Right-away"[2] or "the little given and the great promised":

> I found [writes Vladimir Nabokov, in the voice of Humbert Humbert] there was in the fiery phantasm a perfection which made my wild delight also perfect, just because the vision was out of reach, with no possibility of attainment to spoil it by the awareness of an appended taboo; indeed, it may well be that the very attraction immaturity has for me lies not so much in the limpidity of pure young forbidden fairy child beauty as in the security of a situation where infinite perfections fill the gap between the little given and the great promised—the great rosegray never-to-be-had [Nabokov 1955, p. 266],

When the pain of choice is too great, it cannot be consoled by the satisfactions of appetite, for appetites emerge only after hope and greed give over to choice and the willingness to tolerate first envy and then gratitude and admiration. In my various studies of so-called eating-disordered patients—anorexics and bulimics, in particular (Boris 1984a,b; 1987)—I have found people caught in the forking of the roads and unable to take the pleasures of either route for fear of the loss of the other. A youngster I know also came back from a camp that featured nude swimming and where on visitor's day he had the mixed pleasure of seeing his father's new companion in the buff. "One hundred sit-ups a day," he announced, throwing himself to the floor so as to put his words into deeds, "and in a year I will have a totally flat stomach." By not knowing about differences and hence about choices, he could deal in a realm in which everything is the same. Daddy's poor woman friend: accursed with bosom and belly that would take more sit-ups than one could imagine to become nice and flat like those of my young acquaintance. By knowing and then not knowing about envy, he could spare himself jealousy. Thus his greed evolved not into appetite but into acquisitiveness and, at times, dangerously, into a greed so vast that it included a gluttony even for punishment.

By thus sparing himself knowledge of differences, the boy knew only two dimensions: more and less. He had known only these two for so long that in many instances one could not reconstruct, for such a process would be like reconstructive surgery on a phantom limb. One had instead to construct. By this distinction I mean to intuit not what once was and was now gone, but what for all intents and purposes never happened or happened in fantasies that prevented realization. Freud's work was on the presences of the absent, on the sudden lurch where one expected an association or memory to be. It was like climbing stairs and expecting one more step to be there but wasn't. Now we are in a different realm; we are where the no-things live and the nonevents took place. The shards are marked by invisibility of the sort produced by black light.

In the instance of the youngster I have just mentioned, for example, many interpretations could have been made. One might have talked to him about his jealousy; about his erotic attachments to his father; about his wish to be attractive to his analyst; about his wish to compete with the analyst as father on grounds of slimness and physical condition; about penis size; about his castration anxieties and how these emerged from his wishes to be a woman and be rid of the penis that separated him from those he loved; or, indeed, about the very exhibitionism going on in the playroom and what it meant in respect to his fantasies about how and with whom his analyst spent the interval. But the key word in all of these possibilities is "about"—one could have talked to him about them. Yet analysis is not a tutorial; we do not, when we can help it, talk about patients; we ask them to talk of themselves, and we, in turn, talk of them too. What was there to say of this youngster about whom so much—too much—could be said?

To this point, another analyst tells a story regarding the same sort of question. Wilfred Bion (1976b) writes:

> The following free association was made to me by a patient in analysis:
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> "I remember my parents being at the top of a Y-shaped stair and I was there at the bottom… and...."
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> That was all, no further associations; finish. I waited, and during this time I, as usual, had plenty of free associations of my own (which I keep to myself because I am supposed to be the analyst). It occurred to me that this was very like a verbal description of a visual image, simply a Y-shape. The thing that struck me straight away about a statement that was so brief, so succinct, and stopped short at that point, was that it must have a lot of meaning that was not visible to me. What did in fact become visible to me I could describe by writing "Y." Then it occurred to me that it would be more comprehensible if it was spelled, "why-shaped stare." The only trouble was that I could not see how I could say this to the patient in a way which would have any meaning, nor could I produce any evidence whatsoever for it—excepting that this was the kind of image that it called up in my mind. So I said nothing. After a while the patient went on, and I started producing what seemed to me to be fairly plausible psycho-analytic interpretations.
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> Thinking about this later, I imagined a Y-shape, which, when pushed in at the intersection of the three lines, would make a cone or a funnel. On the other hand, if it was pulled out at the intersection, then it would make a cone shape sticking out or, if you like, a breast shape. In fact it was an evocative free association on the part of the patient as far as I was concerned, but I was still lost because I had no idea of what I could say that would reveal an interpretation, and would also be comprehensible to the patient. In other words, could I possibly be perspicacious *and* perspicuous?
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> In the next session I seemed to be killing time with conventionally acceptable interpretations. Then I thought I would launch out on what I have been saying here. "I suggest that in addition to the ordinary meaning of what you have told me—and I am perfectly sure that what you said means exactly what it meant—it is also a kind of visual pun." And then I gave him the interpretation. He said, "Yes, that's right, but you have been a very long time about it." [pp. 239-240]

The point of the story for present purposes is not the acuity of the interpretation, but how it was arrived at. Bion has himself spoken of the poet Keats's writings concerning "negative capability," the condition in which "man is capable of being in uncertainties, mysteries, doubts, without an irritable reaching after fact and reason" (Keats 1958, p. 193).

I would add to this temporal dimension a spatial one: In the parlance sculptors use to describe the space their sculptures do not occupy but imply, this latter dimension is called negative space. It refers to the differences between the space that was there before the sculpture was grown or put there and what that space looks and feels like as a result of the sculpture's now being there. Some may know Richard Serra's work *Tilted Arc*. It is, roughly, an immense, slightly curving steel wall that occupied (some would say dominated) Federal Plaza, a space between government buildings in New York City. It was a rather disturbing work that was finally taken down. It may have

inscribed the surrounding space only too well. That space created by the sculpture appeared to many to be harsh, stymieing, unyielding. It is by no means clear that this impression was not exactly the statement Serra wanted to make. He needed the space of the plaza to make the plaza visible vis-à-vis his sculpture. Many did not like to see how the plaza looked with *Tilted Arc* in it. (Susan Isaacs [1952] may not have liked how she looked with a mouthful of teeth protruding from her breasts.)

This idea of creating time and space is by no means new. Freud was reaching to it with the juxtaposition of free association with evenly hovering attention. And Bion furthered it with his counsel that the analyst should avoid both memory and anticipation. This counsel meant that the analyst might take notice of the drift of his own mind, backward into the consolations of memory, the beginning, the font, the breast and forward to the climax of desire—toward the fulfillment of the coupling and thence to satiety. Unevenly hovering attention is, of course, in psychoanalytic therapies, an indication of the witting or unwitting presence of countransference; the therapist wants something from or, it may be, for the patient and is, accordingly, waiting instead of merely awaiting. Somehow it has become the analyst's therapy.

That analysts should need therapy is not, however, a derisive idea, for their creation of the negative capability of time and space does great harm to them, at least temporarily. They become host to what the patient could not experience and does not want to. These are times when one could scream; it is astonishing that most of us can, most of the time, confine our perturbations to a comment or two and that we do not start making ourselves feel better by making the patient feel better—or worse. In this connection Bion (1979) adds the following:

> I can recall an experience in which a patient was anxious that I should conform to his state of mind, a state of mind to which I did not wish to conform. He was anxious to arouse powerful emotions in me so that I would feel angry, frustrated, disappointed, so that I would not be able to think clearly. I therefore had to choose between "appearing" to be a benevolent person or appearing to remain calm and clear-thinking. But acting a part is incompatible with being sincere. In such a situation the analyst is attempting to bring to bear a state of mind and indeed an inspiration, of a kind that would in his opinion be beneficial and an improvement on the patient's existing state of mind. That interference can be represented by the patient, whose retort can be to arouse powerful feelings and make it difficult for the analyst to think clearly. [p. 247]

Jamming of the analyst's ability to function, of course, applies particularly when the analyst has something in mind for the patient. There is an enormous emotional storm. The patient is trying to issue forth an experience for the analyst to construct, but the analyst has something else in mind being "beneficial." The modeling clay has a mind of its own; something is already on the blank photographic plate; the womb is full; the analyst is incapable of

pairing and wants to couple. But even as this process of issuing forth is occurring, there is emerging exactly what the pair needs. The patient may be disinterested in it, indeed may be trying precisely to forestall it. But the not yet experienced experience is alive, if nascent. It is, however, being violently projected. The analyst is the willing or unwilling host to it. The patient has staged a benign or hostile takeover. The experience is a parasite. The analyst will want very much to excrete it and will want to do something, if only by closing himself with memory or anticipation. The analyst will begin, often, to think it a very good idea at least to say something. To say something will seem to be very therapeutic.

We come full circle. The question now reappears: What do I want to say—and why do I want to say it? The answer to this question may, I suggest, turn out to be that elusive psychoanalytic datum of which we are in quest.

We are no longer deeding merely with transferences here, not in the ordinary sense. Transferences imply an appreciation and a toleration of differences between self and other. But now we are dealing with a vast hatred and intolerance of differences. The possible emergence of those differences between self and other engenders once again, as it had before, so much greed, and then envy and spite, that the patient has not allowed the possibility of that experience into his other experience. But if these incipient, embryonic experiences are not to take experiential form within the patient, where can the patient put them?

The question, of course, suggests the answer—an example of the very process I am describing. The patient projects these experiences just as they begin to dawn and transposes them to the only other space/time available—the analyst. The analyst, as a member of the pair, must perforce identify with them, for the pair, upon the selection principle, works by vicariousness: each must put himself or herself in the other's shoes. Yet the analyst's sudden, unasked-for pregnancy with God knows what sort of stuff and carryings-on will certainly, as Bion indicates, interfere with any inspiration or clarity of their own. They will be forgiven if for their own therapeutic well-being they undertake a convulsion of the sort that might immediately cleanse their system from these unasked-for growths. Yet if they can behave like a patient far along in analysis, so that, rather than aborting and disgorging what the patient has landed them with, they can pause, they will be able to identify what they are experiencing and what it has done to them.

Identification of what stake I had in the matter was precisely what I could not make when, on a Friday, I gave a lecture dressed up to look like an interpretation, which the patient then kindly returned on Monday—in exchange

for an interpretation that really was an interpretation. And it is almost what the youngster back from camp managed to precipitate with his sit-ups: so many interpretations, so much to manage! (I wish I had told him, "Boo!" just to get a little conversation going.)

This question, What do I want to say—and why do I want to say it? reveals, as the antibody does with the infecting agent, its action from the nature of its retort.

Answered, the question tells what effect one is reaching for to ease one's plight. Answered, it yields information, the exchange of which, in the context of mourning, constitutes an analysis in which patients become not more like themselves, but more thoroughly themselves, and so provides an experience that can end and not merely stop.

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Notes

1 For welcome additional discussion on this and related issues, see also Greenacre (1980) and Schafer (1982).

2 This phrase was used by Robin Williams, the comedian, in his concert at the Met and elsewhere.