

THE ANALYSAND'S PRESENCE

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Though it may sound paradoxical, the analysand bears a certain responsibility for being “present” in his or her own analysis. The accuracy of this view is widely recognized in the psychoanalytic literature, though usually discussed indirectly, notably in the vast literature on “resistance.” The fact that the term resistance itself has been disappearing from our lexicon suggests that the issue of the analysand’s presence in the analysis has become more difficult to address for a variety of reasons. Among these may be the increasing emphasis we place in contemporary analytic theory on the analyst’s responsibilities. With brief clinical illustrations, this article explores the balance of presence in the analytic situation, and the role of courage.

Keywords: presence, absence, resistance, courage, shame, dissociation

Même si cela peut sembler paradoxal, une certaine responsabilité d’être « présent » dans sa propre analyse incombe à l’analysant. La sagesse d’une telle réflexion, même si elle est souvent abordée indirectement, est largement reconnue dans la littérature psychanalytique, en particulier à propos de la « résistance ». Le fait que le terme de « résistance » tend à disparaître de notre vocabulaire laisse penser que la question de la présence de l’analysant dans l’analyse devient plus difficile à aborder pour diverses raisons. Parmi celles-ci, on retrouve sans doute l’importance grandissante accordée à la responsabilité de l’analyste. À l’aide d’exemples cliniques, nous explorerons l’équilibre des présences dans la situation analytique ainsi que le rôle du courage.

Mots clés: présence, absence, résistance, courage, honte, dissociation

INTRODUCTION

Though it may sound paradoxical to some, the analysand bears a certain responsibility for being “present” in his own analysis. The accuracy of this view is widely recognized in the psychoanalytic literature, though usually discussed indirectly, notably in the vast literature on “resistance.” The fact that the term *resistance* itself has been disappearing from our lexicon suggests that the issue of the analysand’s presence in the analysis has become more difficult to address for a variety of reasons. One may be that our contemporary emphasis on counter-transference and relational phenomena has shifted responsibility for problems in the analytic process onto the shoulders of the analyst. The assumption is that the patient brings what the patient brings, and it is the analyst who must deal with it. This is certainly true. But it may also be helpful at times to consider that the analyst’s attention to the ways in which the patient manages or avoids being present in his own analysis will help both analyst and analysand to deal with the situation better.

One crucial aspect of what I mean by the analysand’s “presence” is that it requires the courage to be in the moment with oneself while in the observational presence of another, the analyst. This is not easy to do, even for our less disturbed patients; and it is of course a basic finding of psychoanalysis that myriad pressures militate against the embrace of full psychic presence, notably fear and shame, which usually accompany awareness of the dangers of “presence” and stimulate hiding and flight. Thought itself can serve as a form of resistance to the analytic process, through intellectualizing defences, even while facilitating the coexistence of emotional reflection, which may lead to fuller presence. Awareness of “absence,” manifested in defences and resistances to process, can be a platform for beginnings of reflection, since what cannot be “experienced” cannot be worked through.

In the early twentieth century, although the word *presence* was not used in this context, a number of psychoanalysts including Ferenczi (1920), Freud (1926), Deutsch (1939) and others wrote about analysands’ resistances. This included discussion of the analysand’s unwillingness or incapacity to tolerate self-reflection, to relinquish safety and endure anxiety and pain, and to tolerate experience with the analyst. In this vein, Deutsch (1939) defined resistance as “functions which ward off or weaken the psychical tendencies mobilized by the analysis” and “mechanisms of defence in their purest form” (p. 72). Referring to “intellectual resistances” and “transference resistances (especially ‘acting out’)” (p. 73), she offers still useful

suggestions.¹ Zetzel (1956) wrote about the “therapeutic alliance,” separating it from “transference reactions,” and Greenson (1965) reflected on concomitant responsibilities of the analysand in his description of the “working alliance.”

One reason why there appears to have been a diminishing focus, since the middle of the last century, on the analysand’s responsibilities in the analytic situation is that the term *resistance*, something of a grab-bag term, now strikes many as implying too simplified an understanding of the very complex factors that interfere with patients’ capacity to use the analytic situation productively. The discovery of very primitive anxieties (Klein, 1946; Fairbairn, 1952) and our increasing awareness of destructive narcissism in the etiology of severe emotional disturbance (Rosenfeld, 1971) incline hesitation to think too literally about the role of the patient’s “will” or “responsibility” as a factor in treatment.

Most agree implicitly that psychoanalysis requires of the patient a degree of subjective involvement and active participation—a “presence of self” so to speak. Yet phenomena like “negative therapeutic reaction,” in which the patient is seemingly helpless to avert a powerful urge to sabotage the analysis, may discourage some from acknowledging expectations about the analysand’s potentially constructive contributions, which go beyond simple attendance of sessions. Moreover, following Ferenczi, we know that what appears as resistance may actually embody an inarticulate attempt to communicate the ineffability of an environmental failure that the analyst is at risk of repeating. Such considerations naturally make us suspicious of the value of encouraging the analysand to try to be present and to make the best of the analytic situation.

It has become an article of faith in psychoanalysis that responsibility for difficulties encountered in the analytic process must ultimately lie at the analyst’s door and may well be attributed to the analyst’s failure to “take the transference” (Mitrani, 2001). In the writings of Racker (1957), the Barangers (2008), and many contemporary relational analysts, including Ferro (2010) and Aron (1996), difficulties in the analysis may arise from the analyst’s unconscious collusion with the patient’s defences, or through the analyst’s partly self-serving participation in an enactment, or generally through the impact on the patient of undigested counter-transference. The greatly increased attention to such iatrogenic factors reflects a current consensus

1. For example: “The analysis of a defensive process is possible under one condition: there must be a weak spot in it somewhere, so that it gradually takes the character of a symptom, or so that in some form it comes into conflict with the remainder of the ego” (Deutsch, 1939, p. 74).

about what constitutes best practice in the psychoanalytic profession; it places increasing emphasis on the quality of analyst's presence to the analysand, regardless of the analysand's state of mind at any given time. The aim of this article is not to question the substance of this ethical orientation, but to deal with one of its unintended side effects, which is to foster a tendency to leave unformulated our implicit knowledge of the importance of the *analysand's presence to the analyst*, and to avoid explicit consideration of its importance as a factor for the analyst to keep in mind, and to be ready to address, in one form or another, throughout the analytic process, as the analysand's capacity to be present in his own analysis gradually evolves.

Contemporary writers have made direct reference to the idea of the analysand's "presence" in the analytic process. Among these are Bollas (1983), Grant (2002), Ogden (1997, 2003), Ornstein and Ornstein (1994), Quiros (2002), and Simpson (2006), who do refer (though mostly in passing) to the "emotional" or "psychic" presence of the analysand in the session.

Bollas (1983, p. 3), discussing the counter-transference, expresses awareness of the importance of listening to degrees of "presence" through different modalities:

An analyst's countertransference is a continuous internal response to the presence of an analysand that necessitates a different kind of attentiveness on the analyst's part from that which he gives the patient . . . we are more mindful these days of those patients who represent their existence through the other's moods and thoughts.

Yet even though Bollas mentions that one's counter-transference is a reaction to the "presence" of the analysand, he doesn't elaborate on the relationship between the counter-transference and the analysand's presence; his paper develops only the importance of the analyst's attention to her own counter-transference.

Though rarely discussed explicitly, the analyst's recognition of the analysand's responsibility for as much "presence" as he or she can bear in each session is an important implicit dimension of the analytic relationship. The analysand's graduated recognition of personal responsibility to be present can add cumulative value to an analysis by encouraging working through resistances, notwithstanding the embedded risk of such recognition of responsibility simultaneously becoming a new source of resistance. An important complement to the analysand's recognition of responsibility for "presence" is the counterpoint of the analyst's honest attention to her own counter-transference to the analysand's growing "presence." Also

notable is that the latter is of value only so long as the analyst can bear as much of the analysand's "presence" that emerges.

Modell (1988, p. 592) alludes to the analysand's difficulty by describing an analysand's defensive solution of "non-communication" as protection "against the dangers of dependency and object relatedness" and submits that "the request to follow the fundamental rule is incompatible with the analysand's defense of non-communication . . . [and] incompatible with the need to maintain the privacy of the self."

Just as Bollas emphasizes the role of the analyst's attention to her internal counter-transference response to the quality of the analysand's presence—which may be expressed as absence, or falseness, or submissiveness, for example—Modell raises the technical problem that many patients have a severely limited capacity to abide by the fundamental rule. He suggests that for some patients, refusal to communicate something may be less a resistance to analysis than resistance to giving up an authentic, unfulfilled wish, confused and clumsily expressed, to develop a separate mind of his own. He draws our attention usefully to the possibility that the analysand's "absence" may signal his need to use the analysis as a forum within which to discover his own capacity to experience and to think independently about this experience.

One important issue in a situation where the analysand feels unable, perhaps erroneously, to be fully present is whether the analysand is able to reveal that he is refusing to communicate something, or whether he conceals the fact that he is concealing a thought or train of thought from the analyst. One patient might say, "Something has been on my mind, but I don't want to tell you about it, I'm not sure why." This might be described as a transactional gambit, a teasing invitation, or an act of defiance; but it might also be thought about as an expression of the analysand's courage and sense of commitment, in the working alliance, to remain as present as possible, within the analysand's psychic capacity. Because the issue of the analysand's presence in the analytic relationship is more important than the content of what may be on his mind at any given time, the analyst might well focus on this aspect of the communication—the effort and the courage—rather than pressuring the patient to reveal what is being concealed, which may be less important than the act of concealment itself.

Another patient might give the analyst the vague counter-transference impression that something is being withheld and that this withholding is being covered up in some way. This is a generic situation, and it provides a good illustration of how important it is for the analyst to maintain attention, not just to the counter-transference, but to the question of the precise

nature of the analysand's presence. Our counter-transference is a useful index to that presence, but we cannot simply read the latter from the former. We need to shift attention back explicitly from our introspective musings to a focused inquiry into the analysand's mediations of psychic presence (refusing it, simulating it, avoiding it), and its intricate constellations in the relationship. The analysand who can say "I am hiding from you" is in a very different state from that of one who makes one feel as if one is being hidden from, though one is at pains to articulate how this is happening. In both cases, the relevance of one's intervention will depend a great deal upon one's ability to think deliberately about the analysand's presence.

The analysand's state of "presence" is only one of many facts that inform us of an ongoing state of fluctuating resistance in the analysand and only one among many perceivable factors influencing our own state of free-floating attention. An analyst's awareness of the analysand's resistances inevitably resonates unconsciously in the analysand, and as a consequence, "presence" as a topic always has an opportunity to enter naturally into the interpretive space of any analysis. By contrast, the analyst's resistance to awareness of such factors also resonates in the analysand and conversely lessens opportunities for the topic of presence to find entry.

As we work consistent with each of our unique personal attributes, with our varied training, and with the infinite differences that the other in the consulting room brings to the dyad, I do not advocate for or against a particular set of techniques despite the minor suggestions I make. However, I do sense a collective resistance in modern psychoanalysts to the idea that an analysand's "presence" is a responsibility of every analysand—notwithstanding the countervailing power of unconscious forces working on all to minimize such "presence." I believe such resistance deserves our collective attention.

DEFINITION AND EXPOSITION

In an ideal state of "presence," an analysand would experience an attentive connection to his own internal reality in the moment, especially including perception of emotion, coupled with an attentive connection to his external reality, and tolerance of his perceptual experience in all modalities. In analysis, development of the capacity to be present to the existence of the analyst as an "other" in the moment would also be an important aspect of such a state and would imply a growing capacity in the analysand to relate to a whole "other"—suggesting greater ease of movement in the depressive position that in turn invokes greater access to an experience of whole object relations in the analysand's internal world. This also implies a lessening

of influence of the repetition compulsion and lessening of time and identity distortions induced by life trauma. The presence of good internal objects enhancing a “capacity to be alone” (Winnicott, 1958) also could be an aspect of this ideal of presence.

Of course, such an ideal state is never seen in people entering analysis (if indeed in anyone). Many of our analysands enter analysis while floundering in psychic retreat or are stuck in other kinds of paranoid-schizoid modes of being, living under the power of the repetition compulsion—a dawning awareness of which nudges them to seek analysis in the first place.

Nevertheless, many analysands living predominantly in the paranoid-schizoid position do demonstrate as much courageous effort to be as “present” as they can. Moreover, they bring in their “absence” through open display of defences and resistances to process, which, when brought to awareness, can become platforms for beginnings of reflection. However, splitting, dissociative, and numbing defences that also emerge preclude the kind of presence that is more predominant in depressive position functioning—a presence that usually enhances a richer and fuller engagement with the analyst.

While dictionary definitions include “fearlessness” in their definitions of *courage*,² and include lack of caution and unconcern about outcome in their definitions of *reckless*, I would say that although an admixture is usually present, a more accurate definition would have “courage” defined as “action in a perceived dangerous situation notwithstanding awareness of danger and notwithstanding a concomitant experience of fear”—any action without such recognition of danger or fear being a hallmark of reckless action (disregarding consequence) in the face of danger. Action based on “fearlessness” often mimics “courage” but usually has defences such as splitting, dissociation, and other numbing defences driving action. True courage always involves awareness and tolerance of perceptions of danger and fear.

One aspect of “presence” in the analytic situation involves the courage to try to be in the moment with oneself and the other, to the limit of one’s capacity in the moment, notwithstanding the important dual counterpressures of fear and/or shame that often accompany perception of danger and often lead to hiding and flight—sometimes in perpetual mistrust. Although some courage of this sort, itself a fluctuating commodity in each individual, is essential to every analysis, how much courageous presence is

2. *Courage*: the quality of mind or spirit that enables one to face difficulty, danger, pain, etc. with firmness and without fear; bravery. *Reckless*: utterly unconcerned about the consequences of some action; without caution; careless. *Random House Dictionary* (1966).

truly essential for an analysis to be successful is an important albeit unanswerable question.

Efforts made towards being present in a predominantly paranoid-schizoid state often take more concrete forms such as taking care to be on time, and in those capable of it, making efforts to speak with awareness and even reflection on what one has said. Bringing oneself into a session with as much heart as can be mustered, notwithstanding the experience of pervasive fear predominant in the paranoid-schizoid position (e.g., of persecutory guilt, humiliating shame, fragmentation), is a mark of courageous effort. Here, genuine presence is usually experienced by the analysand as persecutory and carries with it a panoply of expression of unconscious resistances that both analyst and analysand must work at analyzing and working through.

Similarly, efforts to fulfil the fundamental rule appear to be motivated differently in the paranoid-schizoid position and the depressive position. In the former it is based more on an imperative and punitively driven obedience/evasion of authority, whereas in the latter, it is more from a shared love (e.g., of "truth") and shared understanding that can be born only of repetitive experience evidencing that our mad method is actually helpful.

Although progress in analysis also depends on the analyst's emotional, analytic, and communicative capacities, much of the extent and degree of progress depends on the analysand. Fonagy (1991, p. 644) demonstrates both sides of the coin in reporting a borderline analysand's communication of his "effort" to be present. Fonagy's digestion, understanding, and communication to the analysand of his awareness of the analysand's genuine and courageous attempts to express himself in the paranoid-schizoid mode eventually allows for a more "human quality" (p. 644) in the analysand to emerge and a psychoanalysis to gradually take shape.

This "ordinary" work of analysis requires the presence of two responsible people exerting effort for it to be effective. False displays of presence (a form of absence) in an analysand skilled at hiding in appearances can be difficult for both analyst and analysand to distinguish from true displays of courageous effort at "presence," especially in the same individual. The resistance of "absence," the converse of "presence," is dominated by the experience of inaction, hiding, and flight in conscious and unconscious shame and fear. In any analysis this too must be understood and worked through by both parties in order for an analysis to be effective.

In a predominately depressive position state, the experience of being overwhelmed by the immediacy of loss, drives the depressive defences against presence, which also can be perceived as resistances. "Presence"

with care and concern implies a recognition of other with a concomitant courage to continue relating in the same space as the other, notwithstanding the perceived risk of hurting both self and/or other.

Psychoanalysts can also exhibit “absence” carrying a negative effect on process when, for example, an analyst’s persistent psychological absence is not perceived, understood, and worked through by the analyst himself. In the counter-transference, this might appear as an unexpressed experience or be enacted through the analyst’s withdrawal from the analysand. This can coincide with boredom in the counter-transference and/or counter-intuitively through the analyst feeling comparatively over-invested in the analysand. All can represent aspects of escape from some intolerable experience about the dyadic analytic couple. These constitute different signs of “absence” or “negative presence” in the analyst, which are often at least partially indicative of a concurrent complementary process in the analysand. Although only one of many markers of the analysand’s presence, counter-transference has an important place.

An experience of “deadness” versus “aliveness” in either analyst or analysand in the transference–counter-transference constitutes a similar awareness of “presence” versus “absence” in the analytic dyad. Ogden (1995), very much attuned to the “presence” of the analysand in a psychoanalysis, also writes about “absence,” from the vantage point of the analyst’s counter-transference.

Ogden writes of an experience of “deadness” in both analyst and analysand and gives examples of “aliveness” and “deadness” in the transference–counter-transference, thereby conveying his understanding of the presence-absence continuum by a different name.

With progress in analysis, analysands gradually acquire greater emotional capacity to tolerate emotional and perceptual reality in the moment. Denial and punitive dismissal of emotional and/or perceptual reality (often mediated by persecutory guilt/shame) preclude such development. Bion (1970, p. 34) acknowledges the importance of an outcome of analysis where the analysand becomes reconciled with himself but hints the caveat that as tempting as it is for the analyst to desire such an outcome, this desire in itself could create unforeseeable difficulties.

With greater “presence,” analysands demonstrate capacity to tolerate reflective engagement both with the analyst and with their own historical realities, hitherto replaced by the compulsion to repeat. Without “presence,” an analysis can hide indefinitely from an analytic process. Also, tolerated presence of the analysand by both analyst and analysand permits an analysis to live, breathe, grow, and develop.

Bion (1970, p. 9) touches upon the topic of experience:

[P]eople exist who are so intolerant of pain or frustration (or in whom pain or frustration is so intolerable) that they feel the pain but will not suffer it and so cannot be said to discover it . . . The patient who will not suffer pain fails to 'suffer' pleasure and this denies the patient the encouragement he might otherwise receive from accidental or intrinsic relief."

A failure to "suffer" pain or pleasure implies a failure of tolerance or sufferance of presence and of full experience. My own understanding of Bion's meaning is that only through such tolerance, in the above instance blocked, can optimal learning proceed. And only through learning from such experience (here, that relief actually can occur) do growth and development as well as eventual pleasure and relief from pain ensue. Analysands may try to mute, numb, or circumvent painful emotional experience sometimes, thereby muting/numbing sufferance of both pain and pleasure, because fully experienced pain (or pleasure) is believed intolerable. Sometimes this involves a selective use of intellectualized defences against experience. Such analysands often cannot reconcile themselves to the fact that feeling is wired to experience, not to reason.

In Bion's descriptions, "thinking" serves as a mechanism to create links, thereby "liberating intuition" so that an integrated awareness (through alpha function) can ensue (Bion, 1970; see pp. 10–11). Bion's conception of "thought" (something imbued with alpha function) is to be distinguished from "intellectualization"—a defensive use of "thinking" in the service of creating a false (ephemeral) container and thereby avoiding an emotional experience.³

Winnicott and Khan (1953) also highlight the importance of tolerating the full impact of experience, a key aspect of presence, as leading to the possibility of working through. They state: [If] "the bad object [which is] introjected (in order to be coerced or controlled) is a *painful experience*, i.e. *something perceived but not tolerate* . . . the introjected experience repeatedly claims attention . . . [To] get behind the repetition-compulsion the patient must *rediscover the external painful situation as it was originally perceived*, though at the time it could not be tolerated as a phenomenon

3. Considering Bion's (1970) understanding of the analytic process, an important caveat to keep in mind is that the clinical situation teaches us that *thought, without a concomitant increased tolerance of emotional experience does not serve the process of working through and is instead a defensive reaction to it*. As a corollary, I would add that only such thought that incorporates reflection on one's perceptual/emotional reality serves the process of working through.

outside omnipotent control” (p. 330, my italics). This important clinical observation is often easily ignored.

CLINICAL EXAMPLES AND COMMENTARIES

The clinical examples presented are not meant to showcase particular techniques for dealing with resistances to presence. They underline the pervasiveness of such resistances and demonstrate courageous presence or fearful and shameful absence. Conscious as well as unconscious resistance to presence are also seen to coexist. Also highlighted is the me/not me experience from the vantage point of separation and hiding (from self and others)—such hiding protecting against awareness of “presence” with self and others. The examples cited range from intellectualizations and momentary lapses in presence to extreme and pervasive forms of absence seen in dissociative identity disorder. Our own fluctuating tolerance of an analysand’s actual state is an aspect of counter-transference that also conveys meaning to the analysand—the more tolerant we are as analysts of our own experience the better things will go, being an obvious corollary. Associations to our own cases, if stimulated by reading this article, may generate further reflection.

CLINICAL EXAMPLE 1: INTELLECTUALIZATION

Peter, an academic scientist seen four times a week on the couch, does not see the usefulness of “trying to say everything.” He both consciously withholds what he calls “irrelevant” and “unanalytic” material and exhibits unconscious automatic restrictions of his associations. He begins one session stating, “Here I am again.” Upon reflection, he says, “I guess I was just recognizing that I am here.” I took this to mean that he was also “here” with me. He tells me a story of a professor who for years wore the same suit to class, telling the class a joke that one day the suit would come in by itself—the joke being that while the professor would be dead, the suit would still come to class. Upon further reflection, he thinks that this might pertain to his own practice of coming with his intellect as a suit worn over his emotional self. He says that he realizes that to accept this latter statement as true would mean acknowledging that I, his analyst, “might be right” about things, thereby exposing his vulnerability. Although he says he cannot quite believe in the fact of his vulnerability, he then says, “I could say I believe in it” and comments how he could thereby secretly curry favour, as he has done successfully with others. He also adds that as he was speaking, he thought that he was taking a risk in revealing all of this to me (thereby explicitly delineating a relationship inclusive of some

trust with me here and now). He then retreats into intellectualizations, which have a gradual effect of inducing a paralyzing stupor in me, indicating to me additional evidence of Peter's retreat from courageous presence into defensive absence.

Peter hides behind a wall of intellectualizations, which he values as "thought." He indicates on many occasions that these "thoughts" assist him to "rise above" unwanted emotional experiences he considers indicative of intolerable "weakness" and therefore not permitted in public. In this session, despite feeling danger that he believes originates in me, he takes a risk and for a few minutes spontaneously reveals himself through free association and with what appears to be courageously open reflection on what he had experienced and thought. As a consequence, having touched on the experience of his own vulnerability in relation to me, which he finds difficult to bear he retreats from the experience—such retreat already having been connected associatively to death (or to the related experience of shameful mortification) in the anecdote of the suit.

Years later, Peter wrote a company a cheque inadvertently postdated beyond a deadline. It took him a few weeks before he could relay the whole story and even then without conviction that it had any relevance. The cheque had triggered a substantial late interest charge and was therefore deemed by him "consciously" as "illogical." He "could not believe" that he had "acted out of anger," believing himself incapable of such emotionally based "illogical" action that hurt only himself. After retrieving the cancelled cheque, he thought that the handwriting appeared "not to have been written by me." He found it difficult to reflect on the latter statement, as he could not reconcile himself emotionally to being the cheque writer. He did, however, simultaneously recognize as fact that only he could have actually written the cheque. At first he could reconcile the facts only intellectually. Later his associated statement, "It's not a loss if you never had it" brought in denial of loss as a key related concept. From my vantage point, Peter was articulating both aspects of his experiences of absence (from self) and presence (with self) genuinely, with some anxiety and without much flight in the session from the contradiction, while simultaneously being linked more trustingly with me, his analyst, through the analytic process.

Earlier in the analysis Peter would never have brought in the cheque story. Even later he did so reluctantly, having deemed it "irrelevant" as a "psycho-analytic" topic. Although such resistances are analyzed for their unconscious motivations, here there is also a concomitant conscious component centred in fear of being shamed, which is being enacted in a pre-emptive self-restriction. Only with his courageous expansion of his associative

repertoire, notwithstanding fear and shame, could he and I together find enough evidence that his emotional reality (negated, criticized, and neglected in the past) was a focus worthwhile enough to continue such irrelevant (unconsciously experienced as risky) revelations.

Bion postulated that a thought is born of frustration that is sufficiently tolerated, or what he eventually called “tolerated doubt.” Acting as a bridge between a felt-want (or desire) and the action necessary to obtain satisfaction, the “capacity for tolerating frustration thus enables the psyche to develop thought as a means by which the frustration that is tolerated is itself made more tolerable” (1962a, p. 307). As Mitrani states, “Bion observed that if tolerance of frustration is inadequate, evasion of frustration, rather than its modification, will be the outcome. In other words, frustration, rather than leading to the development of thoughts, will result in the development of a ‘bad object’ fit only for evacuation” (Mitrani, 2001, p. 1086). Both from my own clinical experience and taking note of the above discussion, it follows that one cannot tolerate frustration that has not been experienced fully and might be too intolerable to be reflected upon, except through a defensive mode of evacuative “thinking” akin to “intellectualization.”⁴

CLINICAL EXAMPLE 2: DISSOCIATION

I have seen Jessica for many years four times a week, mostly on the couch. Abused by a stranger when she was very little, she also remembered later regular childhood sexual encounters with another man. His erect penis, poking her backside through his pyjamas, would stimulate her “going into the carpet,” remembering nothing of subsequent events. Through a self-discovered self-hypnotic technique,⁵ she concentrated on a point in the carpet and experienced herself thereby transported into the carpet—leaving “the body” behind and out of her awareness. As “the body” was never acknowledged to be “my body,” she could thereby believe that nothing

4. As frustration may not be “experienced” consequent to suppression of the original emotional experience, it follows that such unexperienced frustration is therefore not tolerable enough to be reflected upon and be “thought about” in terms of the pseudo-thought or the “not-thought” of evacuative intellectualization. This occurs when in a perceptual experience, frustration (and the associated emotional experiences) is suppressed, denying oneself a full and accurate perception of the original experience. Something similar but more concrete can be seen in the wide range of dissociation in the face of mild to extreme trauma.

5. Brenner (2001) refers to this briefly (p. 45) and to the presence of hypnotic and other states of consciousness elsewhere in his book on dissociative disorder.

at all actually had happened to her. As an adult, memories of associated noises and body smells became triggers for panic attacks and further dissociations. The analyst's footsteps approaching the waiting room heightened anxiety. While she could say then that "the body is tense," for years she could not say, "I am tense." "The body" was tense, it was not she herself who was tense. When confronted by difficult material in a session, she would often "go into" a point of light and "leave the body behind," thereby "leaving" a session for moments or for as long as the duration of the analytic hour.

Loewald (1972), defined *fragmentation* as an experience where "meaning, i.e. connectedness, has disappeared, each instant is only its empty self, a nothing" (p. 406). In my clinical experience, what these extremely dissociated analysands demonstrate most often is not so much actual fragmentation (unless stimulated by new trauma) as an active process of defensive agglutination of a post-fragmented experience. The unconscious pose of this defence is an inevitably futile attempt to disavow the ongoing rawness of fragmented experience of time, place, and person. Being in a state of "presence" in this psychic space is equated (quite literally) by the kind of extremely traumatized analysand I am describing to self-annihilation. And certainly for those analysands who have in the past escaped death by struggling to survive, this must be avoided at all cost. While Bion originally described psychotic patients who "feel the pain but will not suffer it and so cannot be said to have discovered it" (Bion, 1970, p. 9), we now recognize this as a general phenomenon. Notwithstanding, this general phenomenon does not completely coincide with my own observations of dissociating analysands (whether mildly or extensively) who have (from their vantage point) found a way both not to feel pain *and* not to "suffer" it. Their "solution" is simple. Pain that is experienced is simply not their pain, it belongs to "the body," *"the mouth,"* or to someone else (in extreme dissociative states with a different self, name, and "personality")—concretely, "not me." Suffering that may occur as a consequence is also not experienced as their own but rather as someone or something else's. In most psychic defences, but especially obvious in schizoid and obsessional defenses, the bottom line is: no feeling—no pain; no pain—no suffering.

While affect in itself is not a matter of will, action directed by striated muscle activity is. Therefore it can be said with some degree of accuracy that an analysand is psychically responsible for the outcome of her actions, even if compulsive and driven by affect. This includes even those actions not recognized by the analysand as his own. Assertions of "no responsibility" are to be noted by both analyst and analysand. It is imperative to

note that while responsibility is not equivalent to blame, the analysand can easily confuse responsibility with blame, especially as blame sits at the paranoid-schizoid pole of the “responsibility” continuum. It is also notable that degrees of responsibility also can be discerned in any action that includes two or more people of unequal power. Only very early on in life can we accurately say that the individual (infant) inhabits the pole of absolutely zero responsibility. Dissociative defences, especially in adults, hold their power because they have a capacity to shut out the experience of responsibility in all its forms and thereby inevitably perpetuate psychic repetition of trauma in some manner. Remembering that the analysand holds some responsibility for his presence, even in the consulting room, can be helpful to the analyst in elucidating this dynamic.

CLINICAL EXAMPLE 3: PUNITIVE GUILT AND SHAME

Sue, a woman with few overt dissociative defenses or actions, is in analysis on the couch four times a week. Having been shamed by older siblings most of her life, she feels stupid, fat, and ugly. Early in her analysis, determined to have me collude with her self-attacks and thereby avoid an analysis, she recounts stories of her “reprehensible” actions (including cross-boundary actions with a minor), repeatedly enjoining me to reject her. When I don’t comply with her demands for censure or other enactment from me, she threatens to leave—especially if I don’t commit to doing something concrete about her terrors and her sensitivities to external stimuli such as noise, smells, heat, and crawling insects that she either experiences or expects to experience in my office.

When acting on others in movement or speech, she does not experience herself as the one who acts. She says, “It was not me who pressed the button on that stupid email,” or “The mouth stupidly told my sister that my brother was on my shit list.” Though she uses a similar linguistic convention as dissociating analysands, I do not observe evidence of active overt dissociative phenomena in the consulting room. A similar kind of splitting, as in the overtly dissociative analysands, is betrayed only by language, occasional past actions, and analytic elucidation of similar defensive intent.

One aspect of Sue’s torment is that her punitive guilt, as distinct from her powerful punitive shame, is too much for her to bear. Her varied enticements directed at me to attack her are motivated partly by her desire to relieve (expiate) herself of her guilt by setting up the external object as (guilty) punisher. While engaging courageously as fully as she can in her analysis, demonstrating “presence” in the paranoid-schizoid mode, Sue externalizes what she cannot bear via projective identification communicated

behaviourally,⁶ an aspect of Grotstein's (2005) "projective transidentification." A fuller and more tolerant engagement with herself and with me in the moment eventually develops both when I do not act out complementarily, notwithstanding the pressure on me to do so, and when she stays the course in her analysis, notwithstanding compelling pressure on her to follow her usual compulsive escapist patterns. Her escapist language diminishes over time and effort in analysis and is gradually generalized into effort in her relationships with her spouse and family with reciprocal effect.

In general, people attempt to evade full responsibility for the actions of their striated muscles or "blame" themselves for actions to expiate guilt and split themselves into self-perpetrator and victim, rather than work through the emotional impact of their actions.

Once identified as a mild dissociative phenomenon and worked through, an awareness of the "mouth did it" attitude was quite helpful in allowing the analysand to recognize that whatever the impulsive pressure to act and obey her emotional dictates, as an adult, she was ultimately responsible for the action itself and had conscious choice in the action (even though she did not have choices in her feelings, except through defensive manoeuvres ranging from conscious or preconscious suppression, to unconscious repression, projection, projective identification, etc.). This "mouth did it" attitude also gradually came to be associated to past actions (much more costly and damaging ones), as well as early bodily functions, especially of the anal expulsive variety that she could not control in the face of absent caregivers in a household of eight children with absent parents and reluctant parental siblings.

CONCLUDING NOTE

Whether predominantly in a paranoid-schizoid or a depressive mode of being, from the first encounter on the telephone and later in the framework of the analysis, it is the analysand's responsibility to bring himself and herself into analysis to be analyzed, regardless of feared emotional consequence either on analysand or analyst. The analyst's responsibilities include not only awareness of the analysand's responsibility of presence but also not appropriating the analysand's responsibility for presence as the analyst's own exclusive responsibility. In this context we could also recognize the analyst's concomitant responsibility for his presence as an

6. Almost identical phenomena have been named "realistic" aspects of projective identification (Bion, 1962a, 1962b), "behavioural aspects of projective identification" (Garfinkle, 2005, 2006), and "projective transidentification" (Grotstein, 2005).

analyst—such presence being among those conditions leading to reverie and inner activity in the analyst, which by containing the raw undigested inchoate psychic material (beta elements) contributes to creating conditions for greater psychic presence in the analysand.

Grotstein (2009, p. 63) views the psychoanalytic process as the analyst's creation of a psychic container for the analysand through emotional linkages:

When the emotional experience of the session has been contained by the analyst, the (raw, somatic, unmentalized) emotion is transformed into the acceptance of feeling (acknowledging, experiencing) the emotion—that is, one's self-reflection about the emotion—and one's feeling of it can then take place . . . so as to establish truthful emotional linkages between themselves and the analyst (and other objects as well).

But the analyst's containment function also can be viewed as a potential function waiting to be found by the analysand. In this view, the analysand bears responsibility to expend (courageous) effort with awareness of fear throughout the analysis, risking exposure to danger thereby in order to hopefully find and realize the containment opened up by the analyst's receptive presence. Such is the responsibility of the analysand, even when caught in the throes of either persecutory or depressive anxieties.

Interpretations elucidating greater awareness in the analysand of his evasions of experiential presence can contain persecutory anxieties by demonstrating to the analysand the analyst's capacity to survive as an analyst, even in destructive or impoverished environments. Thus, in an atmosphere where an emotional outburst filled with love, hate, and other deeply experienced emotions is feared by both sides, an actual experience of weathering and working through the storm of "emotional turbulence" (Bion, 1965) and surviving its passing in the ordinary work of analysis may be more likely to contribute to the analysand's finding the container/analyst than in an analytic experience in which both parties succumb to avoidance out of fear or shame.

Although "presence" is a natural state that cannot be consciously forced, both analyst's and analysand's attentive awareness to each their own "negative presence" can create conditions for "presence" to emerge.⁷ Analysts already explicitly express expectation of responsibility for physical presence when requesting payment for missed and cancelled sessions.

7. By contrast, conscious notice of "presence" brings an immediate concomitant loss of "presence."

Perhaps an explicit request of the analysand's psychic/emotional presence as part of the responsibilities of an analysand is also warranted. Clifford Scott used to ask his analysands to "try to say everything"⁸ as a means of expressing the fundamental rule. An amendment to this kind of request could be a variation on "try to say everything and try to be present with everything you say."

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