belief that psychoanalysis, owing to the peculiarities of the analytic situation, is able to remove the obstacle and so allow the normal development to proceed.

Strachey emphasizes the role of unconscious phantasy, primitive object-relationships, and the importance of projection and introjection. And he introduces the concept of a mutative interpretation: in his view, the mutative interpretation is that interpretation of the transference, which changes the very nature of the superego. In his view of the psychoanalytic process, the patient projects his archaic superego into the analyst and reintroduces it, modified by the analyst's understanding. In that way, the archaic severity of the superego is modified and the reality ego is strengthened. He makes it quite clear that this does not mean that the analyst should act like a 'good object'. This would only reinforce the split between the idealized and the persecutory superego. It is the analyst's capacity to contain the bad projections, and understand them, which leads to the integration between the idealized and the persecutory figure.

Further work of Klein, and later her followers, added something to Strachey's model. The work on projective identification showed that it is not only an internal object or objects that are projected into the analyst, but parts of the patient's own ego (see Chapter 9). The problem is not only a distorted view of the object but also of severe losses to the ego. Very importantly among them, the ego's capacity to form judgments may be projected in the process. This further work also brought to the fore the importance of the levels of communication. This is blatant in psychosis, in which the patient's communication is on the level of concrete thinking: thoughts and feelings are replaced by misperceptions, hallucinations, actions, etc.; and the analyst's task is to trace these to the projections which lead to psychotic functioning.

Bion's model extends that of Strachey and Klein to include the most primitive levels. The analyst's function is to contain beta projections, and this understanding converts beta into alpha elements. As I see it, the alpha function gives beta elements psychic meaning. Disturbances of these processes are blatant, as I have said, in the psychotic; but they also underlie neurotic symptomatology, where the psychotic process is encapsulated in an area of psychotic functioning. For instance, in crowd phobia the crowd is at depth experienced as a conglomeration of untransformed beta elements. And it is only when we reach this level of functioning that structural change can take effect.

CHAPTER 12

Bion's theory of containment

RUTH RIESENBERG-MALCOLM

Bion is one of the most influential psychoanalytic figures in the second half of this century. Following Sigmund Freud and Melanie Klein, he developed the latter's theories in one of the most original ways, thus opening up vast fields of understanding of the functioning of the human mind, mental development and psychopathology. He applied his newly discovered theories to further psychoanalytic technique and the understanding of groups.

His writings may appear difficult and obscure at first reading, but they manage to inspire the reader. For the practising analyst they help to refine and expand technical expertise.

Bion was born in India in 1897. As a young boy he was sent to boarding school in England. He finished school just before the outbreak of the First World War. He soon joined the army, where he distinguished himself in the Royal Tank Corps and received the DSO. At the end of the war he went to Oxford to read History. Then, after a short period of school-teaching, he decided to study Medicine and specialize in Psychiatry.

In 1940 he again enrolled in the army, where he looked after psychiatric war casualties. Together with Rickman, Main, Foulks and others, he worked on the rehabilitation of war personnel. Bion became very interested in what he observed as the group processes that were taking place in the wards he worked in, and he began to observe and study the possible meanings of the patients' interactions, and the possibility of using this newly acquired understanding as a therapeutic tool.

Eventually this working group of psychiatrists formed the Institute of Human Relations of the Tavistock Clinic.

Bion's work with groups allowed him to bring to being the first of his many original contributions which appeared in 1961 as the book Experiences in Groups. In this book he describes what he calls the 'basic assumptions', that is the processes that underlie the emotional interaction in
groups. These assumptions are light and slight. Dependency and Pairing, I
will not go into group phenomena in this chapter, but I wish to stress that
having been in analysis with Rickman (analysis he had to interrupt because
of their work together during the war), Bion was aware of Melanie Klein’s ideas.
Later on he was to analyse his own ideas about groups from a Kleinian
perspective (Blanddonu, 1994, p. 84). His work on groups was not only
illuminating, but to this day remains central to the understanding of group
phenomena and to work with groups.

In 1945, Bion went into analysis with Melanie Klein, whose theories he
later expanded on and enriched with new ideas. Klein’s insights into early
mental functioning, and especially her discovery and description of the
mechanism of projective identification, her theories about the depressive
and paranoid-schizoid position and the movement between them, were to
come central to Bion’s thinking. These can be found in Klein’s ‘Notes on
some schizoid mechanisms’ (1946).

The focus of this paper will be what has become known as Bion’s theory of
‘containment’ or ‘container and contained’. I consider this to be his most
important contribution to psychoanalysis because, in my view, it takes
Melanie Klein’s original idea of projective identification and expands it in
such a way as to make it essential for the understanding of normal as well as
pathological development.

I would define the theory of containment as the capacity of one individual
(or object) to receive in himself projections from another individual, which
he then can sense and use as communications (from him), transform them,
and finally give them back (or convey back) to the subject in a modified form.
Eventually, this can enable the person (an infant at first) to sense and tolerate
his own feelings and develop a capacity to think.

Before expanding on this subject, I wish to illustrate my definition with a brief
example from a patient I treated a long time ago. [This clinical case has been

Example: Jim

Jim, a 13-year-old boy, was sent for treatment by his school because he soiled
himself. The problem had reached such a stage that the school felt unable to
tolerate it or him any longer. Other than his soiling he was no ‘trouble’ at
school, but he did not relate or speak to anyone, be it child or adult. He could
use speech, and understand it and was also able to read and write. His mother,
a closed-in woman with an air of discontent, said he soiled at home at night and
that he had always been a withdrawn boy. She gave no further information.

Jim was thin and small for his age and wore a permanent ‘angelical smile’ on his face. He did not put up any resistance to coming into the
room, nor did he show any sign of being aware of my presence. He just sat
rigidly in front of me, and for a time he did not respond to me at all or seem
to notice the world outside him; it was as if he were enveloped in his
‘angelical smile’.

Some time later, and with encouragement from me, he finally took some
paper and a black crayon and covered half of the sheet with messy scrawling
black strokes. While this was going on (for weeks and weeks), I was puzzled,
though not anxious. I felt that he was conveying something awful to me, the
nature of which I knew not. At times I felt very sorry for him, but curiously
not bored in spite of the repetitiveness of the situation.

I spoke to him of him feeling something black, incomprehensible, inside
himself. I also spoke of his not expecting me to understand or make sense of
this. For several weeks I could detect no response. I spoke little while he
went on blackening the page. I attempted to verbalize my communications in
different ways. Sometimes I linked it to his symptom. In spite of the apparent
lack of response and the repetitiveness I did not feel disconnected from Jim.

After some time I received some oblique glances from him, and I noticed
that the smile was not there.

Finally, in one session, after occupying himself for a while with his usual
scribbling, and when about two-thirds of the sheet was a solid black mess, he
drew two circles in the blank space left on the paper. The circles were clearly
delineated, separated from each other and attached by the ream to the black
mass. He did not fill them in. This made me think of the lights of a car and I
said so to him. He nodded. Then I told him that my words threw some light
either on the mess he seemed to be in, or that he felt he had inside him, and
that he was now experiencing some slight hope that together we could
understand this. It was more or less at this point that he stopped using paper
and crayon and began to talk.

I have brought in this example to illustrate how something is being ‘put
by one person into another person’. In Jim’s case a sense of utter
incomprehensibility and despair, and possibly many other things as well, about which I
shall not speculate here. Incomprehensibility, be it his or mine, was ‘felt and
sensed by me’ and I allowed him to convey it to me and me to feel it, while
trying to make sense of it and to describe this to him.

Containment

I have chosen the concept of ‘containment’ as the centre of this paper, since
it is at the base of Bion’s main contributions, such as the understanding of: (a)
psychoses, (b) emotional development, (c) thinking and learning, and (d)
psychoanalytic technique.

In speaking about containment I am referring to Bion’s use of Klein’s
concept of projective identification (Klein, 1946, pp. 8–11; see also Chapter
9). I will use here Elizabeth Spillius’ very clear description of Klein’s usage of the concept of projective identification:

She [Klein] thought of projective identification as a phantasy in which bad parts of the self were split off from the rest of the self and, together with bad excrements, were projected into the mother or her breast to control and take possession of her in such a fashion that she was felt to become [italics in the original] the bad self. Good parts of the self were projected too, she thought, leading to the enhancement of the ego and of good object relations, providing the process was not carried to excess. (Spillius, 1988a, Vol. 1, p. 81)

Let me now return to Bion. Bion arrived at the concept of container and contained mainly from his studies of psychotic patients, their mental functioning and, very specifically, their peculiar thinking. During the sessions, Bion saw the patients expressing something they could not understand nor ‘sense’ themselves. It was then left to the analyst to do something with the unassimilated ‘stuff’ in her own mind (as I have shown in the case of Jim) and to try to convey what was happening via interpretation in such a way that it could be felt and thought by the patient.

This furthering of Klein’s ideas expanded and changed the concept of projective identification itself, giving it further texture and depth, and applied it in his psychoanalytic work. This allowed him to construct a theory of infantile mental development.

Using Klein’s insights, and his development of them, Bion suggests that the baby has sensations, be those coming from outside herself or from inside, which the baby cannot cope with. He counts both pleasure and pain among such sensations. Since the baby cannot ‘tolerate’ them (for whatever reason) or comprehend them, she can only get rid of them, that is expel them, or rather expel that bit of her that feels them (as Klein says when describing projective identification). The baby can breathe them out, she can urinate, she can scream them out or use any kind of physical means at her disposal.

A question that could be asked is: what happens with the sensations she expels, where do they go? It is obvious that in reality they cannot ‘disappear’, it is equally obvious that there can be no growth, well-being or development without modification.

Where do these projected bits of experience go? They go into the mother who modifies them through an emotional function that transforms the baby’s raw sensations into something that – if all goes well – the baby takes back into herself and becomes the basis for the baby’s awareness of her feelings and, eventually, thoughts. At first, of course, the baby cannot do this by herself, and it has to be done by the mother through a function which Bion calls ‘reverie’ and describes as a function of the mother that is based on her love for her baby – and the baby’s father (1962b).

Reverie is an emotional experience in which the mother does something for her baby akin to ‘mental digestion’ (the model used by Bion), which the baby cannot do for herself. In other words the mother becomes ‘a container’ for the baby’s experience. What the mother does is the mental equivalent to what other species do with food before giving it to their offspring. Reverie is thus an unconscious activity of the mother.

So far I have been speaking of the mother processing the baby’s experience, but what does she give back to her baby? And how does she do it?

Bion describes this process by quoting Klein and the role she ascribes to an aspect of projective identification through which the baby’s fears are dealt with by being projected into the good breast. Bion (1962b, p. 90) says: ‘During their sojourn in the good breast [mother] they are felt to have been modified in such a way that the object that re-introjected has become tolerable to the infant’s psyche.’

I believe that Bion’s statement makes it clear that the sensation, as well as the object – that is the infant’s perceptions of and what he takes from the mother – become tolerable. In my view, Bion is saying that the baby takes in (unconsciously) not only the modified version of that ‘him + sensation’ that has been projected into the mother, but also the object, that is ‘the mother in her function’. If all goes well, this will constitute the basis for further development. I will return later to the processes that take place.

Reverie as a function is central to the baby’s life, but it does not only take place in infancy, it occurs as well in later life. Moreover, it is a process that takes place – or should do so – more or less continually in psychoanalytic work.

For instance, looking back at Jim’s case, what I was doing was not just tolerating his behaviour or receiving his projections, I was trying to make some sense of them, and of the feelings he elicted in me, to convey whatever sense I could to him.

Bion understood reverie as a conjoined activity of baby and mother, for the mutual benefit of both. Something akin to this process takes place in the psychoanalytic session, but it is not quite the same. If we look once again to Jim; I was responding, mostly, though not exclusively, unconsciously to my perceptions of him and myself. I tried to understand what I felt and thought, process it intellectually as well as emotionally, and somehow find a way to communicate it to Jim, in such a form that conveyed to him that it was possible to make sense out of this ‘amorphous mess’. He eventually took this in and could use it himself – something he demonstrated by moving towards a more sophisticated (symbolic) way of communication: the drawing of the circles and speech.

Bion’s ideas on containment show us how the environment (which for the baby is at first just the mother) works through the maternal reverie in helping or hindering the baby’s development.
Kleinian Theory

Containment has become a popular and popularized concept, often misused. We often hear the expression 'she or he was so containing', referring to someone's capacity to bear something or some person.

I hope that in this brief introduction to the process of transforming mental elements, I have conveyed that 'containment' is an active process, which involves two people in an emotional relationship. This needs to be emphasized and kept in mind since it is a concept that is often misunderstood.

Similarly Bion's idea of containment has often been compared to Winnicott's concept of holding, however I understand them as different processes which, in spite of sharing similar experiences in descriptive terms, are understood differently.

I shall briefly explain my understanding of the main differences between Winnicott's idea of holding and Bion's concept of containing.

Following Freud, Winnicott bases 'holding' on the concept of primary narcissism, that is, no ego existence at the onset of life. He claims that baby and mother merge and fuse, and that the process of holding includes 'especially the physical holding of infant, which is a form of loving. It is perhaps the only way in which a mother can show the infant her love' (1960, p. 49). He adds that the identification of the mother with her baby allows her to provide ordinary holding.

Bion, on the other hand, followed Klein and departed from Freud's view on primary narcissism and propounds the existence of innate drives and an innate rudimentary ego capable of rudimentary functions (responses) (see Chapters 2, 3 and 11).

To summarize: both Bion and Winnicott share descriptively a view of a close mother-infant relationship, but they differ in their interpretation of this relationship. For Winnicott it is a merger, as expressed in holding, which follows the intraterine unity between baby and mother and from which the baby emerges into eventual individualization when she is well and ready for it. For Bion (and Klein) it is a relationship between the two in which the infant's ego's participation is active from the beginning and the mother's participation is more psychologically specific than just mere physical contact, though it is mainly perceived and expressed by it.

I will now describe in more detail how this psychological transformation takes place.

Alpha-function, alpha-elements and beta-elements

In working with psychotic patients, Bion came to the realization that they had sensations, perceptions, or mental states that they could not process in themselves. They could neither feel them within themselves nor be conscious of them. Bion recalls feeling under certain pressure to 'take those states in', that is they were projected into him and it was for him to experience them. The actual aims of those patients in projecting into him, seem to have been manifold, predominantly the patients' need to get rid of something. In patients more connected to reality, these projections represented means of reaching their object, that is the analyst in the session (or mother originally) had to experience it for the patient to be able to do something about them.

In examining his own experience and action in such situations, Bion came to realize that he was doing something with what had been deposited in him, that to sense it and to make sense of it, he had to transform it into a different category of mental element. For example, apparently incomprehensible words, grunts or strange movements of his psychotic patients became bits of possible understandable material. He called the product of this mental activity alpha-elements.

Bion calls these raw sensations, which need to be dealt with (and fail to be dealt with) by alpha-function, beta-elements. Beta-elements are only fit for expulsion, or action; they cannot become thoughts or develop in the way they are; they can only be thrown out. But, as I will explain later, when these expulsions are too massive and not dealt with by alpha-function they can result in severe pathology.

Alpha-elements are created by a special function that is called by Bion alpha-function. He keeps the concept of alpha-function as an abstraction: it is a function only aimed at creating alpha-elements. The understanding of alpha-function is based on the extension and application of Klein's ideas on projective identification.

Returning to my original point on reverie, the mother (and the analyst in the session) uses her own alpha-function to transform the infant's raw sensations and raw emotions (for instance the fear of death) into something that can eventually be assimilated by the infant or patient in her own mind and become elements for further development.

Once alpha-elements are taken in by the baby (the maternal function has been introjected as well) she can use them as building blocks for emotional and intellectual development.

At the beginning of this paper I affirmed that Bion's theory of containment was also known as 'the container' and 'the contained'. By receiving the projections of beta-elements, and working them by her own alpha-function, the mother/analyst is 'a container' for these projections, which then can be called 'the contained'. Once alpha-function has converted beta-elements into alpha-elements and the mother returns these new elements to their original 'sender', they become the contained, and the baby or patient, the container.
Example

I will now introduce a vignette from the material of the analysis of a considerably disturbed woman patient that I believe illustrates this process (this case appears in my book *On Bearing Unbearable States of Mind*). The patient was a few months into her analysis and at that time I did not know much about the nature of her disturbance. During Ms X’s sessions, I began to realize that I was becoming extremely curious about whatever she said, regardless of its content. It was not the usual ‘analytic’ curiosity about meaning or even about the subject she might be referring to, on the contrary it did not seem to be connected to any particular thing she was talking about. For instance in a session she might be saying that Peter or Anne came into her office and I would feel curious about that. Ms X worked as secretary in a laboratory and the people she mentioned were technicians that worked there. I did not know them, nor had I heard anything remarkable about them in her associations. My curiosity felt inappropriate. I asked myself what could be more natural than going into the secretary’s office for everyday necessities of work. She spoke about these everyday events in a rather faltering way, I felt confused. The patient, however, did not seem confused, on the contrary, she seemed to be following a clear line of thought. If I tried to question her she responded in an excited and hysterionic way. Gradually it began to emerge with some clarity in my mind that I was *supposed* to be very curious and excited by *something* that was happening in her. Something in the situation I was supposed to be witnessing was presented as possessing fascinating qualities which were meant to act as a temptation for me and compel me to join in ‘something’.

This I interpreted in a rather blind manner, since I did not know what the situation was, nor the meaning of the fascination that it was meant to excite in me, despite being well aware that this was going on.

Through the continuous interpretation of this behaviour the patient began to experience me differently and I became for her a more trustworthy analyst, able to ‘contain’ her problems. That is, I could feel them and think about them without being reduced to act them out and, therefore, help her to understand them herself.

What then emerged was that for most of her adult life she had had a compulsive perversion masturbatory fantasy, of a voyeuristic-exhibitionistic nature which plagued her.

I believe this example illustrates two main points in relation to this theory. In projecting ‘her fantasy’ into me she managed to elicit a strange curiosity in me (the voyeuristic aspect of it). In the actual fantasy the voyeurs were useless. Even without knowing what it was, by being able to sense it and then describe it to her, I allowed her to take in – that is introject – a different kind of phenomenon that appertained to alpha-function and alpha-elements, which she then could use herself in linking what I said to the fantasy and to tell me about it. She did not need to project them (at least not so much) and in her mind we could both address the problem and thus the beginning of a different way of functioning could emerge.

The second point I wish to illustrate, is the process that takes place in the transformation of projections, or beta-elements, into something thinkable that is alpha-elements.

With Ms X, I seemed very much at sea for some time. But something started imposing itself in my mind, at first dimly, and then slowly with more clarity, that this was the ‘strange curiosity’ I felt. This sensing centred my experience of the sessions, and permitted me to address it so as to introduce a meaning of what was going on for me as well as for my patient.

I think this centring of the emotional experience, which takes place in ordinary analytic sessions, is similar to what happens in the mother’s mind during reverie when she is transforming the baby’s projections into alpha-elements. For instance the crying of a very small baby is responded to by the mother in different ways according to what she senses.

Bion calls this phenomenon ‘the selected fact’. In his book *Learning from Experience* he quotes Poincare’s description of the process of creation of a mathematical formulation: ‘If a new result is to have any value, it must unite elements long since known, but till then scattered and seemingly foreign to each other, and suddenly introduce order where the appearance of disorder reigned’ (1962a, p. 72). Further on he says: ‘I have used the term “selected fact” to describe that which the psycho-analyst must experience in the process of synthesis.’ He then adds: ‘The selected fact is the name of an emotional experience, the emotional experience of a sense of discovery of coherence’ (Bion, 1962a, p. 73).

The emotional experience I am referring to, is the emotional experience the mother has when ‘sensing’ her baby’s projections and allowing them to come together in herself in a way such that she can transform them into alpha-elements and respond to her baby, or in the case of the analyst when a formulation emerges in his mind.

I have been describing the transformation by alpha-function into alpha-elements. The fact that raw sensations can be modified and converted into elements that can be felt and assimilated suggests that they can cohere and develop into what becomes a structure. Bion calls this structure ‘contact barrier’.

A contact barrier is a combination of alpha-elements that eventually can become permanent albeit elastic and can manifest itself, for instance, in a kind of narrative, such as that of a dream.

The development of a contact barrier is at the base of the differentiation between an ‘unconscious’ and a ‘conscious’. It keeps them separate from one
another, but it also allows certain permeability between them, permitting a selected passage of elements from one to the other. The term ‘contact-barrier’ emphasizes the contact between conscious and unconscious’ (Bion, 1962b, p. 17). An everyday example of this is that when we are reading a book we can, as it were, keep out of our mind the fact that we have to telephone someone. Both can easily be brought in different order into mind, when necessary. Of course it is different when we speak of different kinds of unconscious processes which require a special mental work to be brought into the realm of consciousness, as for instance the meaning of a dream or in Ms X’s case, the meaning of her projections into her analyst and their relationship to basic conflicts in her life. In an analysis we are continuously examining both the conscious content of the patient’s expressions, as well as trying to elucidate their possible unconscious signification.

As I said before, the beta-elements do not develop, and therefore cannot cohere. But they can agglutinate, in a way that sometimes masquerades as a coherence that does not exist. Bion calls this a beta-screen.

Beta-screen does not allow the separation between a ‘conscious’ and an ‘unconscious’. Bion suggests that there is a kind of division, but with an indiscriminate passage of elements from one area to the other. Clinically, the beta-screen presents itself to observation as akin to a confusional or psychotic state, for example, through an outpouring of disjointed phrases and images which are related more to the patient’s need to produce an emotional involvement in the analyst than a psychoanalytic interpretation.

Bion says: ‘Beta screen ... has a quality enabling it to evoke the kind of response the patient desires, or, alternatively, a response from the analyst which is heavily charged with counter-transference’ (Bion, 1962a, p. 23).

I have quoted this statement mainly to emphasize that beta-elements are only prone to be projected, and therefore, can evoke in their receptor (the analyst in the session) those emotions, feelings or sensations that have been ejected. Bion’s second statement is more complicated, since it refers mainly to Bion’s use of the word ‘countertransference’, with which he seems to imply a neurotic (personal response) from the analyst.

I understand Bion’s last remark in two ways. On the one hand that the analyst has been provoked and has not been able to process his own reactions. On the other, what he describes as the provocation of a desired response of the analyst, which in modern psychoanalytic technique has become known as ‘the use of the countertransference’. In other words, the use of the understanding of the patient’s projections and the reactions they provoke as means of the patients’ communications. We could see this in Ms X’s ‘making me feel curious’. It is interesting to note that such an understanding of countertransference has occurred and has produced such a vast development in psychoanalytic technique thanks to Bion’s theories.

Bion’s theory of containment

However, the way we currently use the word countertransference is different from the meaning that Bion gives to it in the cited paragraph. It is impossible to gauge if he would have agreed with the extension of the use of the word countertransference, an extension due to his contributions.

Revision of theories derived from containment

As I said at the beginning of this chapter, I have focused on Bion’s theories of containment because it is at the centre of the most important developments brought by Bion to psychoanalytic understanding. I will now refer briefly to three theories that developed from containment: ‘theory of thinking’, development of ‘knowledge’ (as derived from the previous one), and a few contributions to the understanding of psychoses.

Before developing these aspects I wish to remind the reader that Bion follows Freud and Klein in his adherence to the existence of innate life and death drives. He uses these concepts (as they both did) in his theoretical refinements, and in explaining clinical phenomena, especially the influence of destructiveness in the origins of psychoses as well as the type of mental phenomena involved in psychotic development.

Bion departs from Freud in his ideas about primary narcissism (as I mentioned earlier) and believes in the existence of a rudimentary ego (as did Klein) and that the individual was born with a preconception of a satisfying object, that is the breast (see Chapter 8).

Bion believed that the capacity for development depends greatly on the subject’s capacity to tolerate frustration, which in turn depends on the innate, instinctive destructive forces.

Theory of thinking

Bion suggests that thinking and thoughts, though not independent from one another, develop differently and suggests that thoughts develop independently of, and prior to, thinking. Thinking he considered to be an apparatus that the individual needed to develop so as to be able to deal with thoughts.

Bion describes thought as evolving through a developmental process, that begins with what he calls preconceptions which then evolve into conceptions and eventually concepts. This is an emotional process.

He describes preconceptions as states of expectation, for instance a baby feeling hungry and expecting to be fed by the breast; this seems to be basically an instinctive psycho-physiological state. When these expectations are not met by gratification (being fed), and if frustration is not too great they can develop into conceptions. Conception is a primitive thought that results from a preconception (expectation) meeting a ‘negative realization’, that is the absence of the object that satisfies, added to a tolerance of this absence,
without the situation turning into a catastrophe. Concepts are repeated conceptions; they can become fixed and be named.

As I said before, the infant is born with a preconception of an object that will satisfy her needs: the breast. When the breast satisfies her, no further development of that specific experience takes place, insofar as the baby is satisfied and contented. Expressed in a slightly different way the discomforted and/or hungry baby feels something bad and expels it, a beta-element is got rid into the mother who can sense it and give her baby what she understands the baby to need, she can for instance put her nipple in the infant’s mouth. Thus, when a preconception meets a gratification it can be considered the end of that story.

The situation is quite different if the preconception meets with frustration. To a certain extent the outcome will depend on the infant’s capacity to tolerate frustration (which has already permitted the introjection of good experiences with the mother).

To start with the negative aspect of this, when the tolerance of frustration is minimal or non-existent, the capacity for satisfaction is also impeded, since anything short of perfection will not do, and this added dissatisfaction increases the frustration, which results in continuous and massive use of projection, and re-introjection of bad unmodified beta-elements, which are felt not just to be bad, but ‘even worse than bad’. Expectation, hostility and frustration grow and the introjection is of a kind of horrible stuff which installs itself in the baby’s mind as a bad, negating damaging object.

Turning now to those infants with the capacity to tolerate frustration, the preconception that meets with frustration can become a conception, that is, a thought.

In the instance of the intolerance of frustration, the baby’s main aim would appear to be to evade frustration. The main aim of a ‘tolerant-off-frustration baby’, on the other hand, would be to modify it –to think it– which in turn will increase his capacity to tolerate frustration.

To summarize: a thought derives from a bad object, felt to be bad because it is not there and therefore does not gratify the infant’s need of the moment, albeit that it can be tolerated by the baby. I believe that we can assume the pre-existence of innate capacities and sufficient previous gratification by a good object that permit the infant to tolerate the situation, and eventually allow him to develop thought. For Bion, a thought that becomes fixed and can be named is a ‘concept’. It could be said that by then it is firmer and better established.

Turning now to the apparatus for thinking thoughts, this presents a different and more complex situation. Bion says that this apparatus has to be formed so as to deal with thoughts, but in my reading of him I do not get a clear view of how this takes place. I will return to this soon.

In his paper ‘A theory of thinking’, Bion says: ‘just as sense-data have to be modified and worked on by alpha-function to make them available for dream thoughts etc., so the thoughts have to be worked on to make them available for translation into action. Translation into action involves publication, communication and commonsense’ (1962b, pp. 117–18).

As can be seen, Bion’s idea of an apparatus for thinking follows Freud in his postulations about thought modifying simple discharges and permitting a different kind of action, according to the reality principle (Freud, 1911a).

Bion describes with great vividness the origins of the transformation of ‘simple discharges’, that is, projection of raw sensation or beta-elements, first by maternal reverie into alpha-elements, to evolve into what becomes a concept. From his writings one can deduce that the apparatus for thinking probably evolves from these early emotional experiences, and out of necessity, but I do not find it clear how this happens. If one is to follow his idea of an apparatus for thinking as separate from thoughts, I would have thought that it probably originates in the introjection of the maternal function as such.

It is my belief that the baby, in taking in the maternal transformation of her projections of raw sensations as transformed into alpha-elements, takes with it some of the maternal attitude and capacity to transform, that is introjects the function as well as the content. In this sense it would be the summation of these introjections that probably would permit the formation of a specific apparatus to deal with thoughts.

We can see from this description that ‘intellectual activities’, that is the formation of thoughts and the constitution of an apparatus for thinking, originate in emotional experiences, between the infant and its primary object and evolve from there.

Theory of knowledge: knowledge (K) and anti knowledge (minus-K)

As I suggested earlier, learning, and therefore knowledge, derives from the developments described above, which in turn are based on emotional relationships.

During most of his working life Bion was interested in facilitating notation. He felt that resorting to a few basic concepts, from which symbols could be abstracted that represent these complex relationships, facilitates the task of an analyst.

He chose three main and central relationships between the infant and his primary objects, or the patient to his analyst in the sessions. These were Love, Hate and Knowledge, which he represented with the letters L, H and K. He emphasized that the three of them constitute an active process as opposed to static statements.
Leaving aside I and H, Bion describes K (or knowledge) as a process, a continuous movement of 'coming to know'.

If we look back to what I have been saying previously about alpha-function and alpha-elements, in the same way that they continuously change, knowledge, or K, also constitutes a similar continuous process of movement and change.

This tendency to come to know (K), or what Klein refers to as the epistemophilic instinct, probably also corresponds to innate tendencies, as can be deduced from the capacities of the infant or individual to tolerate the 'frustration' of not knowing and moving towards the exploration that will permit the coming to know.

In an ordinary infant or person this activity is not only continuous but also implies growth of the personality. Early omnipotence is replaced by knowledge and the person does not have to rely on it, she can learn.

Thus, K would be based both on the mother's capacity for reverie as well as the infant's capacity to tolerate frustration.

There is however a less positive scenario which I mentioned earlier when dealing with preconceptions. I am referring to the situation in which either the mother cannot transform the baby's projections or these are of such a nature and the infant's destructive forces are so negative that instead of a positive evolution what takes place is the establishment of a destructive deriding object in the infant.

In such a situation all the positive achievements of growth (and mutual growth of object and subject) are impeded and appear to be reversed. Instead of feeling relieved by the mother's ministrations, and her capacity for reverie, which eventually could be assimilated by him, the infant experiences the maternal action as destructive of his own capacities, and suffused with hatred. When the mother removes the infant's anxieties, the infant feels her as depriving him, not giving to him. Projective identification increases, but not in a communicative way, on the contrary it is aimed at destroying communication, it appears to act as missiles, attacking whichever capacity should there be available for the production of alpha-activity.

Since projection and introjection are basic components of the infants, and they take place either simultaneously or in succession, introjections that occur are of hostile elements. Thus the individual indoors inside himself an object he feels destroys him, deriding him of goodness and exposing him to moral criticism. Omnipotence and omniscience replace learning and knowledge. 'Morality' – that is to condemn everything – takes the place of 'Truth'.

Psychoses

Bion's contributions to the understanding and treatment of psychoses are vast and go beyond the scope of this chapter; nevertheless I do not wish to end it without mentioning briefly two aspects that relate directly with what has been said so far about Bion's theory of containment.

I concluded my last chapter point talking about minus-K which ushers the introduction of psychotic phenomena. This, because of the predominance of minus-K, is psychotic in nature, and the internal world of such individuals feels distorted, hostile and destructive to them.

According to Bion, psychosis (and by this he refers mainly to schizophrenia) originates in an excessive endowment of destructive forces, which cannot be mitigated even by the most responsive of mothers (and who can be so responsive in such situations?). Maternal lack of capacity to accept and process the baby's projections, indeed contributes to create pathology, furthering the instalment in the child of a rejecting (rejecting of projective identification) object. But Bion insists that this alone cannot create psychosis.

The infant so negatively endowed feels this endowment as hatred to all that which brings awareness (that is anything that can link her to reality), and the attacks are mainly directed to that aspect of the self that could become aware of connections, both inside himself and others, and towards the object that prompts this awareness. In other words, what is being attacked and destroyed are mainly the functions of the ego. It is the ego that is being destroyed.

The attack on the ego is carried through by the minute fragmentation of the ego and by projecting these fragments violently into the object. The object might then be felt to engulf and/or be engulfed by these expelled minute bits of the self that contain beta-elements plus ego and superego (internal object) fragments (see Chapter 9).

Bion calls these particles 'bizarre objects', and as can be seen they are based on beta-elements, but are different to them insofar as beta-elements are exclusively raw sensations, while these projected bits contain also bits of ego and superego.

When writing of containment and the projective identification implicit in it, I have mainly (but not exclusively) referred to a certain capacity of the individual to elicit feelings and responses, and in this respect I have spoken of a realistic projective identification (see for instance the curiosity in the Ms X case). But in the case of a psychotic patient, the violence and hatred of connections is so intense that the projections often involve inanimate objects, which are then felt to be and act as that which was projected into them. Bion often uses the example of sight projected into a gramophone which then is felt to watch the patient.

The main and earlier mental connection between baby and mother (and patient and analyst in the sessions) is projective identification, that is the link formed by a 'realistic' projective identification: the baby has projected raw sensations, the mother has transformed them into alpha-elements, and the
baby has taken them back in himself. It is this link that becomes the main target of the psychotic infant's attacks, and Bion sustains that even more effective than the attack on the links would be to prevent those links from being formed (Bion, 1959).

These attacks, as I have already said, fragment the ego and the patient is confronted with the task of restoring his own ego, prior to any kind of reparation to the object.

To conclude: for Bion projective identification is the central and most primary link between infant and mother, and the capacities of each one - mother and baby - to use it, transform and assimilate it forms the core for both normal as well as pathological development. In other words, with his theory of containment, Bion brought new lights into Melanie Klein’s concept of projective identification and allowed for further understanding of the human mind, both normal as well as pathological.

CHAPTER 13

Transference

BETTY JOSEPH

By 1905 in his paper 'Fragment of an analysis of a case of hysteria' Freud had formulated his ideas on transference - ideas which are still fundamental to our understanding of the term and to our psychoanalytic technique today. He asks:

What are transferences? They are new editions or facsimiles of the impulses and phantasies which are aroused and made conscious during the progress of the analysis ... they replace some earlier person by the person of the physician ... a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment.

Freud sees that transference 'is an inevitable necessity' and that it is 'the one thing the presence of which has to be detected almost without assistance and with only the slightest clues to go upon'. Later analysts, particularly Melanie Klein, then worked on such issues as what is meant by these 'impulses and phantasies', 'series of psychological experiences', and how they get built up, how they get 'replaced' on to the person of the physician, the analyst, and how they may be 'detected'. Melanie Klein describes (1952b) 'in unravelling the details of the transference it is essential to think in terms of total situations transferred from the past into the present, as well as of emotions, defences and object relationships'.

How then do we see transference today? It becomes clear that we don't just mean that the patient treats the analyst as if he were the patient's real mother or father, but that his/her picture of the parent has been built up and internalized since infancy and that it is this picture or rather aspects of it, and these internal objects that attach themselves to the analyst in treatment (and indeed to other objects in the external world). The internal objects are not of course simply replicas of the real parents (if it were possible to visualize such