The Unconscious, The Dream
And the Early Mother-Infant Experience:
The Work of Bernard Bail

by Lynda Share, Ph.D.

With An Introduction by Bernard W. Bail, M.D.:

"The Mother's Signature"
INTRODUCTION

The Mother's Signature
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"For each thing manifests its mother, which thus gives the essence and the will to the form." -- from The Signature of All Things by Jacob Boehme\(^1\)

All sciences strive to find the origin of the problem they're investigating. We always turn to origins--it is in our nature. There is no doubt in my mind that with man's very first breath he wondered about the origin of the world about him: the sun, moon, planets, oceans, mountains, trees, and meadows. The when, how, why. It is the 'why' that most stirs the imagination toward the inner world, evoking daunting possibilities of forces greater than man, than some men care to think.

No sooner was psychoanalysis discovered than the thrust of exploration ran progressively toward origins. In a little while the child came into view as a proper vehicle for investigation and study. Analysts examined and thought about infancy, just as the physical scientists have scraped away at the physical universe, picking and poking it in the incessant endeavor to discover the where, when, how, and why.

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\(^1\) Jacob Boehme, Signatura Rerum (The Signature of All Things, from the William Law translation), Chapter I, Item 17.
By now countless theories about mental functioning and personality development, and about childhood and infancy, have been set forth. Tools from many physical disciplines have been brought into the field of analysis, aiding us as we investigate the infant in all the physical and physiological ways possible. But, as analysts, we have to have faith in the tools of our profession. We must have the conviction of there being an unconscious and a conscious, and there being entities called dreams which can lead us to all the answers we want to know. If we pursue with purity the method of dream analysis discovered by Freud², we find that the dream is the Rosetta Stone of inner mental life—or so my experience has taught me.

My experience has also taught me that all emotional illness is based upon the relationship between mother and infant, from the moment of conception—and even before the infant is conceived, for the mother already has a plan, albeit unconscious, that she will execute upon her future child. This is beyond the conscious fantasies she may harbor, the way all of us harbor dreams of the future. What the unsuspecting woman does not know is that the plan was already executed upon her. She has no other choice than to pass it on to her children. This process has such fixity that one may say it has a genetic quality. One can do nothing about it psychologically.

Even so, I have found that analyzing even that which appears to be instinctual will yield to psychoanalytic exploration.

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² Freud's method of dream analysis is to be distinguished from his conclusion regarding the meaning of dreams. Freud determined that the meaning of each dream is a wish-fulfillment. I consider the dream a representation of a person's life. A discussion of this difference is presented in "Bail's exploration of the dream," below.
Since all analysts begin learning their profession by dealing with the adult, there is often a reluctance and fear on the student’s part in dealing with children, unless one is doing a child analysis course. Specialization in this area requires additional years of training, and few analysts are willing to spend the time in this direction. I do not think specialization is necessary, however, for in view of my work I have come to the conclusion that there is no such entity as adult analysis.

The adult of the patient before us does not need analyzing. He can dress himself, drive a car, shop for food, do work, and so on. Wherever adult function is impaired, there infantile trauma has been. Pathological mechanisms rush to the wounded site the way leukocytes rush to a wound. Only we do not see the blood, the swelling, or the heat, for this process all takes place in the mind—which is so vast as to be capable of containing and even concealing much trauma and pathology. Of course, if the damage is too great symptoms will emerge that the defense mechanisms no longer can contain. All emotional illness has its origin in infancy, and all illnesses can be traced to the infant’s relationship with first the mother and then the other members of the family.

It follows then that there is no such thing as adult analysis, for adult qualities and functions do not need analysis in the main. One is simply, and constantly, analyzing the infant in the adult—though there is no doubt that analyzing infantile expressions of pathology in the person will always improve adult functioning. To talk about these issues intellectually with the patient is
occur. Even with older children, interpretations made to the mother always affected and quieted the child.

You see, I was to discover that the baby has been imprinted with the mother, imprinted in the way it is to live and to die. We are all imprinted in these early moments and hours of life. Konrad Lorenz found this to be true of birds and other species, and I say it is true of mankind as well. The principle is the same. It is simply the law of economy at work. We hide our imprinting by our brains, by our intelligence, but a deep analysis uncovers surely and slowly beyond our technical knowledge and our cleverness the simple fact of our being imprinted. All things in the world, all creatures, have their signature. What is DNA except an imprinting device—so simple, but capable of great diversity? The fact that we are imprinted is not to be scorned or rejected or fought against. It is the nature of being, and we take our place in the universe as one of the creatures with the greatest potentiality for evolution—that is, if we can get past an imprinting that leaves us crippled, passive, frustrated, and bent on self-destruction.

Now it is clear that every person’s problem in life is not the oedipal struggle. The problem is in how to find the spark of self that one was supposed to be as one came into existence, and the central issue is how to become oneself, and break free of the mother’s imprint. It is over this issue that the patient puts up the greatest struggle. Confronting this fundamental conflict is the most frightening task for the patient and for every human being.

Cure can only come about when there is a transformation. The patient has to repudiate his mother -- now a maternal imprint within him —not by saying “I let you go,” but by an emotional
letting go, which may take a very long time. The patient has to give up everything he has known from birth, renouncing the imprints of the mother and the father, losing all landmarks. It is only through a renunciation of the false self that a true transformation ensues. Short of this, if the choice is made by the patient not to sail on this journey, a fundamental change, a true transformation, will not be made. Only when there is evidence in dreams that the patient is fighting for himself, only when that tiny hidden spark slowly reveals itself, can we be sure of there being a transformation and a cure.

When a genius speaks I have always taken it seriously. I listen with devotion and awe, for these people are ensued with a touch of what I must call the “divine”--in the way we regard the great composers, scientists, artists who have had that incomparable vision. I think Thomas Carlyle, the Scottish historian, was on the mark when he wrote that civilization is the history of those few geniuses whose discoveries have enlightened mankind, pushing back the powerful envelope of darkness that constantly threatens to enclose us. Momentous discoveries have not only brought illumination to man, they have given us hope; they have brought hope of there being a unity in all phenomena, animate and inanimate, contained in the world and the universe.

When Freud stated he was the most fortunate of men to be given the secret to the interpretation of dreams, he was absolutely right. He was given this opportunity and his genius seized it for he knew, beyond all, that it held the key to much of mankind. My work would say that it holds possibilities that not even Freud wrote of, though we cannot say what he might have
thought or suspected. I understand dreams are out of fashion, which is paradoxical, for they represent messages from the unconscious and analysis is the one discipline out of all the scientific disciplines that knows how to broach this leviathan. Without dreams and their understanding there can be no analysis, and we are flung back a hundred years to the darkness from which Freud rescued us with his greatest work, *The Interpretation of Dreams*.

The unconscious may contain many things that we so far do not know about. But one thing it does contain without a doubt is the record of one's life from the origins of that life—indeed, even to the formation of that life, egg and sperm. If one listens properly, these origins can all be recovered. When a patient tells us a dream, he is tugging at our sleeve, begging us to hear him out—to understand his infantile fears and trauma, the imprint that clouds and conceals his pristine self. In that room and on that couch he is saying he wants to be aware of his life, to become open to the secrets of his unconscious. He comes, we know, because he suffers. He comes because he does not want anymore to react to his life. He wants to be in his life. When he opens up the treasure of his unconscious, he will become greater than what he thought he was before, back when he was indrawn, constricted, and wearing all the masks that life has fashioned for us. Masks that cost us our truthfulness, our simplicity, our essential selves.

The work of listening to dreams is very difficult, for every dream carries with it a charge of toxins that makes us weary. It is not easy to bear the confusion, the disjoint of the communication—that is, it is not easy to bear the transference and the hatred that comes with this job. The participants also must have great endurance, and the truth will prevail only if the patient
allows it to, for the patient always has a choice about how he wishes to live his life. The reward for the patient is immeasurable: freedom in letting go of the toxic material that has been lying in his mind, slowly paralyzing him out of his own life. It is this relief that gives the patient the impetus to go deeper, to trust more, to become as a child again and take the hand of the guide. Here all the strength, the skill and the experience the analyst can muster are important to hew to the truth of the dream, for the truth will be contained within it. It is all an analyst can do. It is the best an analyst can do.
One hundred years ago, Freud saw the dream as the "royal road to the activities of the unconscious mind (1933, p. 608)." He portrayed the unconscious as the container of all sexual and aggressive drives and saw the locus of psychopathology in sexual conflicts, primarily unresolved sexual wishes of the Oedipal child. In his view, each element of a dream served to disguise a forbidden sexual or aggressive wish -- a manifestation of drive discharge -- and the latent meaning of each dream was always considered a wish-fulfilling phantasy. This interpretive focus was largely retained even with the advent of Freud's structural theory (see Freud's discussion of dream analysis in Outline of Psychoanalysis, 1940). Though there have been some revisions to clinical theory (see, for example, French and Fromm's (1964) problem-solving thesis; Kohut's (1977) self-state dream; Fosshage's (1983) view of the developmental capacity of primary process mentation), Freud's original interpretative focus has remained surprisingly "resistant to change."

Now, 100 years after the publication of The Interpretation of Dreams and in this brief presentation, I would like to introduce you to the work of one contemporary Los Angeles psychoanalyst, Bernard Bail, M.D.\footnote{See Share (1994), Reiner and Bail (1997); Share (1999).} who has spent the past 50 years investigating through his clinical practice all facets of the dream in its potential to illuminate the depth of the human
experience. His contributions to the understanding of dreams and the psychoanalytic process, along with the paradigm of mental life that grew out of his observations, are compelling and profound.

Three areas of Bail's contributions will be addressed: (1) his exploration of the dream in psychoanalysis, (2) his paradigm of early mental life, and (3) the implications of Bail's paradigm for the analytic process.

Bail's Exploration of the Dream

Bail agrees with the tenets of early classical theory that the center of understanding of mental life and the center of psychoanalytic change take place in the unconscious. 'Making unconscious conscious' takes primacy. As did Freud, Bail began with the dream, making use of it as a primary investigative tool. He took Freud's rules of dream formation quite seriously, in particular, Freud's emphasis on gathering the details of the individual associations to the elements of the dream. Freud collected these associations to help unlock the latent meaning of the dream. Bail utilized Freud's method and rules (i.e., gathering associations, the mechanisms of dream formation, the day residue, etc.) but came to an enlarged understanding of the fundamental nature and content of the unconscious and therefore the scope and use of dream interpretation. Bail investigated thousands of patient dreams in the course of decades of psychoanalytic practice. He approached the associations to the elements of the dream without an assumption that each element would serve a disguising function and without an a priori
theoretical conclusion regarding the dream’s latent meaning. Thus he describes his method of thinking about the dream analysis process in the following way:

There are no preconceived meanings or symbols, but each word, each dream element, each association is taken as new and fresh as if one knew nothing at all, as if one were a newborn baby. These disparate associations are then considered in relation to each other, and seem to reveal a coherent story that the patient’s unconscious is trying to tell (Bail, 1993, personal communication).

Bail determined that the unconscious encompasses the entire range of human phenomena. Thus, along with wish-fulfilling phantasy, the unconscious contains representations of reality; not only distortion based upon projection, but actual and accurate intuitions about self and other - intuitions that require validation by the analyst for the patient to begin to know his own mind.

Through continued exploration, Bail recognized that the unconscious addresses all levels of development, and extends as far back in time as earliest infancy, if not prenatal time. He repeatedly saw the enactments of earliest traumatic experience represented in adult dream material. Thus, the unconscious had stored these experiences somehow. Above all, patients still appeared to be living mentally in such early experiences. Their internal worlds in fact seemed to continue to exist in a very early time and space.

Informed by object relations theory early on in his career, particularly by the work of Fairbairn (1952), Bail carefully examined the internal world as it manifests in patients dreams. He began to note that the patient physically present in the room was often not the person mentally present in the hour, despite outward manifestations. The patient may in fact have been completely
immersed in an identification with – inside the personality of – another, such that the patient at
that moment did not really exist. All interpretations given to the patient physically in the room
would be to no avail because the patient simply wasn’t mentally there. Bail asked, “Who was the
patient being – his mother, his father, a grandparent or sibling”? “What mental space was the
patient living in – his infancy, his mother’s childhood with her mother, or father’s with his
father”? Thus the dream helped to locate where in unconscious time and space the patient was
mentally living and, if not himself, who unconsciously he was being.

Like the fact that we cannot know the edges of the physical universe, Bail concluded that
we really do not know the edges of the unconscious, our vast mental universe. Considering the
expansive scope of the unconscious, Bail saw the dream as a doorway to every aspect of a
person’s existence, encompassing a life in its entirety: the past, the present, the future. Thus, the
latent meaning of a given dream may center on any piece of mental life. This includes
manifestations of the individual’s internal world, genetic material, here-and-now transference
manifestations, unconscious perceptions of self and other, and, even quite astute portrayals of the
analyst’s own unconscious anxieties and conflicts. The day residue of a given dream may be
meaningful as well as inconsequential, and the elements of the manifest dream may depict as well
as disguise, frequently capturing the most poignant image of what the individual is trying to
express.

If the unconscious contains the entirety of the human experience, not just one restricted
segment i.e., drive discharge, then what of a dream presented in a given analytic hour? Bail saw
the particular dream or dreams brought to any given analytic hour as revealing the \textit{essential unconconscious situation} that must be illuminated in that hour for the patient to 'grow his mind' and to 'move forward in life'. The unconscious becomes the center of the analytic work, with the dream providing a beacon that helps the analyst to 'find' the patient, and to assist him in knowing the truth of himself at any given moment. This repeated 'unconscious knowing' begins the central task of psychoanalysis: the process of laying down the foundations of a Mind and an authentic Self.

Thus, for Bail, the dream brings us the truth of our experience; the mental place in which we live; the essential human dilemmas we are to solve. It serves as a tool for the development of human meaning and depth of personality. Bail states:

The dream properly interpreted is the truth of the patient's life. This truth is immediately apprehended emotionally, which lends great conviction to the interpretation and leads to a deepening of the personality. The main function of the dream is to bring the possibility of the truth to the patient, such as a compass tells the navigator whether a plane is on course. Living the truth of oneself is the essential goal of psychoanalysis. Fundamentally this is a moral view (Bail, 1996, personal communication).

\textbf{Bail's Paradigm of Early Mental Life}

From his knowledge of early object relations and his depth work in the dream, Bail increasingly saw the locus of psychopathology not in the Oedipal conflict, but in the earliest mother-infant relationship.\(^4\) Consistently, patients' dreams pointed in this direction and Bail's

\(^4\) See also Ferenczi (1932); Fairbairn (1952); Winnicott (1958); Kohut (1971).
paradigm of early mental life was its outgrowth. Bail's model of the mind is as complex and deep as the unconscious itself. Only a brief summary can be provided here:

Pathology arises to the extent that the infant's mother, due to her own unresolved infantile issues, does not have an integrated mind within which to hold her baby mentally. Instead, she projects her unconscious unwanted experiences and feelings into her infant, since that which is unacknowledged consciously is projected unconsciously. Thus, the baby, without a defensive structure, has to take care of his mother's unconscious -- hold it within his mind -- and in this way, become the receptacle for what is unaddressed, unknown, and unwanted within her. A mental connection between the infant and his mother that would provide the opportunity for the development of the infant's own true integrated Mind and Self is thereby lost. The baby simply can not come into his or her unique existence, filled as s/he is with his/her mother's 'existence'.

Thus Bail states:

The mother's projections into the infant's mind, split his mind, compelling the infant to abandon his true Self -- incipient though it may be. The infant who has lost touch with this nascent true Self is a despairing infant; despairing because he "knows" -- in a way that babies "know" -- that the Self he is supposed to be -- the "spark of real life" that is his -- cannot exist. Thus, it is this despairing infant we must reach if this dejection is to be overcome and the spark of his essential being brought to life (Bail, 1999, personal communication).
The baby enters the world with a potential for a whole, integrated Mind and Self. In fact, ‘cure’ in psychoanalysis is the closest possible return to this state of unity in the light of the individual having lived, suffered, changed, and triumphed over his/her fears and anxieties of infancy. It is the maternal projections that split or shatter to varying degrees the baby’s potential integration. This potential for a real integrated Self has to be given up by the baby because the baby simply must carry the burden of his mother’s unwanted self. In other words, first and foremost, an infant must save his mother. Omnipotently he must try to rescue her, leaving his baby self and becoming the ‘parent’ to her. Only in this way does he feel he can insure his mother’s survival and consequently his own.

From this, we can see that Bail centers the fundamental source of all pathology in the ‘repression’ of a real Self, in contrast to Freud who centered the source of pathology in the repression of the instincts. What are the actual ramifications of such a repressed Self—a Self not truly able to exist? According to Bail, they are many. The child becomes confused as to the nature of life and particularly to the nature of love. He may, for example, erotize or somatize the painful nature of the emotional deprivation he experiences. With a lack of a meaningful

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5 This point of view is in opposition to Melanie Klein (1946) who sees the infant as born into a state of pathology, having to split its ego and object from the beginning of life to cope with its innate destructive impulses.

6 Winnicott (1960) considers the central problem in the creation of pathology to be the failure of the ‘maternal holding environment’ such that the baby cannot experience a ‘continuity of being’ that allows him to come into existence. Instead, the personality is formed on the basis of reactions to environmental impingements (p.54). Bail would locate the central problem here in a particular form of environmental impingement: the unconscious projections from the mother into the mind of the baby, forcing the baby to give up the development of his own Mind and Self. For Bail, it is in this specific way that the baby does not come into existence.
unconscious/mental connection to his mother, the child may turn to a focus on the physical connection, developing a preoccupation with the bodily self. The fact that the infant's ego was first thought of by Freud as a "body ego" (Freud, 1923, p. 26) may, according to Bail, be the result of a lack of an adequate mental connection between the infant and his or her mother -- a breakdown product, so to speak.  

The split in the baby's mind then derived from maternal projections and the resulting loss of an essential mental connection between mother and baby, are profoundly traumatic for the baby and form an initial 'imprint' in the baby's mind, analogous in the animal kingdom to how animals imprint their young. This initial (traumatic) imprint fundamentally serves as the template for all future repetition compulsion. Thus, the baby is forced to repeat the imprinted trauma throughout his entire life. He cannot do otherwise. The past becomes his present, his future, his destiny. His life is his initial imprinting by his mother. As Bail states:

Because the evidence is incontrovertible that initial infantile traumatic events become transfixed in the personality – despite the outward dressing, the masks that the personality assumes throughout adult life unto death itself. None of us is exempt from this phenomenon; all of us bear its mark in some form (Bail, 1996, personal communication).

Klein (1935) considers hate, envy, jealousy, and greed the products of the infant's innate destructive impulses, with the infant projecting these feelings into the mother in unconscious phantasy. Bail's work in dreams has proved that the opposite is true. Hate emerges from the absence of love. Primitive envies and jealousy come about as a result of the lack of real mental contact between the mother and her infant. They may in fact represent the mother's unconscious envies and jealousies, taken in by the infant, and then projected back to the mother.
The Implications of Bail's Paradigm for the Analytic Process

Three aspects of the analytic process will be taken up in relation to Bail's paradigm of mental life: (1) the role of the analyst's unconscious within the analytic dyad, (2) the importance of precise interpretations, and (3) the central work of the analytic process: overcoming the initial imprint for patient and analyst.

The Role of the Analyst's Unconscious

Bail deepened the understanding of the impact of the analyst's unconscious on the patient's experience, taking into account the wider understanding of the unconscious and the nature of mental development as described above. The fact that phantasy and distortion are represented in the unconscious means that transference distortion will be evident in a dream, as Freud well-described and as psychoanalysis has been practiced during the past 100 years. However, the capacity of the unconscious to represent reality means that elements of the real personality of the analyst, the analyst's actual being, can also be represented in the unconscious of the patient. As originally proposed by Ferenczi (1928, 1933), transference may not be based entirely upon distortion but in fact may be created in response to the analyst as a real person. Actual similarities between aspects of the analyst's personality and that of the patient's infantile objects emerge as transference manifestations as well as sources of resistance.

As other theoretical perspectives have proposed (e.g., intersubjectivity: Renik, 1993, 1995; Natterson and Friedman, 1995; Stolorow and Atwood, 1997; relational theory: Aron,
1996; Mitchell, 1997; and even classical theory: Green son, 1971), the therapeutic dyad can no longer be considered exclusively a 'neutral analyst' who provides a blank screen and an 'ill patient' who projects his fantasies and transference distortion onto the analyst. As Racker (1968) described, "The first distortion of truth in 'the myth of the analytic situation' is that analysis is an interaction between a sick person and a healthy one." (p. 132). Rather, there is a two-person field and a mental exchange between the members within the field.

Bail's conclusions regarding the therapeutic dyad extend deeply into the nature of mental development and are derived from his understanding of the unconscious interchange between the mother and the infant and clinical evidence from analysis of dreams. Thus, Bail concludes that a patient experiences the actual and entire unconscious of the analyst just as the baby experiences the actual and entire unconscious of its mother. Also, the analyst can project unconscious, often unwanted, aspects of himself into the patient just as the parent can and does project unconscious aspects of him or herself into the mind of the baby.

The infant will constantly 'search' the unconscious of his mother to try to locate the mother's central unconscious anxieties now housed within him. In whatever way he can, the baby will try to bring these anxieties to light, calling them to the mother's attention. Similarly, within the analytic process, the patient will search the analyst's unconscious, continually trying to address the unconscious anxieties projected by the analyst into the patient. The analyst must address these 'analyst projections' along with maternal and paternal projections as they arise in the treatment. The patient's unconscious, intuitive grasp of the analyst's being must then be
acknowledged, just as the patient's unconscious intuitive grasp of his own, his parents', his spouse's etc., beings must be known for him to develop a foundation of Self and Mind based on truth. These acknowledgments are not handled by way of the analyst's self-disclosure per se (see Maroda, 1991, Renik, 1995, Aron, 1996, Levenson, 1996). Rather they are addressed through interpretation of the patient's unconscious perceptions as revealed in the patient's dreams. The patient will in fact present a dream of the analyst's projected unconscious anxieties in an effort to receive such an interpretation. Through the interpretation, projections belonging to the analyst can be removed from the patient's mind. This relieves the patient of the tremendous burden he carries -- the unacknowledged and problematic unconscious aspects of the analyst. The experience allows for a true 'mental space' in which the patient's own mental development can occur.

In this process, at times very painful, unflattering observations of the analyst appear in the unconscious of the patient. The fact that the analyst interprets these unconscious perceptions in the same manner as he would any other unconscious perception means that the analyst can be relied upon to tell the truth of the patient's experience, regardless of the nature of that truth. The patient has the experience, often for the first time, of that which does not belong to his mental space being graciously acknowledged and thereby removed. The process can be a truly transformative experience for the patient -- a relationship fully on the side of the patient's growth above all other ego-saving considerations.
The capacity of the patient's unconscious to 'know' that of the analyst's, expands our understanding of a particular form of 'resistance' in psychoanalysis (see below for further discussion of resistance). Thus, from Bail's point of view, some resistance may represent a protection against intrusions into the patient from the analyst's unconscious. It serves as a complaint, much as a baby's persistent cry to a mother. This particular form of resistance is 'on the side of life,' so to speak, representing a healthy aspect of the patient. It draws attention to obstacles within the analyst that may hinder the patient's own strivings for development.

Precise Interpretation:

Bail, as well as Bion (Reiner and Bail, 1997), stressed the importance of making interpretations as correct and precise as possible. Through Bail's systematic investigation of the dream, he could begin to track the effects on the patient's mind of the analyst's interpretative efforts. Abundant evidence accumulated over the years that the unconscious itself is very precise, illuminating one or several specific issues that must be addressed. Failure to understand the precise meaning or meanings presented by the unconscious becomes a disorganizing experience for the patient, just as a baby would experience its mother's failure to understand the infant's cry of distress. The importance of this seeming 'law of the unconscious,' -- its precision -- is not widely considered in psychoanalytic theory. As Ivri Kumin writes (1989): "The literature concerning incorrect interpretations is minuscule . . . , perhaps because of the once-prevalent
assumption that incorrect interpretations do not matter very much." p. 141). It became clear in the course of Bail's own clinical work as well as in his experience supervising other analysts, that incorrect interpretations, coupled with the analyst's unconscious projections into the patient, are experienced by the patient in an identical fashion as the infant experiences the unconscious projections and manifestations of the parent -- (in Bion's terms [1962], as deposits of debris, beta elements, or anti-thoughts). If not properly addressed by the analyst, such interpretations/projections can do actual violence to the mind. Bail concludes that the weight of responsibility for treatment rested much more heavily on the practice and person of the analyst than on such issues as resistance, negative therapeutic reaction, or unanalyzability of the patient -- as is commonly thought.

The Work of Psychoanalysis: Overcoming the Initial Imprint for Patient and Analyst

The critical work of the analytic process then becomes reaching the infant in despair by finding the nascent baby Self long ago lost to the individual and then overcoming his initial imprint. This is extraordinarily difficult work because the imprint represents the infant's tie to his mother, confused at it may be. Thus, leaving the imprint is leaving one's mother and to the baby within the patient, leaving one's mother is tantamount to death. Thus movement toward growth and change is terrifying, and the patient will consequently resist with great tenacity. The

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8 See Eigen, 1973; Calef and Weinshel, 1981; Kumin, 1996. Eigen suggests that, if the interpretation is incorrect, "the patient may appear withdrawn from the analyst and hypo-or hyperactive because, from the patient's point of view, the analyst is evanescent. The patient sees nothing of himself or herself because the analyst has seen nothing." (Kumin, 1996, p. 202).
individual will engage in self-destructive acts or will try to throw away his chances for health because he must continue to live out this initial imprint. This ‘resistance’ is simply the patients way of keeping his mother and thereby himself alive.

The analyst cannot ‘fight’ this resistance. Instead, he must begin finding and talking to the healthy aspect of the baby in the individual -- this nascent Self -- that is occupied by the pathological identification. In the initial stages of treatment, depending on the patient’s degree of illness, this healthy aspect may be considerable or it may exist as ‘only a sliver’.

Correspondingly, the nascent Self will have diminished in size to make room for what the baby must hold from his mother’s unconscious.

By continuously addressing this healthy aspect of the patient, facilitating its growth and expansion, and disclosing to the patient his many pathological identifications, the analyst begins to prepare the patient for the upheaval that he must undergo. In Bion’s (1966) terms, this upheaval would be described as “catastrophic change,” a true revolution in the personality.

Thus, step by step, the individual must begin to know and experience in an unconscious way the mother/infant imprint and how it has informed all of his life such that he may gain the courage to mount a fight for his own mind and face a ‘death’ of the parental imprint. Within any given analysis, there will be many crossroads along the way. However, ultimately, the entire analysis is designed to come to this point – the death of the parental imprint.

Thus, as Bail states:
The individual must go through a transformation -- a process of integrating his mind, originally split by the many maternal projections. To comprehend the difficulties of undertaking such a process, we must revisit the emotional experience the baby endures when his mind is so forcibly split. The sense of pain the infant feels can only be compared to the splitting of the atom, a splitting undeniably accompanied by tremendous heat, noise, chaos, etc. -- an overwhelming explosive, fragmenting and shattering experience.

As the years go by, this baby-self now living within a grown-up person, remains with the shattered effects of his infantile experience within him. If he wishes to integrate; he now has to undergo this catastrophic experience yet again, because the process of reintegrating a split mind creates the same nuclear force as did the original experience. This is one reason for the great fear of integration and transformation -- the reason the individual may prefer to go through life covering the shattered effects inside. For those who wish to proceed with integration, the process is long and must go deeply, to the very core of human existence (Bail, 1999, personal communication).

One can say the patient must have a great deal of courage to face such a formidable process. But one may also say that the analyst must have such courage as well. For in order to bring the patient to such a transformation, the analyst must himself experience the agonies of integration, of such catastrophic change. He must leave his own imprints. He must sort through the confusion regarding the meaning of life derived from the split in his own personality, if he is to bring any such experience to his patient. To whatever extent the analyst has not accomplished such a transformation himself, resistance to change in patient and analyst will remain in operation simultaneously throughout the analytic process.

It is an extraordinary task to ask of a mere mortal -- a psychoanalyst. However, it is through Dr. Bail's analytic work, through discoveries he made in such a careful and painstaking
way about the nature of mental life and the human experience, that true transformation may take place. Through his willingness to venture to the "farthest reaches of the inner universe" (Bail, 1977), to the very beginnings of mental life, to the origins of man's soul . . . both patient and analyst have, as Bail describes it, a 'second chance' in life -- a chance to change one's destiny. Thus, comes an opportunity to begin anew: the development of a real Mind, a real Self -- a Self with creativity, spirit, faith, and love . . . a life to be fully lived.