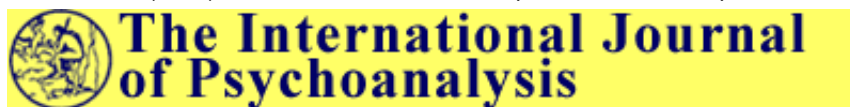


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## The Colourless Canvas: Representation, Therapeutic Action and the Creation of Mind

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Freud's initial formulations viewed psychoanalysis as working towards the rediscovery of psychic elements — thoughts, feelings, memories, wishes, etc. — that were once known — represented in the mind, articulatable, thinkable — but then disguised and/or barred from consciousness. His subsequent revisions implicated a second, more extensive category of inchoate forces that either lost or never attained psychic representation and, although motivationally active, were not fixed in meaning, symbolically embodied, attached to associational chains, etc. Following Freud's theory of representation, the author conceptualizes these latter forces as “unrepresented” or “weakly represented” mental states that make a demand upon the mind for work and require transformation into something that is represented in the psyche, if they are to be thought about or used to think with. This paper describes, discusses and presents illustrations of this transformational process (figurability), that moves intersubjectively from unrepresented or weakly represented mental states to represented mental states, from force to meaning, from the inchoate to mental order.

Our problem ... is, how are we to see, observe ... these things which are not visible?

(Bion, 2005, p. 38)

### I

When Freud (1900, 1901) first demonstrated that unconscious thoughts and feelings could be both legible and comprehensible, his discovery was so powerful that it may have obscured the fact that he only claimed that *some part* of the unconscious can be known by the symbolic traces it leaves on our conscious, waking lives. Freud (1915) delineated this portion when he noted that some unconscious instinctual impulses are “highly organized, free from self-contradiction” (p. 190), relatively indistinguishable in structure from those which are conscious or preconscious, and yet “they are unconscious and incapable of becoming conscious” (p. 190-1). He continued: “*Qualitatively* they belong to the system *Pcs.* but *factually* to the *Ucs.*” (p. 191, original italics).<sup>1</sup>

The distinction that Freud was making was between the organized, articulatable subset of the unconscious that we call the repressed or dynamic

<sup>1</sup> He maintained this distinction when he introduced the structural theory (Freud, 1923, p. 24).

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unconscious and the much larger, perhaps infinite, formless, not yet organized and not yet articulated or articulatable subset of ‘pre-’ or ‘protopsyche’ elements that we might call the unstructured or unformulated unconscious.<sup>2</sup> How small a part the repressed unconscious is of all that is unconscious and of the totality of what can ever come to be known about the psyche or about one's own, raw existential unconscious Experience<sup>3</sup> is often overlooked, despite the work of authors such as Bion (1970), who reminded us that, in trying to come in contact with and discern what is unconscious in the Other or in our selves, we are in pursuit of something which is not available to our senses, can never be completely contained within the psyche and can therefore never be fully known; and Green (2005a, 2005b) who described the loss of meaning, meaningfulness and the possibility to know and experience one's self that follows from decaathesis, foreclosure, disobjectalization and the associated failure or weakness in the formation and linkage of representations.

To restate the matter in clinical terms, while classical psychoanalysis has taught us to rely upon observation and inference as we search for or await the emergence of something organized but *hidden* in the minds of our patients, contemporary formulations remind us that, since it is the very capacity to think that is at issue, what we are after may not yet have achieved a level of specificity and organization so as to be discernible and hidden; may not yet be embedded in a network of associated meanings; may not yet have achieved a specific form and so may only ‘exist’ as a spectrum of possibilities that have yet to come into

existence. And, if these not-yet-emerged elements are to achieve any form at all (become saturated and associatively connected to other psychic elements — memories, thoughts, feelings, desires), that form will only be shaped as a result of our analytic efforts. The immediate difficulty this presents is that, when that form is created — or co-created — rather than uncovered and those meanings are established, how are we to distinguish the ‘spontaneous gesture’ that marks the creation, acceptance or appearance of the patient's true self (Winnicott) from the imposition of an alien, false (analytic) self upon the Other?<sup>4</sup>

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<sup>2</sup> The theoretical frame that I am using should not be confused with that of **Stern (1997)**, who writes of ‘unformulated experience.’ In contrast to Freud, Stern does not believe that the unconscious may contain organized, articulatable (i.e. ‘represented’ in the sense in which I will be using the term here) but repressed elements and/or mental states. Hence, he constructs his theory only in terms of dissociation and not in terms of repression.

<sup>3</sup> I shall use the term, Experience, with a capital E, to indicate raw, existential Experience in contrast to the more ordinary ‘experience’ with a small e, which refers to that which is potentially knowable and amenable to self-perception and self-reflection. While aspects of ‘small e experience’ are sometimes unconscious, they are organized psychic elements that are potentially knowable, articulatable and contained within the psyche. In contrast, Experience with a capital E, like Bion's (1970) *O*, can never in its unmodified form be known or contained within the mind as thought or perception and is most usefully thought of as pre-psychic or proto-psychic. I will further assume, following **Bion (1970)**, that ‘Experience’ is inherently traumatic unless and until it can be transformed into something containable within the mind, i.e., into ‘experience.’ So, for example, the capacity to use what we colloquially would call ‘a traumatic event’ and turn it into a work of art would, according to this formulation, be an example of Experience (= the raw, unmodulated happening) being transformed into experience (= the perceived and articulatable version of that Experience) and then the latter being further transformed into the work of art.

<sup>4</sup> See **Ahumada (1994)** and **Levine (1999)** for contemporary discussions of these problems.

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Early in his career, **Freud (1905)** thought that a solution might be found in the analogy of psychoanalysis to sculpture and its comparison to painting:

... like sculpture, psychoanalysis [*per via di levare*] takes away ... all that hides the surface of the statue contained in it, whereas hypnotic suggestion, like painting [*per via di porre*] applies a substance ... where there was nothing before, on the colourless canvas.

(Freud, 1905, p. 260)

However, as subsequent clinical experience has taught us:

[F]or many patients who consult today, unconscious memory traces have not left a significant mark, hence the ‘colourless canvas,’ altering the nature of the analyst's functioning and interventions.

(Sparer, 2010, p. 1180)

In this paper, I will attempt to examine more closely the theoretical structure of the ‘colourless canvas’ and describe some of the clinical implications and challenges, the ‘alterations in the nature of the analyst's functioning and interventions,’ that follow from its recognition. I shall frame my argument in terms of what in contemporary North American psychoanalytic discourse has become a relatively neglected aspect of Freud's writing: his metapsychology and theory of psychic representation. Building upon the work of others, especially Bion (1962, 1970), Green (2005a, 2005b) and **Botella and Botella (2005)**, I shall examine the concept of representation and its absence, i.e. represented, weakly represented and unrepresented mental states; the intrapsychic and intersubjective processes through which representations become formed,<sup>5</sup> strengthened, connected into narrative fragments and associative chains, connected to stable affects and linked together in the pairs symbol and symbolized, signifier and signified; and the structuring role of language in the process of effective, emotionally invested thinking and the creation of mind.

In regard to the latter, I wish to emphasize that *psychic activity is governed by an inherent pressure to form representations and link them into meaningful, affect-laden, coherent narratives*. This pressure, which I shall call *the representational imperative*,<sup>6</sup> originates in internal (e.g. drives) or external (e.g. perceptions) sources, exerts a ‘demand upon the mind’ for psychic work and ranges from catalytic to traumatic. If kept within optimal bounds, it has the potential to activate capacities for representation, which serve a vital protective role as they create, structure and organize the mind. It is the creation and linking of representations that will in part determine whether or not any given pressure can be contained within the bounds of what is ‘optimal’ or will exceed those bounds to become ‘traumatic’.

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<sup>5</sup> Although there is controversy surrounding what best to call this process of transformation and movement from unrepresented to represented mental states, I shall follow the usage preferred by **Botella and Botella (2005)** and refer to it as an act of ‘*psychic figurability*.’

<sup>6</sup> Jean-Claude **Rolland (1998)** speaks of a ‘compulsion to represent’ [*compulsion de représentation*].

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## II

Let me begin by clarifying what I mean by the term, '*representation*' [*Vorstellung*]. In colloquial speech, representation has two sets of connotations. The first is to signify or stand in or speak for, as in the sense of a parliamentarian '*representing*' the people of his district or the word, 'tree,' representing and indicating the leafy object outside my window. The second is to present again: 're-present.' It was Freud's genius to have understood that, in order to create an inner world, a *psychic* reality that points, reflects and stands in for concrete internal (somatic) and external (perceptual) reality, the mind uses 'manifestations' and signifiers, which are connected to and reflective of past experiences, especially object relations, invested with emotional quality and significance.

To the extent that it is well functioning, the mind 'presents again' — in the sense of 'putting on,' 'causing to happen', as in '*presenting* a play' — a memory, image or scene, linking it in emotional significance and signification to presentations (images) of other past or current 'happenings.' In so doing, 'positions are taken' (Green, 2010) about the meaning and importance of these happenings, past and present interact and influence each other, a context and set of connotations is generated, a perspective is created and a particular sense is made of one's felt — and now rendered thinkable — experience.<sup>7</sup>

What makes this process so central for psychoanalytic theory and treatment is that:

In Freudian theory, the capacity to represent the absent object(s) is essential to the development of the capacity to think (Freud, 1900). An absence that can be represented is an intermediate situation, between presence and loss.

Representation refers to the psychic capacity to keep present, in one's mind, what is not in one's perceptive field.

(Sparer, 2010, p. 1182)

The significance of this capacity was underlined by Bion (1965), who wrote at length about the difficulties that follow from the inability to hold an emotionally invested, functional, conscious or unconscious image of an object in mind, when that object is absent. Without "a system of notation and record which could also be used for manipulation in the absence of the object" (Bion, 1965, p. 40), a patient can only 'think' when the object is present in external reality. In the absence of the object, such patients remain action-bound, rather than capable of emotionally invested thought. Patients who cannot effectively think or imagine have no other recourse than acting out or somatic discharge.

It is important to note that Bion is not talking about 'thinking' that is separate from affect. Nor is he saying that thought or imagination *never* occur in the minds of these patients. Rather, he is describing an emotionally competent, invested psychic activity<sup>8</sup> and its diminution or absence, with the latter conceived of as moments or areas of failure of mature, effective 'good

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<sup>7</sup> Note that while the word 'image' is used, presentations may go beyond visual, pictographic presentations and may occur in any sensory modality.

<sup>8</sup> Elsewhere, I have termed this 'true thought' (Levine, 2011a).

enough' psychic functioning that is reflective of and associated with a relative absence, insufficiency or functional ineffectiveness of affectively invested representations and their links to other representations.<sup>9</sup> It is these 'functionally-effective-for-purposes-of-true-thinking,' affectively invested mental elements that mark the crucial 'notational capacity' which Bion refers to and that, after Freud, we call 'representations.'

**Green (2010)** offers a further elaboration:

To represent is to 'make present,' in the absence of what is perceivable and which thus has to be formed by the psyche again ... [Something is evoked which was, but is no longer present, but which I make present once again differently, by representing it ... To represent is also ... to associate. To associate is to establish a certain number of relations between representations, so it involves binding. The whole dimension of the past joins up with the dimension of the present, since these associations also concern pre-existing representations. This means that there is a link between what is made present and what the psyche has already conserved, and perhaps, bound (in the unconscious) in one form or another. This bring us back to the relations between representation, memory, imagination, associations, etc.

(p. 30-1)

In order to have true and meaningful thought, to think effectively, to have an adaptively functioning psyche, one must not only register events, but conserve them, link them together — and, I would emphasize, invest them with feeling: emotion, affect — so as to give them meaning and expanded psychic context and significance. Initially, some perception or registration (inscription) of internal or external events must occur in the psyche, but this alone does not create 'representations.'<sup>10</sup> Psychic work must be performed upon those inscriptions in order for them to be integrated, made meaningful and therefore qualify as 'representations.'

This requires an object and a history of satisfaction. (Freud implied as much when he talked about the infant's first successful feed giving rise to the capacity to form a hallucinatory image of satisfaction in the face of the next moment of hunger.) It is the combination of giving a form to feeling and linking that construct to perception, memory, phantasy systems, other representations, chains of associations and words through which the meaning of that complex may be symbolized and signified that is implied in the term, 'representation.'

But what of the weakness or absence of representation? How do we conceptualize and talk about 'inscriptions' and 'registrations' that have not yet been transformed so as to achieve the status of representations? According

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<sup>9</sup> The fact that the presence of these failed areas of representation might be marked by the appearance of rigid pathological organizations, which are associated with overly rigid, destructive and aggressively imbued phantasies and objects — i.e. 'representations' of another kind — adds a complexity to the theory that requires further explication. Suffice to say for now that Green (2005a, 2005b) has discussed the ways in which decaathesis and foreclosure produce discontinuities and absence (negative hallucinations, psychic voids) in one's internal world, i.e. failures of representation, that are often marked and defended against by pathological organizations and object relations.

<sup>10</sup> See, for example, Lecours and Bouchard (1997) for an attempt to distinguish different levels of mental 'inscription.'

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to this theory, experience is ineffable. While it may be registered or inscribed in *some* fashion, that registration will be incapable of being noticed and reflectively thought about or used to think with unless and until it undergoes a transformation to another form or state. Such transformations are always only partial, as Bion (1970) indicated in his discussions of *O* and *K*.

The challenge this presents us is how to find a language in which to speak about the "mind in an unknown [and unknowable] form ... to imagine a realm prior to the psychic."

(Green, 2010, p. 10)

### III

An important clinical implication of this line of reasoning is that we must expect that in addition to helping patients discover and explore their dynamic unconscious — that is, helping them search for something that is hidden, but discernible by the effects it has on what *is* available to consciousness — we may also be faced with the challenge of helping patients *create* that dynamic unconscious, in the sense of initiating or catalyzing processes that strengthen and/or integrate their ability to think by strengthening and integrating weakly inscribed psychic elements or giving form to something that was previously unrepresented. Thus, analysts must expect to find themselves unconsciously participating in dialogical and interactive processes, which have the effect of offering patients — or helping them to create or approximate — something that may not yet have achieved sufficient 'presence' in a figured form. It is only after figuration has taken place that there may be anything that can then be repressed and subsequently 'uncovered' or 'de-coded.'

Prior to being strengthened or created this 'something' may make its presence known via vague or eruptive states of emotional turbulence or difficulties in thinking and psychic regulatory processes, but it may be 'invisible' or only weakly discernible *as content*, unless or until its trace is strengthened or transformed into being (achieves representation) by an intersubjective process of construction or co-construction. The potential plasticity of the forms it may assume once it is transformed implies that its eventual figuration may be highly influenced by the unique subjectivities of each member of the dyad and the unique, moment-to-moment conditions of their relationship.

The possible 'dialects' of expression for any given set of pre- or protopsychic 'turbulences' may be numerous. In theory, however, they may not be infinite, because they relate back to and are probably bound by the limits of our Experience.<sup>11</sup> While this may reassure us in the abstract, in practice, it may be much harder to answer the question, 'Whose construct is it?'

This is a process that begins with the analyst's absorption of an unmetabolized projection of a patient's 'vague sensorial turbulence,' and so the initial stimulus, the challenge that activates the analyst's representational

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<sup>11</sup> This is the assumption behind Ferro's (2002) extension of the Barangers' (2009) Field Theory: insofar as any narrative dialect must refer back to and reflect the alpha and beta elements from which it is derived, then any set of narrative dialects should be numerous, but not infinite.

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capacities, clearly belongs to the patient. However, the form (content) that the analyst's act of figurability may take is unconsciously 'chosen' by the analyst. This 'choice' will reflect both patient-centered and analyst-centered considerations. Thus, the questions of who the final content of the representation 'belongs to' or how to distinguish a truly intersubjective act of figurability from the imposition of an analyst's countertransference need or the expression of a patient's transference compliance

remain complex, enigmatic and can perhaps never be resolved. And in the case of severely traumatized patients and/or those with primitive personality disorders, the unintended imposition of an 'analytic false self' that nevertheless offers structure and facilitates the patient's capacity to think, defer action and regulate affects may be the best outcome possible. (Donnet, 2010).

When faced with unrepresented or weakly represented mental states, the analytic process may require the transformative joint or individual *action* that arises unconsciously and spontaneously within the analyst and creates or strengthens the presence of weak or potential representations and makes them more 'legible'. By 'action', I mean not only physical acts, but also — and more often — acts of spontaneous, intuitive, internal emotional resonance and/or expression (feeling or imagining what the patient may not yet clearly feel or know) that effect and reflect psychic figurability (forming an image that structures or conveys something implicit or imminent but not yet represented in the patient's or analyst's psyche). While these 'internal acts' may be preferable to motor acts, sometimes the latter are inevitable and necessary to actualize and call attention to some aspect of a newly emerging Experience.<sup>12</sup> Often, these 'actions' are the external markers of an act of figurability through which the 'colourless canvas' acquires specific form.

This endorsement of action would seem opposed to our customary technical injunctions that the analyst remain abstinent and neutral, and to the view that the analyst's restraint serves as a necessary precondition for the transformation of impulse and desire into a source of data that may be derived from all that is awakened in the analyst by the analytic situation (Ferro, 2002; Heimann, 1950; Levine, 1997; Ogden, 1994a; Racker, 1957). While I am not challenging these time-honored assertions, I am suggesting that absolute injunctions against action are best suited for work with 'classically analyzable' (neurotic) patients, whose psyches are more or less coherent, organized and structured by language, whose words are for the most part symbolically laden, fixed in meaning, and used predominantly for verbal communication, rather than unconsciously to *act* upon the listener, in whom memory traces of objects and satisfaction are linked with representations of the drives giving rise to a sense of coherence and meaningfulness and who have achieved relative constancy and differentiation of self and object. In these patients, dreams, symptoms, stable character traits and parapraxes reflect hidden, disguised, forgotten and symbolized fantasies, wishes, fears, events and meanings, and the clinical theory and technique of classical analysis most powerfully apply.

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<sup>12</sup> Cassorla (in press) has described how the unwinding of a temporary stalemate may begin with and even require an unconscious, jointly created enactment, which not only gives form to something nascent, not yet or only weakly represented, but also calls attention to its emergent existence.

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Chains of association extend from surface to depth and conscious material is linked to unconscious material, which has been structured by language and then repressed or otherwise disguised and defended against.

In contrast, non-neurotic patients (Green, 1975) — or in the non-neurotic sectors of the mind (Bion, 1957) of even neurotic patients<sup>13</sup> — what may be required of the analyst in addition to receptivity is a form of *analytic action* that may appear to an outside observer as intuitive rather than deductive, anticipatory rather than reactive and inspired rather than data based. In retrospect, this action may often be seen to be a reflection of and response to unconscious communication; to be intersubjective, transformative and to contribute as catalyst, co-constructor or alter ego to the patient's ongoing strengthening and formation of representations and psychic structure.

For patients in whom — or in the sectors of mind in which — this analytic action is required, mental contents are not — or are only weakly — organized, fixed in meaning, structured by language or firmly linked to other representations and chains of associations. Self and object may feel fragmented, inconstant and poorly differentiated. Emotional states may be overwhelming and peremptory or vague, amorphous and poorly defined. Speech may reflect the pressures that arise from inchoate feeling states that are not yet structured, bound or specified by attachment to words. Consequently, speech, rather than reflecting the use of words as symbols and signifiers with which to communicate meaning, may tend even more than is usually the case towards action, evacuation and discharge or, paradoxically, may be stripped of affect and meaning.

At times of emotional crisis, the discourse of these patients may demonstrate a failure of meaning at a fundamental level (Green, 2005a, 2005b). It is for this reason that carefully following these patients' associations and then interpreting phantasies or defenses may prove insufficient for the analytic task at hand. Instead, or in addition, the analyst may have to act so as to help the patient create words with which to form associations, imbue those words with consistent symbolic meaning and link those associations to other narrative fragments. The process that I am trying to describe, which should be recognizable to practicing analysts, is analogous to that of weaving a patch to repair the unity of a torn fabric.

## IV

The clinical manifestations of the failure or weakening of representation include the all too familiar range of impulsive, eruptive, destructive and self-destructive feelings and actions with which we, and our patients, are so often confronted. This is the provenance of affect storms, impulsive action, blind and peremptory discharge phenomena, extreme states of psychic deadness and

stasis, somatic breakdowns, rigid pathological organizations, severe

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<sup>13</sup> To the extent that each of us, even the healthiest neurotic, has an unstructured, unrepresented portion of our mind (i.e., the majority of the Id), then each of us will have the capacity to and the need for transformative activity of the kind I am describing. In the treatment of neurotic patients, however, this work may rely more on the patient's internalized capacities for figuration and so be less dependent upon the co-constructive activity of the analyst and therefore less easily noticed.

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negative therapeutic reactions, perversions, addictions, destructive unconscious guilt, etc. While this is not the only formulation for the origins of these phenomena, what the language and theory of representations helps draw attention to is the potential clinical value that may follow from conceptualizing the underlying issues and psychic states as not yet or only poorly articulatable, not 'saturated' with meaning (Bion, 1962, 1970; Ferro, 2002) and therefore not yet interpretable and neither suitable nor available in their present state to form thoughts, to think with or about or to be reflected upon.<sup>14</sup>

To the extent that the analytic process is successful in strengthening and creating representations, vague and inchoate bodily feelings, agitations, non-descript sensations and pressures to act become linked with words and saturated with coherence, meaningfulness and meaning in the context of a significant object relationship. The ultimate specific forms or meanings that these will assume or acquire may vary and are highly dependent on the context and relationship in which they appear. Once fixed, however, by being saturated with meaning and linked to other memories, perceptions and narrative sequences to form symbolically meaningful chains of associations, these forms and meanings acquire a competence and consistency of communicative value.<sup>15</sup>

Formulations of the transformational work that I am describing can come from very different schools and quarters of the psychoanalytic universe. For example, Killingmo (2006) has argued that unrepresented or weakly represented mental states lead to a deficient capacity to mentalize affect and experience agency or a secure self-experience. Such patients may then need to unconsciously recruit their analysts in interactions that will clarify the quality and reify the fact of their being.

This need constitutes the emotional center of [their] relation to the analyst ... Instead of revealing meaning, the strategy of the analyst should be that of assisting the ego in experiencing meaning in itself.

(Killingmo, 2006, p. 15)

Aisenstein (1993, 2006), working within the formulations and assumptions of the Paris Psychosomatic School, suggests that, secondary to early trauma that has weakened the linking processes of the psyche, somatic symptoms are initially opaque, devoid of symbolism and psychologically meaningless. However, these symptoms contain an unconscious, albeit mute, appeal to be given psychological organization and meaning through the work of another

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<sup>14</sup> See also Mitrani (1995), who refers to these phenomena as 'unmentalized.'

<sup>15</sup> It is in part for this reason that recent authors (e.g. Green, 2005a, 2005b; Hoffman, 1994; Levine, 2011b; Levine and Friedman, 2000; Natterson and Friedman, 1995; Ogden, 1994a; Stern, 1997; Stolorow *et al.*, 1994; Widlöcher, 2004, among many others) have described some meanings that emerge in analysis as being 'co-constructed' or derived intersubjectively. The need to give articulatable form to that which is unrepresented or weakly represented (i.e. that which is pre-psychic- or proto-psychic) may also account in part for the emphasis on interpretation of the here-and-now of the analytic session.

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and have the potential to become psychologically meaningful in the context of an analytically meaningful and meaning creating relationship.<sup>16</sup>

In the terms of the theory that I am trying to describe, we would say that these traumatically derived somatic symptoms were 'inscribed' or 'registered,' but had not yet achieved status as representations. When confronted with such "arid material" that evokes little in the way of imaginative or associative response, the analyst must find a way to begin "to associate for two people, to elaborate from the signal anxiety aroused in the analyst and to construct theories and tell ourselves stories" (Aisenstein, 1993, p. 372), so that meaningfulness and symbolism can be created 'by proxy,' intersubjectively, *après-coup*.<sup>17</sup> In this process, the patient must be thought with and thought about; helped "to discover and share in the pleasure of constructing emotional experience in discourse" (Aisenstein, 2006, p. 670); and helped to "recognize that nobody has 'nothing to say', no life is without its story, and that no story is without its words, its richness and its sorrows" (Aisenstein, 2006, p. 670).

To the extent that the action required of the analyst does include motoric discharge, it may be viewed as part of an enactment. In fact, some enactments and intersubjective acts of figurability may be identical processes seen from different perspectives. That is, if the analyst's unconscious and spontaneous action is viewed by itself, it may be seen as an enactment; if it is seen as a way station in a longer sequence that in retrospect allows the patient to achieve the formation or strengthening of a psychic representation, then that act may simultaneously be seen as part of a representational process. It will only be in retrospect [*après-*

*coup*], after we see what if anything a given analytic pair are able to make of a given sequence or moment of enactment, that we can determine whether or to what extent that enactment may qualify as countertransference interference or unconscious, intersubjective move towards figurability. This view is consistent with Green's (2005a) observation that it is sometimes better for the analyst to express counter-transference in action than to inhibit it in favor of a lifeless or artificial discourse.

## V

An extreme example of the kind of analytic action that may be necessary to help catalyze an act of figurability is offered by Botella and Botella's (2005) description of the analysis of Thomas, a severely traumatized, very disturbed child of 4. Initially, Thomas's behavior in the analysis consisted of disjointed actions rather than organized play or words. For example, he would passionately smell a pot of glue, throw toys against the wall or repeatedly vocalize growling noises. At the end of his sessions, he could not

<sup>16</sup> “Somatic outcomes are ... attempts — presumably last-ditch attempts — to mobilize a reparative aim in ‘another’ [e.g. the analyst], whose value as an object is at the relevant time imperceptible and uncertain” (Aisenstein, 1993, p. 371).

<sup>17</sup> See also Bion (1962, 1970, 1992) on ‘dream work alpha’ and myths (Bion, 1963) and Ogden (2004) on ‘dreaming the patient's undreamt dreams.’

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leave the office, seemed massively anxious and depersonalized and found no relief in anything his analyst was able to say or do.

[Thomas] was beyond the reach of all usual communication ... Faced with this pale, immobile, haggard-looking child, the very picture of terror, *the analyst himself had, as it were a nightmare*. He then said to Thomas: ‘Grrrr ... grrrr! Are you afraid of the wolf?’ And *without thinking about it, he spontaneously imitated the nasty beast that bites and claws*. Terror-stricken, Thomas signaled to him to stop, but his disarray disappeared and he was able to leave ... [In the next hour], when the moment came to separate, the analyst [intentionally] repeated the episode of the wolf. Thomas was no longer depersonalized; he propelled himself into the corridor and, wanting to frighten everybody, yelled out: ‘Grrr ... grrr ... the wolf!’

(Botella and Botella, 2005, p. 32-3, italics added)

While we might understand this sequence in many ways and from many different perspectives — for example, neurological disorder, psychotic manifestation, defensive regression, countertransference, enactment, etc. — I propose that we consider it as a plausible illustration of the movement from unrepresented to represented mental states. The fact that Thomas found no relief from the analyst's more usual responses or interpretations of separation anxiety, anger at having to stop the session, etc., raises the possibility that what Thomas faced at the end of his sessions did not stem from a specific set of underlying, organized, internal, unconscious wishes, fears or phantasies. Rather, a more archaic and generally pernicious process of massive regulatory disturbance may have been involved, which required and recruited the analyst's work of psychic figurability for its resolution.

The traumatizing power of separation [e.g. from the analyst at the end of the session] and Thomas's limited possibilities for [psychic representation and] elaboration, meant that once his protective shield [i.e. his concrete, actual, adhesive connection to his analyst] was broken, his whole system of representation, which was already precarious, was completely swept away. By naming and mimicking the wolf, the analyst was not evoking the meaning of a phantasy in the face of loss, but was soliciting in the child a psychic work comparable to his own, the double, as it were, of the evocative force of his own work of figurability. Thomas [then] used the wolf as a real representation weapon against the distress of *non-representation*.

(p. 34, original italics)

From the perspective of the analyst as intersubjective ‘double,’ the intervention began with the analyst's *experience* described as a waking “nightmare.” It would perhaps be more accurate to call this experience a night terror or acute state of psycho-economic imbalance and discharge, as it did not initially reflect a represented (pictographic, symbol-laden image) state. Rather, it was a flash of raw emotion, a potentially traumatic challenge to the analyst's psyche, which activated a representational movement within the analyst accompanied by a spontaneous almost trance-like, action/discharge phenomenon [“grrr ... grrr”]. This movement and expression reflected the beginning formation of a representation, which supported a fantasy or thought that in turn was reflected upon by the analyst and led to a formulation and interpretation. The emerging representation was partly a

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response to Thomas's extreme distress and partly an identification with his regressive collapse. The latter presumably exposed the analyst to the threat, terror and de-differentiating pressures of his *own* unrepresented areas, to which he responded by a personal act of figurability. Thus, the ‘grr, grr’ was one part discharge and one part a consequence of an emerging act of figurability that

served the psychic needs of analyst and patient and which ultimately led Botella to the formulation and interpretation: ‘Are you afraid of the wolf?’

While the action initially terrified Thomas, it also catalyzed something within him that calmed Thomas enough to allow him to leave the session. The Botellas hypothesized this to be the formation of a representation where none had been present before. When the time came for Thomas to leave the next session, he seemed to have within him a new resource, *his own representation organized around the experience and memory trace of the analyst pretending to be the wolf*, that he could call upon in creating the ‘play’ via imitation to scare others (an identification with the aggressor) and which he used to help separate. Once this internal development was established, it then became possible to proceed with more customary interpretations:

When you have to leave me, you are so angry that you would like to claw me, to eat me like a wolf...

(Botella and Botella, 2005, p. 33)

The Botellas' formulation is consistent with Bion's (1970, 1992) description of alpha function in the process of container/contained. What they add to Bion's formulation is the hypothesis that, in mobilizing his own alpha function, the analyst is performing an act of psychic regulation for *himself* as well as for his patient.

[The intervention of] the wolf, was not a story in images or a psycho-dramatic enactment, but *a flash of the analyst*, an act of figurability giving a meaning to Thomas's disarray *and relieving the analyst of the sense of torment and disappointment* resulting from the failure of his usual analytic methods.

(p. 32, italics added)<sup>18</sup>

This formulation differs from Ogden's (1994b) description of “interpretive action” in several ways. He describes the aim of an interpretive action as “deliberate” (p. 229) rather than spontaneous and unthought out and emphasizes the analyst's attempt to use “activity other than that of verbal symbolization” (p. 220) to convey to the patient “specific aspects of ... [the analyst's] *understanding of unconscious transference-countertransference meaning*” (p. 221, italics added). “Understanding” and “meaning” both imply and require saturation and stability of denotation and linkage to words. They reflect a process in which representations have already been formed and linked to chains of meaning. That which is ‘understood’ or ‘has

<sup>18</sup> Ferro (2002) has described how such flashes may appear as visual pictograms, which he suggests may reflect newly created alpha elements. See also Rocha Barros (2000).

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meaning’ is potentially verbalizable and implies or requires articulated or potentially articulatable mental contents.<sup>19</sup>

In contrast, Botella's act was spontaneous and eruptive and took place *prior to the creation, formulation or consolidation (strengthening) of understanding or meaning*. As such, it was a preliminary step in a transformational, intersubjective process that eventually led to the formation of understanding and meaning. Once he had silently formulated its meaning and hypothesized its potential value, Botella could then deliberately choose to growl at Thomas in a conscious attempt to introduce an interpretive action.<sup>20</sup>

The demand made upon the analyst's mind for representational work, the ‘*representational imperative*,’ reflects a universal tendency to seek relief from sensorial overload through representation and psychic activity. It was activated in the case of Thomas by the analyst's absorption of and identification with his patient's unrepresented ‘chaos’ or ‘void.’<sup>21</sup> This presumably produced a transient regressive exposure to the analyst's *own* unrepresented parts. The ‘flash’ that the Botellas describe is the end product and combination of a process of representation and the action associated with that process that relieved the analyst from a threat of de-differentiation. This representational process was *internal* to the analyst. At the same time, to the extent that it led to a particular interaction with Thomas, it was *interpersonal*. And, to the extent that the analyst was using his capacities to absorb via identification, transform and re-present to Thomas a now represented version of what was once for Thomas and to a lesser extent for the analyst an inchoate, unrepresented disorganizing terror, it was *intersubjective*. Thus, even as we may ‘lend our alpha function’ to patients such as Thomas out of therapeutic or altruistic motives, we may also find our alpha function recruited by a personal, homeostatic need that is urgently self-protective and self-regulating.<sup>22</sup>

## VI

Thomas's age and pathology allow us to view the consequences of weak and absent representation and the subsequent work of figurability as they play out against the backdrop of an ‘uncoloured,’ fragmented psychic canvas. This contrasts to other patients in which the need for intersubjective, figurative

<sup>19</sup> While Ogden's third clinical example moves in the direction I am trying to describe — “There was a spontaneous/unplanned quality to the intervention/question, whose meanings the analyst began to recognize and silently verbalize only” (1994b, p. 221) after the action took



place — his emphasis seems to be on the analyst's using action to express and convey meanings to the patient that the analyst had already thought out and articulated for him or her self (e.g. p. 229, example 1).

<sup>20</sup> The unconscious, unintentional, spontaneous nature of Botella's initial action also distinguishes it from other formulations of non-interpretive therapeutic actions, such as Alexander's corrective emotional experience (Alexander and French, 1946) and Bibring's (1954) manipulation, which are seen as conscious, thought out and intentional.

<sup>21</sup> For an elaboration of the concept of void, see Lutenberg, 2007.

<sup>22</sup> This has implications for our understanding of countertransference. If the analyst's act of figurability does not work for *both* patient and analyst, then no matter how successful it is for the analyst's psychic economy, from a therapeutic perspective, it may be tantamount to a defensive withdrawal from the patient.

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action occurs within a psyche that can *seem* at times or under certain conditions to be structured and organized in a neurotic-normal fashion. In these patients, sections of the surface of the canvas may appear painted over, but the structural integrity of discrete areas of the canvas — perhaps at a micro-level — are in disarray. Let me illustrate by describing the treatment of Erin,<sup>23</sup> who, despite significant gains in representational capacities, continued to show presumptive problems of weakened or absent representation (decathexis, self-fragmentation, loss of continuity of her sense of self and object) and required the analyst's figurability-enhancing activity in the face of potentially disorganizing separation reactions.

I began work with Erin when she was depressed, angry, hopeless, and dangerously suicidal. The first period of treatment, face-to-face at 3-4 times per week, lasted 12 years and helped her to weather numerous hospitalizations and suicidal crises, finish university and begin to stabilize her life.

Erin's mother was a severe alcoholic: depressed, unreliable and physically and emotionally unavailable. During Erin's latency years, mother was repeatedly hospitalized and out of telephone contact for prolonged periods of time. When mother was at home, Erin lived on the verge of continual panic, emptying mother's hidden whiskey bottles, hiding the car keys to prevent mother from driving while drunk and sneaking into the bedroom where mother was passed out to see if she was still breathing and alive.

Erin's father was a terrifyingly angry man, whom Erin viewed as despotic and intrusive. His mood would shift without warning and he would erupt in dangerous rages. Her siblings were described as envious and cruel.

In the early years of treatment, Erin soothed herself by holding and counting a hidden supply of sleeping pills, reminding herself they were her escape from an unbearably painful, incomprehensible reality. In sessions, her thinking became blocked or disorganized, her mind went blank and her discourse was often empty and flat. I barely made sense of what she was saying or what was going on between us. Like Botella and Thomas, it is likely that my state was both a response to her fractured discourse and identification with her disorganized self.

I attempted to clarify and explore what Erin was feeling or thinking or describe what was happening between us. While this activity reflected standard technique, in helping her to name her feelings and make plausible sense out of what seemed to be going on within her mind and between us, I was also working as an alter ego or 'double,' supporting her — or lending her my — ability to create, link and strengthen representations, thereby reinforcing her capacity to think.

Gradually, we developed a picture of her mind that named and described her terror of abandonment, murderous and suicidal rage and desperate need for aid and comfort. Some elements of these reactions were presumably based on representations of early objects, fantasies and relationships. For example, one could surmise that her fears of closeness were determined in part by her need to defend against her oral rage and hunger or avoid a traumatic repetition of internalized memories of abandonment by her mother.

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<sup>23</sup> This case has been described elsewhere (Levine, 2009).

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One could postulate a defensive, aggressive identification with her raging, paranoid father or view her suicidal preoccupations as murderous revenge against abandoning and sadistic parents and siblings. At the same time, however, in addition to these presumed manifestations of more organized, represented mental states, the vagueness and incomprehension of her discourse, the paralysis of her thinking, the intensity and eruptive quality of her affects and the confused and impulsive action that permeated her life all spoke to a presumptive weakness or failure of representation.

For most of our early years together, addressing these phenomena as possible ego defenses — e.g. 'Perhaps your mind stops working so you don't have to feel or know how angry you are; or how much you feel that you need me to be here' — or the surface markers of unconscious phantasies -e.g. 'You seem afraid that your needs and anger will destroy me' — or memories — e.g. 'When I go away you feel abandoned by me as you did by mother when she left for the hospital without explanation or opportunity to visit' — did not make sense to her or lead to a more usual process of working through. These phenomena, which were

associated with intense states of confusion and a disorganization of her ability to think that left Erin unable to make coherent sense of her emotional life, were linked to a disorganized and disorganizing discontinuity of experience and a loss of meaning and meaningfulness, which I believe reflected a failure or weakness of representation. In this context, I wish to emphasize the *role of my clarifications as coherence building constructions* that provided and sustained the building blocks of thought within a significant object relationship, rather than uncovering or decoding interpretations of defenses or organized but hidden content.

As I clarified and tried to help Erin make sense of affect storms, feelings of abandonment, sudden emotional withdrawals and suicidal crises and interpretively put the here-and-now interactions of our relationship into some plausible and comprehensible explanatory, cause-and-effect narrative sequence, our separations — around vacations and absences, between appointments, etc. — assumed increasing importance. Instead of fingering and counting her pills when distressed, Erin began to call my answering machine to hear my voice or drive by my office to visualize and be close to my surroundings.

When she became able to speak of these experiences, she could only repeat that she was trying to hold on to the sense that I was 'real.' Attempts to explore and help specify what 'being real' meant or how it worked for her emotionally yielded little success. We never uncovered a pre-existing, specific defensive meaning or unconscious phantasy related to these actions. Like Winnicott's (1971, p. 115) infant struggling against the disorganizing impact of decahexis, Erin seemed to be in the realm of the concrete rather than the symbolic: I was either there or not there; she was either organized in and by my presence and able to think or disorganized and unable to think when abandoned and alone.

The shift in Erin's attachment, from thoughts of suicide to thoughts of me, seemed to mark the beginning of her achieving a representation of me that assumed an increasingly important, stabilizing role within her psychic

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economy. She seemed to be intuitively attempting to counter the destabilizing consequences of decahexis by acting in ways that reinforced her sense of my presence. Concrete 'reminders' of my existence or contact with things that reinforced her sense of my 'being real' seemed to modulate her affects, 'refuel' her capacity to think and help maintain the cohesion and coherence of her self.

Eventually, the 'staying power' of her sense of my 'being real' acquired greater stability and, except under greatest duress, she managed increasingly longer separations without becoming suicidal or showing indications of disorganization or loss of vitality, stability and coherence. Subsequently, the concrete need to call to hear my voice during separations was replaced by her pre-emptively asking me where I was going. Once I understood the stabilizing role that that information could play, I willingly shared it with her. She used it to locate me in time and space and reaffirm my existence, imagining where I was, what my surroundings might look like, etc. Erin seemed to be developing a representational means to hold on to a sense of my presence in my physical absence. This helped her to stabilize my image and presence within her mind, thereby keeping me with her, preventing a disorganizing fragmentation and allowing her to 'think' of me and maintain self-cohesion and psychic stability in my absence.

Years later, as the fruits of this work ripened further, she announced that she now understood that there were *two* people in the room. While it is possible that this announcement marked or was associated with the *discovery* of an organized but deeply hidden phantasy, I believe that it reflected the achievement of her capacity to hold on to a sense of my continuity as a sustaining object despite my absence and to observe, think about and put into words an aspect of her Experience that was previously unnamable.

During the 15 or so years that followed the end of our first period of treatment, Erin kept in touch intermittently by mail or occasional phone contact. Was this an unconscious titration of her need to maintain a concrete, 'refueling' relationship needed to support her psychic functioning by preserving a representation of my existence within her mind? While we have never answered this question decisively, it did seem to be her way of holding on to the 'reality' of my existence.

Erin returned to treatment, face-to-face, three times per week, after her father died. Despite becoming a mature woman with grown children and a successful marriage and career, her sensitivity to separation and possible loss was still acute and verged upon the catastrophic. One important reason for her return seemed to be her vague intimation that the small inheritance she received upon her father's death could make it possible to try to address the fact that her well-being and sense of adequate functioning remained tied to her sense of my physical existence and connection to me.

During this second phase, Erin's strengthened capacities for self-observation and affect tolerance allowed her to observe and discuss her experience of our separations with a new competence. Eventually, she reported that what was so destabilizing in my absence was not just phantasies, fears or wishes that I would die or wish not to return — these were associated with primitive transferences built upon representations of her violent father or

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abandoning mother — *but her terror that the me who returned would not be the same as the me who left*. While this terror may have been based upon a fantasy connected with unconscious fears from childhood in regard to mother's hospitalizations, the *loss of continuity in her sense of the object*, the fragmentation of self and Erin's dependence upon my presence in order to effectively think and address these problems offer presumptive evidence of decahexis and weakness of representations.

In the ensuing years, despite evidence of having filled in and strengthened many previously colourless, fragmented areas of

her 'psychic canvas,' Erin still showed a propensity — although one that she now more rapidly recovered from — to revert to mind-numbing states of disorganization, confusion and frozen silence, to lose her ability to regulate her feelings, observe herself or meaningfully associate in the face of impending or actual separations or loss of my emotional attunement. My role in what now became the work of *her* increasing ability to manage her own acts of figurability became much less evident, but was discernible nonetheless.

For example, in the midst of a discussion of powerful reactions to a recent break in the continuity of our sessions, Erin impulsively asked if my eyes were blue. My spontaneous, intuitive reply was neither inquiry nor interpretation, but a statement of 'fact' in the form of a personal story. I replied that I thought my eyes were brown, but that, when I was a little boy, my mother would tell me they were hazel. I did not know why I chose to respond in this way or why I added this personal detail at that time, but I was aware that it reflected a deeply meaningful, warm and loving memory. It is uncharacteristic of me to speak of my personal history with patients and the detail emerged spontaneously without my thinking about it.

While this intervention can be viewed from many different perspectives — e.g. countertransference, enactment, self-disclosure, etc. — I would like to emphasize its role in a progressive, transformational process: it introduced 'the mother' as an 'affective hologram' (Ferro, 2002) into the field. In so doing, I was not just 'saying' something, consoling myself (my mother once loved me even if Erin did not), or 'self-disclosing' to Erin, but I believe I was acting in an analogous way to Botella growling at Thomas. In introducing 'the character of the mother,' I was discharging a tension — perhaps seeking solace and comfort from a loving, maternal introject in the face of a hostile or barren relationship — but also doing something akin to 'adding a (verbal) prop' to the 'playset' with which a child analyst engages a youngster: an iconic mother, who could lovingly see her child and imagine something wonderful and distinctive ('hazel eyes') in him; a mother who was more like the facilitating, consistent, caring and engaged analyst—mother in the positive transference.

In response to my comment, Erin settled down and realized that, *in her mind's eye*, she was transposing onto my face — i.e. she imagined seeing — *the blue eyes of her mother*, that quintessential figure of abandonment. Her 'hallucination' of a blue-eyed analyst was a 'Visual slip' reflecting the presence and use of an internalized representation and actualizing a transference reaction. At the same time, my introduction of a mother who sees and idealizes her child challenged her 'transference distortion' and silently reminded

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her of how vitally different our relationship was from that of her childhood with her parents. The latter helped to patch a 'micro-tear' in her psyche, restoring her equilibrium and allowing her to differentiate the change of separation from the catastrophe of absence, loss and psychic annihilation.

Still later in the treatment, faced with several cancellations necessitated by her work, Erin was once again talking about how panicky and disorganized she could become when threatened with being out of contact with me. She continued with descriptions of chaos (at work) and her need to be hypervigilant and in total control as she faced intrusive feelings of panic. I commented that there seemed to be two panics pulling her in opposite directions: one she could feel at being out of contact with me. This sometimes damaged her sense of my being friendly and real and then disorganized her sense of herself. It led her to desperately seek contact with me and try to reschedule any appointments that we might have to miss. The second panic was at the thought of her knowing or my seeing how dependent on me and needy she felt. This made her feel vulnerable and led to her wanting to appear indifferent to the cancellations. As a result, she was being pulled apart in opposite directions. "Welcome to my world" was her response, as she smiled (in relief?) and exhaled deeply.

A phrase she used as she described the work conflict that necessitated her missing her sessions triggered my memories of a past, lost love object and, as I continued to listen to her, I began to fall into a deep and painfully mournful mood marked by hopelessness, desperation and day-dreams of suicide. Splitting my attention between Erin and myself, I reflected on and silently articulated something about my own state of mind. I recognized I was reworking a painful personal memory of irrevocable loss and, with that thought as an object of reflection and with the question of whether it might somehow be tied to Erin and the session, I returned my attention more fully to her discourse.

Her associations had led back to her own painfully traumatic childhood:

It's a wonder that I ever got interested in learning, because no one ever read to me as a child. I remember a babysitter once told me a story about Peter Pan using the pictures in a book. My mother came home and became very angry. I thought we must have been doing something wrong.

She then talked further about her panic at our separations, her terrible dependency and need, but suddenly interrupted herself and angrily said: "Don't look at me like that." Startled, I asked about my look, and what she had been thinking and feeling just before she noticed it. In the short run, this was 'helpful.' She quickly put her reaction aside by announcing that she had been "projecting" (her words) and seemed to recover a positive, helpful sense of my presence. However, it felt to me that she had used my intervention as more of a 'reality check' than an opportunity for further reflection and exploration. I therefore decided to use my reverie as the basis for an intervention and said:

When you said that about the look on my face, I was thinking about something in reaction to what you had been telling me. I'm not sure if it will be of interest or use

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to you, but I thought I would mention it in case it would prove helpful. My thought was about how painful and irrevocable life's losses can sometimes feel and be.

Her response was that as a child, she had never lost anyone “irrevocably.” I replied I wasn't thinking so much of a person, but of her childhood itself, of the opportunity to have been raised and to have lived in a secure and helpful family. She saddened and agreed. As she did so, a picture of her barren childhood emerged in my mind against the backdrop of her current incipient panic attacks and her attempts to stabilize herself on her own, so that she could keep them hidden from me and avoid the panic of my seeing how needy she felt. I commented on this and she replied there was a third panic: that she would use me up or destroy me out of her neediness.

At that point, my thoughts shifted to *Li'l Abner*, a comic strip from my childhood, in which the characters lived in great poverty, but were nourished by a mythical set of friendly animals called ‘schmoos,’ who willingly turned themselves into hams and lovingly allowed themselves to be eaten by hungry humans. Beneath this memory was a series of half-formed images of breastfeeding, being breast-fed, the warmth of my first analyst and his extraordinary capacity to help patients acknowledge, bear and put into perspective the disappointments and heartbreaks of their lives.

I asked Erin if she had ever read *Li'l Abner* and did she know about the schmoos? She had, but did not remember them, so I told her about their role as loving food source and suggested that, since her feeling while growing up in her own family was that nobody felt loving or giving in that way and because her needs must have felt so ravenous and great, she could not really believe that I might *want* to help her and not feel or be used up or destroyed in the process. She sadly agreed and added: “That's why people have children; so that they can find and give the love they never got themselves.”

This triggered in me the picture of a good friend reading the comics to my then 4 year-old son. Based on this flash memory and aware that the session was at its end, I said:

You know what I think just happened? You'd said that no one ever read to you as a child and, in telling you about *Li'l Abner*, I think I was also reading you the Sunday comics!

She smiled as she left the office and I warmly imagined her thinking ‘the things analysts say!’

What I wish to call attention to in this last sequence is the way in which an area of representational weakness or absence (the traumatic absence of the mother particularized as absent loving, seeing, comic reading presence) may appear embedded in a more usually represented conflict (the panic, shame and wish to hide her hunger or the extent of her dependency). I would suggest that, coupled with her defensive negation (**Freud, 1925**) that she had ‘never’ experienced an irrevocable loss, were hints that we were approaching an area of representational absence or weakness (*my* unexpectedly becoming filled with mournful feelings and suicidal thoughts, followed by her sudden paranoid response to my ‘look’). Alongside her ‘neurotic’

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defensive denial was a disavowal or ‘ejection from the psyche’ (**McDougall, 1978**) of an unbearable pain, which I unconsciously absorbed, resonated and transiently identified with, returned to representation for both of us via an unconscious act of ‘figurability’ and re-presented to her in the form of the words, ‘irrevocable loss’ and in the memory of *Li'l Abner* and the schmoos. The latter condensed for me a series of warm memories of love and loss: including my mother reading to me, my friend reading to my son, me reading to my son, warm and loving moments from my own analysis, of me analyzing this patient, etc. And, like my introduction of the mother who sees special hazel in the everyday brown of her son's eyes, the analyst who sees the possibility that this suicidal teenage girl could grow up to be a successful mother and professional, the *Li'l Abner* story represented and re-presented an important structural support to Erin's damaged psyche.

Undoubtedly, processes of unconscious communication were taking place between us. What is at question is the extent to which these processes involved the communication of more or less fully formed and organized unconscious fantasies and memories or of something more inchoate and far less saturated that was being projected into, taking root in and being transformed by the mind of the analyst so that it could then be re-presented to Erin in a more structured form and then internalized by her to help solidify and form the representational basis of her own psychic functioning.

## VII

In the presence of *represented* unconscious, latent content, the analytic process moves via free association and interpretation from conscious and preconscious surface to unconscious depth. In the analysis of unrepresented and weakly represented mental states, *the elements of mind — conscious, preconscious and unconscious — must first be created by a work that begins in the analyst's psyche and is then offered and inscribed in the psyche of the patient as part of an interactive, intersubjective relationship*

*and process*. That is, the analyst may be required to provide some expressive, catalytic action in order to help precipitate or strengthen the patient's representational capacities. When this occurs, we may wonder to whom the representation belongs. The analyst? The patient? Some combination of the two? The answer that I would propose is simultaneously 'both' and 'either,' depending upon the perspective from which we observe the process. And, evoking **Winnicott (1971)**, I would also add 'neither' since there is a perspective from which the intersubjective, joint elaboration of a container for unrepresented protopsychic elements on the way to representation can be said to belong to neither participant, but is perhaps better characterized as a property of the analytic field (**Baranger et al., 1983**) or third (**Ogden, 1994**).

Whatever their ultimate form of representation or to whomever or whatever it is ascribed, previously unarticulatable proto-thoughts and protofeelings often require the 'borrowing,' creation or co-construction of a viable language form or dialect (**Ferro, 2002**) if they are to achieve psychic representation. The representation produced is always to some extent partial and

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approximate and never a fully complete depiction of the thing-in-itself (**Bion, 1970**). This may be a difficult concept to grasp, one that is made more difficult by our commonsense, everyday assumption that external reality exists and can be known in a straightforward and direct manner. As **Bion (1970)** put it:

[Ultimate Reality,] *O* does not fall into the domain of knowledge or learning save incidentally; it can 'become,' but it cannot be 'known.' *It is darkness and formlessness* but it enters the domain *K* [i.e. the realm of that which can be known] when it has evolved to a point where it can be known, through knowledge gained by experience, and formulated in terms derived from sensuous experience; its existence is *conjectured* phenomenologically.

(p. 26, italics added)

In this essay, I have attempted to articulate the plausibility and process that lies behind one such theoretical system of conjecture. If I have been successful, I will have evoked something recognizable to others, and, in so doing, I will have also illustrated something about the ineffability of psychic data, the clinical value of Freud's theory of representation and its place in our understanding of therapeutic action and the creation of mind.

## Translations of Summary

**Die weiße Leinwand: Repräsentation, therapeutisches Handeln und die Bildung der Psyche.** Freuds ursprüngliche Formulierungen betrachteten die Psychoanalyse als eine Arbeit in Richtung der Wiederentdeckung psychischer Elemente — Gedanken, Gefühle, Erinnerungen, Wünsche usw. —, die einst bekannt waren — in der Psyche repräsentiert, aussprechbar, denkbar —, die dann aber verborgen und/oder aus dem Bewusstsein ausgeschlossen wurden. Seine späteren Überarbeitungen beinhalteten eine zweite, umfassendere Kategorie von unausgeformten Kräften, die entweder nie eine psychische Repräsentation erreicht oder diese wieder verloren haben und die, obwohl motivational wirksam, in ihrer Bedeutung nicht festgelegt, nicht symbolisch verkörpert, nicht in Assoziationsketten eingebaut sind usw. An Freuds Theorie der Repräsentation anknüpfend konzipiert der Autor diese Kräfte als "nicht repräsentierte" oder "schwach repräsentierte" mentale Zustände, die die Psyche auffordern, tätig zu werden und eine Transformation in etwas erfordern, das in der Psyche repräsentiert ist, wenn darüber nachgedacht oder damit gedacht werden soll. Dieser Aufsatz beschreibt, diskutiert und präsentiert Veranschaulichungen dieses Transformationsprozesses (Figurabilität), der sich intersubjektiv von nicht oder schwach repräsentierten mentalen Zuständen in repräsentierte mentale Zustände, von der Antriebskraft in Bedeutung, vom Unausgeformten in eine mentale Ordnung bewegt.

**La tela incolora. Representación, acción terapéutica y la creación de la mente.** Las formulaciones iniciales de Freud consideraban que el psicoanálisis avanzaba hacia el redescubrimiento de elementos psíquicos — pensamientos, sentimientos, recuerdos, deseos, etc. — que habían sido conocidos en el pasado — representados en la mente, articulables, pensables — pero que luego habían sido ocultados y/o bloqueados de la consciencia. Sus revisiones subsiguientes llevaron a la concepción de una segunda (más extensa) categoría de fuerzas informes que habían perdido representación psíquica o nunca la habían alcanzado, y que, aunque activas desde un punto de vista motivacional, no tenían un significado fijo corporeizado simbólicamente, unido a cadenas de asociaciones, etc. Siguiendo la teoría de la representación de Freud, el autor conceptualiza estas fuerzas como estados mentales 'no representados' o 'débilmente representados' que exigen que la mente trabaje, y que requieren ser transformados en algo que esté representado en la psiquis para poder ser pensados o utilizados para pensar. Este trabajo describe, analiza y presenta ilustraciones de este proceso transformativo (figurabilidad) que pasa intersubjetivamente de estados mentales no representados o débilmente representados, a estados mentales representados, de fuerza a sentido, de la vaguedad a la organización mental.

**Une toile sans couleurs: représentation, action thérapeutique et création de l'esprit.** D'après les premières formulations de Freud, la psychanalyse visait à recouvrer des éléments psychiques — pensées, sentiments, souvenirs, désirs, etc. — autrefois connus — représentés dans l'esprit, articulés, pensables —

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mais par la suite travestis et/ou exclus de la conscience. Ses révisions ultérieures impliquaient une seconde catégorie, plus

extensive, de forces rudimentaires, qui ou bien avaient perdu ou bien n'avaient jamais atteint le statut de la représentation psychique. Bien que ces forces fussent actives et dynamiques, elles n'étaient pas rattachées au sens, incarnées symboliquement ou reliées aux chaînes associatives, etc. Reprenant la théorie freudienne de la représentation, l'auteur de cet article développe l'idée selon laquelle ces forces constituent des états psychiques « non représentés » ou « faiblement représentés », qui demandent à la psyché une exigence de travail en vue de leur transformation en quelque chose qui puisse être représenté, pensé et utilisé pour penser. Cet article décrit et illustre la façon dont ce mouvement de transformation (figurabilité), qui constitue un processus, se déploie inter-subjectivement, permettant de passer d'un pôle d'états psychiques non-représentés ou faiblement représentés à un pôle d'états psychiques représentés, de la force au sens, d'un ordre rudimentaire à un ordre psychique.


**La tela incolore: Rappresentazione, Azione Terapeutica e Creazione della Mente.** Le prime concettualizzazioni psicoanalitiche concepite da Freud vedevano la psicoanalisi come un lavoro diretto alla riscoperta di elementi psichici quali pensieri, emozioni, memorie e desideri. Si pensava che tali elementi fossero stati un tempo coscienti, cioè rappresentati psichicamente, pensabili e verbalizzabili, ma poi distorti e/o esclusi dalla coscienza. Successive revisioni di questi concetti da parte di Freud hanno portato alla nozione di una seconda, più ampia categoria di forze che tendono ad emergere in modo confuso, e che possono aver perso, ma forse non hanno mai raggiunto la rappresentazione psichica. Queste forze, sebbene attive a livello motivazionale, non hanno mai raggiunto un preciso significato, né sono state espresse a livello simbolico o semantico in modo da poter far parte di nessi associativi. Muovendo dalla teoria freudiana sulla rappresentazione, l'autore considera questo tipo di forze come 'non-rappresentate' o 'labilmente rappresentate'; si tratterebbe cioè di stati mentali che agiscono in qualche modo sulla mente per essere trasformate in elementi rappresentabili dal punto di vista psichico in qualche cosa che possa essere pensato e che consenta di pensare. Questo lavoro descrive, esamina e presenta esempi di questo processo di trasformazione (figurabilità) che permette il passaggio intersoggettivo di stati mentali non-rappresentati o debolmente rappresentati a stati rappresentati, il passaggio dalla pulsione al significato, dal disordine all'ordine.

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