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**Bion's Ego Psychology: Implications for an Intersubjective View  
of Psychic Structure** Related

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Of all Freud's writings, Bion was most deeply influenced by “Formulations on the Two Principles of Mental Functioning” (1911), and the author asserts that much of Bion's major theoretical thinking may be seen as an elaboration of this paper. Bion's introduction of the concept of alpha function, which “may be regarded as a structure” (Bion 1962, p. 26), constitutes what the author calls “Bion's ego psychology.” A clinical implication of Bion's ego psychology is a focus upon the unconscious interaction between the analyst's and the patient's communicating alpha functions. Clinical material from the analysis of an adolescent is offered to illustrate the author's points.

And we have to judge how to tell the patient the truth about himself without frightening him.

—Bion 1994, p. 173

Thus, if a resistance is in operation, it indicates that the patient is experiencing his or her thoughts or feelings as a danger.

—Busch 1995, p. 40

## Introduction

Freud's writings are frequently mentioned in Bion's work, yet when they are referenced, the corresponding citations are invariably to Freud's texts up to 1920. This is curious, especially given Bion's much-deserved reputation for erudition, and one must assume that he was very familiar with the entirety of Freud's work. It is as though he lost interest in Freud after the introduction of the structural theory (Freud 1923a). Bion, however, often spoke of the ego, found the idea of a superego useful, and furthered our understanding of the relationship between these two entities by promoting the notion of an *ego destructive superego* (Bion 1959, 1962). Nevertheless, Bion (1994) found the conception of the tripartite model of the mind to be incomplete and overly simple, “a crude but shrewd subdivision of the mind into various parts” (p. 286).

In my view, although Bion largely eschewed Freud's structural model, much of his major theoretical thinking may be considered the development of his own view of an aspect of the ego that is engaged in giving meaning to emotional experience. Bion produced a view of the functioning ego, without naming it as such, that dealt with many of the same theoretical and clinical matters that Freud and the ego psychological school addressed from their perspective (see, for example, the two quotations from Bion and Busch on *resistance* at the beginning of this article).

My main point is that what I will refer to as “Bion's ego psychology” leads to an appreciation of the intersubjective nature of psychic life, and also to a different view of structure. Furthermore, with regard to the clinical encounter, I contend that the so-called classical/relational split in psychoanalysis, which has been promulgated by both sides of this supposed divide, is a false dichotomy, and I assert that a consideration of Bion's two-person “ego psychology” is a conceptual tool with which to bridge that split.

Additionally, I offer the view that the traditional ego psychological emphasis on the analyst working on the psychic “surface” should be broadened to include the mental functioning of the analyst. I present

a clinical example in which the analysis of an adolescent is discussed from an enlarged view of the ego that combines ego psychological and Bionian viewpoints.

### The Bionian View of the Ego

Bion was profoundly influenced by Freud's (1911) seminal paper, "Formulations on the Two Principles of Mental Functioning." Indeed, this paper is by far the most widely quoted work of Freud's in Bion's writings and, in my view, it is probably not excessive to state that *much of Bion's theoretical contribution may be seen as an elaboration of this paper*. Freud stated in "Two Principles" that the pleasure principle had to be supplemented by the reality principle because the "psychical apparatus had to decide to form a conception of the real circumstances in the external world" (p. 219), in order for it to survive. The establishment of the reality principle was a "momentous step" (p. 219) that placed new demands on the psychic apparatus for adaptation.

Freud also delineated the important role of *action*, which, under the aegis of the pleasure principle, "served as a means of unburdening the mental apparatus of accretions of stimuli" (p. 221). However, with the appearance of the reality principle, action was now to be more directed toward a goal in order to accomplish an "alteration of reality" (p. 221). *Thinking* developed as a means of restraining motor action by allowing the mental apparatus "to tolerate an increased tension of stimulus while the process of discharge was postponed ... [and was] an experimental kind of acting" (p. 221).

Freud did not identify the force requiring that "the psychic apparatus had to decide to form" a relationship with reality that demanded these new maturations, but did give us a hint of this in a long footnote. He said that adaptive changes are necessary for survival, and then dropped a bit of a teaser when he noted that the supremacy of the pleasure principle is ended "when a child has achieved complete psychical detachment from its parents" (p. 220). This statement suggests an intimate connection between what happens in a baby's object relations and the growth of ego functions.

## The Commensal Relationship and the Dyadic Expansion Consciousness<sup>1</sup>

The association between the infant's early relationships and the growth of the ego is a vast area that has been explored extensively, and its scope is too broad to be reviewed here. However, *Bion's unique contribution to this territory is that the infant, in collaboration with its mother, comes to know reality, gives emotional meaning to its experiences, and learns from those experiences.* According to Bion, a specific function of the personality is responsible for comprehending emotional reality and giving affective meaning to perceptions, a function that develops in a unique choreography with an analogous function in the mother. He calls this *alpha function*, which “may be regarded as a structure” (1962, p. 26), and which deploys consciousness like a searchlight to “probe the environment” (Bion 1963, p. 19) and ascribe affective meaning to the objects detected in that probe.

In my opinion, Bion, without saying so, is in essence offering alpha function as a superordinate ego function responsible for ascribing emotional meaning to experience. Alpha function, therefore, is the mechanism underlying the reality principle, and also makes thinking possible. Bion (1962) described two kinds of basic thoughts, the first of which are *beta elements*: raw sense impressions and emotions that are “not so much memories as undigested facts” (1962, p. 7). Beta elements are concrete things-in-themselves that are “thought” about in a muscular way,<sup>2</sup> meaning that the mind expels these elements through projective identification.<sup>3</sup>

The second kind of thought described by Bion is necessary for the capacity for narrative and metaphor, with latent meaning that

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<sup>1</sup> Bion described the mother—infant relationship as *commensal*, meaning that each depends on the other.

<sup>2</sup> This is similar to Freud's (1911) description of the role of action in primary process as “unburdening the mental apparatus” (p. 221).

<sup>3</sup> Projective identification is a mechanism akin to one Freud (1915) implied but never described in detail: his concept of the *purified pleasure ego*, which evacuates unpleasure to the environment.

may be accessed by reading between the lines, and that depends upon the existence of alpha function. The constituents of this kind of thinking are *alpha* ( $\alpha$ ) elements, which are beta ( $\beta$ ) elements that have been transformed (mentalized) by  $\alpha$  function. Though Bion does not make the direct connection, it seems to me that  $\beta$  elements are equivalent to the “accretions of stimuli” of which Freud stated the primitive psyche sought to unburden itself. It is important to emphasize here that both the primary process and secondary processes as described by Freud depend upon  $\alpha$  function, since both operations require the presence of a symbolic capacity.

**Freud (1911)** saw the emergence of the reality principle as something forced on the mental apparatus by the demands of reality, and Bion agreed with this as a partial explanation for the development of thinking. However, *Bion's great innovation was to accord the mother and her  $\alpha$  function a central role in the evolution of the infant's capacity to think, and therefore to learn from experience.* How does this happen? In “On Arrogance” (**1958**), Bion reported the case of a patient who found the analyst “stupid” because he could not understand that the patient's attacks were a form of communication. Then Bion realized that this patient needed to “put bad feelings in me and leave them there long enough for them *to be modified by their sojourn in my psyche*” (p. 92, italics added).

This finding represented a significant extension of Klein's (**1946**) view of projective identification as primarily an evacuative phenomenon, emphasizing instead its role as a communication designed to elicit a response (from the object) that “modifies” the projected emotions. In addition, Bion's use of the word *sojourn* implies that what is projected into the analyst remains there for a limited period before returning to its source. Thus, the analyst's mind (and the mind of the transference mother) is elevated to a position of heretofore unappreciated importance in the development of the capacity for thinking.

Bion is here describing a communicative interplay between the minds of the infant and its mother that transforms unmanageable and concrete ( $\beta$ -element) experience by virtue of its “sojourn” in the

mind of the mother (**Bion 1965**). The receiving mother takes in the projection and subjects it to her *reverie*, which is defined as

... that state of mind which is open to the reception of any “objects” from the loved object and is therefore capable of reception of the infant's projective identifications, whether they are felt by the infant to be good or bad. In short, reverie is a factor of the mother's alpha function. [Bion **1962**, p. **36**]

Interestingly, Bion calls what is projected into the mother the *contained*, denoted by the symbol ♂, while the receptive function of the mother is the *container*, which is represented by the symbol ♀ (**Bion 1962**). The container takes in the contained ( $\beta$  element), processes it through its reverie—which is a constituent of the mother's alpha function—and through that processing transforms the  $\beta$  element into an  $\alpha$  element. **Bion (1962)** views the mother and infant who interact in this manner as a *thinking couple*, and the activity of this ♂ ♀ pair is introjected as the *apparatus for thinking* that is “part of the apparatus of alpha function” (**1962**, p. **91**).

Bion considers this container/contained (♂ ♀) relationship *commensal* (**1962**, p. **91**) in nature—i.e., the infant and its mother are dependent on one another—and also that both grow through the process by which meaning is made of experiences that were previously merely raw, sensory, and concrete things-in-themselves (**Brown 1985**). Thus, Bion's view of this inchoate thinking couple who are beginning to co-construct meaning is similar to what **Tronick (2005)** and **Tronick et al. (1998)** observe in the interaction of the states of consciousness (SOC) of the infant and mother,

... in which the successful regulation of meaning leads to the emergence of a mutually induced dyadic state of meaning ... [by which] new meanings are created, and these meanings are incorporated into the SOCs of both individuals. As a consequence, *the coherence and complexity of each individual's sense of the world increases*, a process I refer to as the dyadic expansion of consciousness model. [Tronick **2005**, p. 294, italics added]

## Thoughts Without a Thinker: Mutuality and Growth in the Container/Contained

Bion offers two models, one explicit and the other more implicit, for the development of the relationship between the container and the contained. The more explicit model, emphasized in his earlier writings (1958, 1962), is an *alimentary* one: that the infant evacuates an internal emotional experience into the mother, who “digests” through her  $\alpha$  function what has been projected and gives it back to the baby in a more palatable state after its sojourn in her — not unlike a mother bird pre-masticating food for her newly hatched offspring. In my view, this is not a commensal model that leads to an increase in “the coherence and complexity of each individual's sense of the world,” but instead emphasizes what the mother does for the infant.

In contrast to this alimentary model, Bion (1962, 1997, 2005) offers, largely in his later writings, a *sexual/pro- or co-creative para-*digm that is more implicit and is directly suggestive of an interaction between mother and baby, between container and contained, that results in the growth of both partners and the creation of new meaning. For example, in discussing the appearance of unbidden “wild thoughts,” Bion (1997) argues that it is not important to be “aware of the genealogy of that particular thought” (p. 27), a statement that implies a lineage of thought from the interaction between analyst and patient. More to the point, Bion (2005) compares the germination of a child with the development of an idea in analysis: “It certainly is a collaboration between the two, and there is something fascinating about the analytic intercourse; between the two of them, they do seem to give birth to an idea” (p. 22).

I have long been interested in Bion's choice of the symbols of ♀ and ♂ to represent *container* and *contained*, since these are imbued with highly “saturated” meanings of femininity and masculinity.

<sup>4</sup> I suggest that he employed ♀ and ♂ because he intended (consciously or unconsciously) for the reader to consider the procreative dimension of the container/contained relationship, the “something fascinating about the analytic intercourse” that creates new ideas and meaning. Thus, the new structure of the ego he proposed, the apparatus for thinking (♀ ♂), was modeled upon a pro-/co-crea-tive “analytic intercourse” that germinates, gestates, and gives birth to new ideas. Though he did not reference Klein's (1928, 1945) concepts of the “feeding” and “creative,” internalized (oedipal) couple (Brown 2002), Bion's idea of the ♀ ♂ as the apparatus for thinking appears to be an elaboration of her description of the creative couple. Mutuality, from the perspective of the creative mating of minds in analysis, involves the interplay between the internalized creative couple (the ♀ ♂, or apparatus for thinking) in both analysand and analyst. This interplay, therefore,

... rests upon a capacity in both the patient and the analyst to affect, penetrate and influence the other alongside of the receptivity to being affected, penetrated, and influenced ... made possible by the existence within the patient and analyst of a fantasy of an internalized couple engaged in a creative act of mutual cross fertilization. [Brown 2004, p. 49]

This act of shared creativity involves the patient inseminating the analyst's mind with an unprocessed emotional experience that the analyst transforms into a thought through reverie. One way of regarding this process is to consider the exchange as a “thought looking for a thinker” (Bion 1997)—that is, that the patient projects an unmentalized experience into the analyst with the expectation

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<sup>4</sup> Bion used the term *saturated* to refer to psychoanalytic ideas that are imbued with such well-established meaning that the experiences to which these terms originally referred may be lost. Thus, he introduced symbols to denote some of his concepts in order to take a fresh look at phenomena unencumbered by a “penumbra of associations” (Bion 1962). The reader should take note that Ferro (2002, 2005) uses *saturated* to refer to interpretations that convey the analyst's pronouncements of meaning, as contrasted with open-ended or “unsaturated” statements that await the discovery of meaning.



that the analyst will “think” (transform) the thought for the patient and then return this newly minted and transformed thought back through observations, interpretations, etc. The analyst's comments, now planted in the patient's mind, stimulate the growth of new associations of the analyst's ideas, which subsequently evoke further elaborations in the analyst. Thus, analytic collaboration is also a cross-fertilization in which new meaning is mutually created by the interaction between the internalized container/contained (♀ ♂) of the analysand and the analyst.

### Some Clinical Implications

**Bion (1970)** called analysis a probe that expands the very area it is investigating, and **Ferro (2005)** contrasts this emphasis with the traditional analytic perspective on technique:

Thus, the analyst presents him- or herself as a person capable of listening, understanding, grasping, and describing the emotions of the field and as a catalyst of further transformations—on the basis that there is not *an unconscious to be revealed*, but a capacity for thinking to be developed, and that the development of the capacity for thinking allows closer and closer contact with previously non-negotiable areas. [Ferro 2005, p. 102, italics in original]

While I agree with Ferro in principle, he appears to draw too great a contrast between “an unconscious to be revealed” and the development of “a capacity for thinking” that permits “closer and closer contact with previously non-negotiable areas.” What are these “non-negotiable areas” if not the unconscious contents of the patient's mind?

I believe that Ferro (2002, 2005) is attempting to broaden our appreciation of the centrality of the analyst's mind ( $\alpha$  function/reverie/♀ ♂/apparatus for thinking) as it works interactively with the patient's mind to give meaning to what has been “non-negotiable” or unconscious for the patient. He stresses the mutuality of this undertaking, as distinct from the classical analytic view in which the analyst sifts through the analysand's associations to

gather latent meaning from the patient's material, and then offers his view of how the patient's unconscious has been revealed.

It may be instructive at this point to consider how, in the classical tradition, the analyst comes to know what is in the patient's unconscious. **Freud (1923b)** advised us to listen to the patient's associations, drew our attention to the importance of repetitive actions (**Freud 1914**) and dreams (**Freud 1900**), and underscored the vital role of analyzing resistance (**Freud 1926**) as technical methods by which unconscious material may be detected. **Freud (1912)** also introduced what we might call today an *intersubjective strategy* when he stated that the analyst should use his unconscious as an instrument in the analysis, but he did not guide us as to how this is to be done (**Brown 2004**). He did say that “the *doctor's unconscious* is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that [the patient's] unconscious, which has determined the patient's free associations” (Freud **1912**, p. **116**, italics added).

Interestingly, Freud here is underscoring the *unconscious work* that is done by the analyst when he says that “the doctor's unconscious” is responsible for “reconstructing” the unconscious of the patient from the analysand's free associations. **Freud (1923b)** later appeared to emphasize the *conscious work* the analyst does when he stated that “the patient's associations emerged like allusions ... [and that] it was only necessary for the physician ... to guess the material which was concealed from the patient himself and to be able to communicate it to him” (p. **239**).

Isakower (**1957, 1963**) further developed Freud's notion of the analyst using his unconscious by adumbrating the idea that the patient's free associations and the analyst's free-floating attention are two sides of the “analyzing instrument” coin. He wrote that there was a “near identity” (Isakower **1963**, p. 207) between the ego states of the analysand and analyst while the analyzing instrument was in operation, a point that some of his followers have extended by describing the process of *mutual free association* (**Lothane 1994; Spencer, Balter, and Lothane 1992**).

I suggest that what is inherent in Freud's concept of the analyst using his unconscious as an instrument of the analysis, in Isakower's

notion of the analyzing instrument, and in Ferro's outlining "the development of the capacity for thinking" is the concept of an unconscious aspect of the ego capable of receiving unconscious (emotional) communication, processing that communication, giving meaning to it, and ultimately of communicating that meaning back to the sending unconscious. This is a mutual unconscious process that goes nearly unnoticed when good analytic work is "purring" along, and constitutes an unconscious streaming that flows back and forth between the linked ego structures of  $\alpha$  function in analysand and analyst. By the time the analyst has become aware of an interpretation to give the patient, much unconscious work has already transpired.

This is the territory that has been so richly explored by Bion, who recommends that the analyst have faith in his unconscious (**Bion 1967**) to eventually bring spontaneous and unbidden thoughts to him that offer clues to the unconscious work occurring within him; thus, we should begin each session without memory and desire, and give ourselves over to what **Freud (1912)** called our "unconscious memory" (p. **112**).

### **An Illustrative Clinical Vignette**

Sally is an 18-year-old girl who has been in analysis for about one and a half years. Although exceptionally intelligent and without any noteworthy learning difficulties (as assessed in neuropsychological testing), she has significant problems in school because of intense anxiety experienced with peers. At the beginning of analysis, she frequently adopted a haughty attitude toward other adolescents, complaining about their stupidity and general intellectual inferiority. However, our analytic work helped her understand the defensive underpinnings of this posture, and we were able to link this stance to a chronic sense of inadequacy that she had felt in growing up with very high-achieving parents, who were exceedingly sparse in any form of encouragement. She once remarked that "the closest I ever came to a compliment was the absence of criticism."

This work was initially promising and led to the realization that Sally felt she had nothing to say to the friends whom she was now beginning to make. There was an empty quality to her interactions with them: she generally tried to tack herself onto conversations, adding little of her own thoughts and avoiding any confrontation. She wanted to fit in and simultaneously to remain anonymous. There was a paranoid quality to these interactions in that Sally often felt she was under the watchful scrutiny of others, and this theme soon emerged in the transference. She often apologized to me for being a few minutes late, or if she felt she was wriggling excessively in her chair, or did not have much to say.

Although she appeared visibly uncomfortable, Sally would say she did not feel much of anything when I commented on her appearing anxious. Her Mona Lisa smile conveyed a vague sense of being discomfited, and though she said she was quite at ease with me because I knew her, she was rather removed from her affects. We regularly spent long periods in silence during which she said she had no thoughts in her mind, yet she often complained of vague physical symptoms of muscle aches, and of difficulty sleeping. It was as though she were present through her emotional absence, an experience that engendered a “reverie deprivation” (Ogden 2004b), characterized in me by an odd sense of enfolded inner silence and a lack of associations to anything she said.

At the outset of analysis, the patient lived in a world in which her relationships tended to be experienced in gradients of tolerable sensory encounters. Her mother told me that Sally had been a thin-skinned infant and young child, easily overwhelmed by sensory stimuli and difficult to soothe. She could feel comfortable only in loose-fitting, soft, cotton clothing. She had few friends in childhood and always needed to be in control of activities during play dates. She was also exceptionally concerned with orderliness and appeared to erect a wall around herself, a barrier built from stony expressions of banal formalities and cemented by her prodigious intellect.

Sally's mother had initially contacted me when Sally was asked to leave school because of her failing grades, and I was among several

clinicians whom Sally “interviewed.” The initial meeting was noteworthy for my sense of disconnection, though we managed to have a conversation about science fiction. Later, Sally said that she had wanted to work with me because she found me “bright,” though it was not clear whether she meant I was intelligent or was perhaps referring to some sensory experience of light.

We began meeting on a twice-weekly basis, although I had suggested we get together “as often as possible.” Sally typically did not have much to say of emotional significance, and I frequently felt as though I were speaking to someone who represented her—an acquaintance of hers perhaps, but someone who was remote from the actual Sally. I had difficulty tolerating the emotional flatness of being with her, of not being able to get through, until I realized that she needed me to be like the loosely fitting, cotton garments she had preferred as a child: soft to the touch, close, but not form fitting. I was reminded of some of Tustin's (1991) patients who were encased in “autistic shells,” often highly intelligent individuals whose impressive IQs were used like moats surrounding thick castle redoubts.

But one day, Sally arrived in my office sobbing and hatefully criticizing herself for being stupid because she had just gotten a flat tire on her new car, which was now parked outside my office. She was helpless, fearful, and terrified in a rampaging affective storm about what to do. I suggested we go to her car together and see if we could find material in the owner's manual that could help. I located a roadside assistance card and called the number for her, telling Sally that next time she would know what to do. She was still very distraught, though somewhat calmed, and I offered her an appointment for the next day, which she gladly accepted. At that appointment, I again suggested we meet the following day, and in this way we started meeting four times a week.

Although I was aware of having been Sally's “roadside assistance” in this interaction, she was barely able to recall the exchange when I brought it up in subsequent sessions. Any suggestion, however gingerly given, that she might be keeping herself from uncomfortable feelings about relying on me was met with a blank response,

as though I were speaking a foreign language. And indeed I was conveying my thoughts in an unfamiliar tongue, since Sally was more preoccupied by sensory concerns, such as her difficulty sleeping. At night she was genuinely confused about whether she was sleeping or awake, and reported being up for forty-eight hours and then sleeping for thirty hours. She also said that she did not dream. I was reminded of Bion's (1962) comments about those patients with disturbed  $\alpha$  function “who cannot dream, cannot go to sleep, and cannot wake up” (p. 7).

Some months later, during the winter, Sally spent several sessions berating the glare of the sun that poured into her apartment so intensely that she felt she needed to wear sunglasses indoors. She conveyed a sense of helplessness, as though the sun pursued her from room to room, relentlessly bombarding her with its blaze as it pierced through her window shades. I had difficulty grasping the meaning of this complaint since the days had been very cold—until the word *azimuth* suddenly came to mind, a word that was foreign to me but strangely familiar. As I thought about it, I recalled learning in a college science class that it denotes the arc the sun cuts across the sky, a path low on the horizon in winter. This permitted me to gain contact with the emotional meaning that the sun's unceasing glare held for Sally, and I was able to speak with her about the resultant sensory overload that she could scarcely filter out. My interpretation eased her anxiety, and she began to talk about her mother, who was “in my face and all over me.” The meaning of her battle with the sun became more apparent, and I drew a connection with her experience of her mother invading her, but Sally could not comprehend what I was saying.

Needless to say, I felt encouraged on two accounts: first, that my capacity for reverie was coming alive, albeit with the lone word *azimuth* springing to mind; and, second, that Sally was able to make a link, however unconscious, between the persecutory sun and her experience of her mother. This was an important step away from a sensory world and toward the object world.

Our sessions in subsequent months showed further gains as Sally and I slowly evolved into a thinking couple with mutually enriching

associations, though these periods of contact remained infrequent. One noteworthy hour began when Sally asked before sitting down if it was okay to put a little trash that she had in her hand into my wastebasket. I was surprised that she needed to ask since she had previously done so, and said that of course it was okay. She sat down and took the last sip of the iced coffee she had brought with her, reached into her bag, searched around, and pulled out a fresh bottle of water. Looking embarrassed, she said, “Sorry,” smiled awkwardly, and said, “Hi” to indicate she had settled in and the session could begin.

I said she seemed particularly self-conscious today (a comment that felt off target as I said it). She said she was “fine.” She stretched out one leg and then the other, something she generally did at the beginning of sessions, smiled again, and then lifted her hands as if to say, “So—I don’t know what to talk about.” She had just come from a visit to her dermatologist, who had applied a peel to her face (for her acne), and she described the process when I asked about it. I said her face looked smooth, and I became aware of how “comfortable” she seemed with this topic about which many adolescents feel very embarrassed. She then put on her light jacket, smiled, and said, “Sorry.” I said that talking about this seemed to make her self-conscious, that perhaps she had to apologize for her skin as though it was something that needed to be covered up. (I felt my comment was “correct,” but obvious, and it did not lead to any further thoughtful comments from her.)

Sally apologized again for something, and I said I often had the sense that she felt herself under constant inspection and needed to check out whether others were checking *her* out, perhaps to criticize her. (I chose to make a general comment that was not “saturated” [Ferro 2005] with transference references.) She said that she often felt inspected, though she was not sure for what, and not so much here with me as with her friends and her parents.

At this point, I remembered a trip to Russia a few years earlier in which I had visited an outdoor museum in Moscow that was like a graveyard for the discarded statues of the former Soviet Union. The visual image was of overgrown grass, an untended place next to a new, well-maintained indoor museum. The words *Big Brother* came

to mind, and I thought of saying something like “It feels like Big Brother is always watching you.” However, I felt that comment would be hackneyed, like much of what I had been saying that felt “correct” but did not make real contact with the patient. I debated whether I should share my memory with her and decided to do so.

I said that, as she was talking, I remembered a trip to Russia I had taken, and that I thought my remembering it at this moment must have something to do with what she was telling me (her feeling of being inspected by friends and parents). As I related the memory to Sally, there was an immediately palpable sense of her relaxing, as though her mind and body had suddenly been loosened from some hold. She quickly said that my memory reminded her of a recent movie she had seen, *Good-Bye Lenin*, about a woman who had been in a coma while East Germany transformed into a non-Communist state. (I had also just seen this movie.) Sally explained that, due to a recent heart attack, the woman could not physically tolerate knowledge of the loss of her beloved Communist government, and so her family created a ruse to hide the shocking changes of a now-democratic but more disorderly society.

I commented that many people who had lived under the Soviet regime missed the strange kind of safety they felt when they knew everything they were doing was inspected and watched. Sally said she had read about that, that it kept people in line, and some could not handle the freedom of a democratic state. I felt at this point that we were “clicking,” that real contact had been made.

The session was nearing its end, and I wondered aloud whether Sally's near-constant feeling of being inspected might be similar to what we had been discussing in regard to the Russian people: that although she was uncomfortable feeling inspected, some measure of safety might also be offered by being watched, and that was hard to give up. This comment interested her, and she said she would have to give it some thought.

### **Discussion**

Despite Sally's overall significant ego strengths, her capacity to process unrefined emotional experience was severely limited. Consequently,



she found it exceedingly difficult to understand the subtleties of interactions with peers, and resorted to tagging along in a nearly invisible style, as well as to the adoption of a haughty attitude to keep this limitation hidden. Making emotional contact caused great distress: Sally easily felt overwhelmed and her constant apologizing expressed her fear that this difficulty would be unmasked, thereby exposing her to intense criticism. Her  $\alpha$  function—that aspect of her ego functioning that was capable of receiving normal, communicative projective identifications of emotional input, processing these affects into thoughts, and conveying the thoughts back to her peers—was quite limited.

When the patient's  $\alpha$  function is limited, the analyst must lend his own to assist the patient in transforming emotional stimuli (converting  $\beta$  elements to  $\alpha$  elements), as Ferro (2002, 2005) states. Thus, I emphasize a technique that assumes the ego is dyadically helped into existence, rather than presupposing it exists, is intact, and may be actively followed as well as pointed out to the patient (Busch 1999; Gray 1994). When the patient lacks substantial  $\alpha$  function, or if this function is disturbed in the analyst, the analytic couple ceases to operate as a creative pair engaged in the construction of meaning.

The difficulties that followed from Sally's disturbed  $\alpha$  function led to a situation in the transference in which there was a significant restriction in the capacity for our respective “states of consciousness” to engage in a “dyadic expansion of consciousness” (Tronick 2005; Tronick et al. 1998). Put in the language of Ogden (1994, 1997, 2004a), there was little development of an intersubjective analytic third, and I experienced a sort of reverie deprivation in its place. This deprivation was directly connected to my difficulty in understanding that the patient and I were at certain times speaking different languages: Sally, a sensory-oriented language, and I, a verbal one. In this regard, I was guilty of the same “stupidity” of which Bion (1958) was accused by his patient, not grasping that we were operating on different communicative levels.

However, when I was able to tune into the sensory channel through which Sally was contacting me in her account of the unrelenting winter sun, my  $\alpha$  function picked up her signals and converted these to one condensed word: *azimuth*. This product of my

$\alpha$  function was simply a word—a dry and emotionally distant scientific term, at that—but it signaled a small shift in me that, when shared with Sally, triggered a commensal and analogous change in her. This exchange was surely a “dyadic expansion of consciousness,” but clearly did not reach the level of the rich associative dialogue that we achieved in the session in which we discussed my reverie about Russia.

I began that session with the assumption that Sally was capable of interacting on a level of mutuality that was beyond her capacity. Thus, when I said that she seemed particularly self-conscious, she was truthful in saying she was “fine” because she was not registering any emotional distress, which is why I felt that my comment did not make contact with her. She told me about her visit to the dermatologist, then put on her jacket, which I—again mistakenly—interpreted as expressing shame against which I thought she was defending. My interpretation presupposed that she possessed in that moment a proficient  $\alpha$  function. It is more likely that I missed the real meaning of her communication, which had more to do with the sensory experience of a doctor who helped soothe her irritated skin. Sally probably needed the loose-fitting, soft, cotton me, rather than the interpretative me who offered a transference comment too direct for her to manage. Thus, I instead expressed an unsaturated, general observation about feeling inspected that appeared to trigger the start of an unconscious process of our thinking together, which resulted in the feeling that we were “clicking.”

As mentioned, while Sally continued to elaborate on her feeling of being inspected, I had a reverie about a graveyard for the icons of the former Soviet Union. The words *Big Brother* came to my mind, but expressing them felt too formulaic, and I was concerned about cutting short what appeared to be a rare moment of mutual engagement. I debated about sharing my reverie, then decided to do so, and put it in the context of my mind's reaction to what she was saying.<sup>5</sup> Telling the patient my reverie had the very positive effect

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<sup>5</sup> This is a technique that I frequently use with adolescents in whom there is a fear of knowing about and expressing what is inside. It is aimed at increasing receptivity to thoughts that are otherwise troubling. In addition, particularly with those whose  $\alpha$  function is disturbed, I find sharing my reveries as contextualized in their communications offers an approach to thinking with which they may identify. After all, the  $\alpha$  function is the apparatus for thinking (♂ ♀) that is the in-projection of the thinking couple.

of furthering our engagement as a thinking couple whose respective associations mutually enriched each other.

In addition, this reverie-based response constituted an analyst-centered interpretation (**Steiner 1993**) that helped diminish the patient's paranoid anxieties and lessen her sense of being watched by me. Sally quickly experienced a physical and psychological easing; she immediately thought of the movie *Good-Bye Lenin* and told me about the woman who had been in a coma and who, once awake, could not bear too much reality. I thought this association was a commentary on Sally's own often comatose state in which she was present through her absence, and that she was frightened of leaving the old emotionally blunted state too quickly. Staying with her elaboration of my reverie, but now informed by her unconscious about the nature of her fear, I added that some people missed the sense of security that the erstwhile Soviet empire afforded through watchfulness over its citizenry. We were now in a commensal frame of mind in which we could elaborate on each other's associations, achieving a dyadic expansion of consciousness (**Tronick 2005; Tronick et al. 1998**) that was creating meaning *in statu nascendi*.

Sally's association about the woman in a coma who could not tolerate the reality of major political changes alerted me, in a stark manner, to the very real limitations she experienced in her ability to manage powerful affects. Put in the language of one branch of ego psychology (Busch **1995, 1999; Gray 1994; Paniagua 1991**), her defenses were fragile and required her analyst not to put undue strain on them. **Paniagua (1991)** recommends staying on the “workable surface,” which **Busch (1999)** describes as “that combination of the patient's thoughts, feelings, and actions, and the analyst's reaction to these, *that is usable by the patient's ego*” (p. 62, italics added).

While I agree with this perspective, in general, it leaves out the ways in which the psyches of the analyst and the patient interact in a collaborative way to generate meanings *on an unconscious basis*—

meanings that the analyst slowly becomes aware of and that allow him to make interventions that are “usable by the patient's ego.” By primarily paying attention to the conscious ego, the ego psychological approach eschews discussion of the unconscious activity of the ego, except for its initiation of defenses in response to signal anxiety (Freud 1926).<sup>6</sup> In this regard, “Bion's ego psychology,” which addresses the unconscious ego activity of the linked (ego)  $\alpha$  functions of analysand and analyst, seems an important counterbalance to the point of view that largely emphasizes the conscious ego in staying with the workable surface.

In the session that dealt with Sally's sense of being pursued by the sun, there was only surface—one of sensory overload, and no depth with which or from which to work. I suggest that the appearance of a workable surface depends on the existence of an unconscious stream of communication between analyst and patient. Without such a connection, the two are not an analytic couple, but are rather like a duo of meandering states of consciousness, incapable of together creating a meaning that would register on the surface as something to be worked with. Stated another way, *there can be no workable surface if there is not some commensurate unconscious work being done*. Something shifted, almost imperceptibly, when my  $\alpha$  function picked up a signal from Sally and transformed it into the word *azimuth*. Depth had suddenly emerged, and with it a surface on which to work—like a lily pad that appears to float on water, its roots extending unseen to the floor of the pond.

In the subsequent session that addressed my Moscow reverie, by contrast, there was greater emotional substance both on the workable surface and in the breadth of the unconscious interplay

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<sup>6</sup> Busch (2006) discussed what he terms *defense enactments*, in which the analyst engenders a reaction in the analyst that is “an unconscious response to the patient's feeling of danger ... [and a] role-responsiveness to the patient's defensive position” (p. 68), which leads the analyst to collude with the analysand's avoidance of painful affects. While this is a welcome expansion of Gray's rejection of the usefulness of countertransference (Phillips 2006), I am focusing on the uniquely collaborative way in which the unconscious of the analyst and the unconscious of the patient create emotional meaning together, a way that is different from the analyst's unconscious resonance with a role evoked by the patient in the service of resistance.

between Sally's and my  $\alpha$  functions. There was a definite movement from talk filled with seeming non sequiturs to a meaningful development of emotional exchange, to which we both contributed consciously as well as unconsciously.

It could be said from a traditional ego psychological point of view that this change was effected by my shifting to deal with Sally in displacement, thereby allowing her to feel more at ease in collaborating with me. I do not disagree, in principle; however, there is more to this picture than displacement. I had to override my feeling of impatience with Sally's tendency to speak about quotidian details and wait until either she or I were able to bring something of emotional significance from the depths to the workable surface. Discussion about putting her trash in my wastebasket, acknowledgment of her iced coffee and comments about replacing it with water, her stretching out her legs, etc.—while possibly being displacements—were, on another level, a kind of gathering together of day residues to be woven into a dream. **Ogden (2007)** described a certain kind of talk between patient and analyst that

... may at first seem “unanalytic” because the patient and analyst are talking about such things as books, poems, films, rules of grammar, etymology, the speed of light, the taste of chocolate, and so on. Despite appearances, it has been my experience that such “unanalytic” talk often allows a patient and analyst who have been unable to dream together [i.e., their  $\alpha$  functions have not been “clicking”] to begin to be able to do so. [p. 575]

It was from this “unanalytic” work that Sally and I were able to begin to dream together, a dreaming of the kind that promotes the enrichment of both conscious and unconscious life, as well as the interchange between them.<sup>7</sup> From the perspective of the conscious ego, my intervention about Sally's covering herself up led to her

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<sup>7</sup> **Bion (1962)** believed that dreaming—that is, transformations of raw emotion by  $\alpha$  function—performs an essential task in differentiating the conscious from the unconscious. A boundary is created between these two domains called the *contact barrier*, a permeable membrane that permits a constant dialogue between the conscious and unconscious. This differs from Freud's emphasis on a strict separation of the two.

apologizing, which registered consciously with me that I had put her on the defensive by making her feel inspected. I realized that I had been assuming she was operating on a less than symbolic level, and therefore I shifted my focus to a general, unsaturated observation about her feeling under inspection by others. This statement stayed on the workable surface of what Sally's ego could tolerate and permitted her some increased flexibility to speak more openly about how she often felt inspected by others (perhaps also gratifying the wish to be watched over; see above).

On the other hand, from the standpoint of the unconscious ego, there was significant “unconscious work” (Ogden 2004b) occurring within the patient, within me, and between our communicating  $\alpha$  functions that collaboratively generated a deeper understanding of the meaning of Sally's adherence to feeling inspected. My reverie about the outdoor museum in Moscow appeared unbidden (Bion 1997) and was the product of my unconscious ego ( $\alpha$  function) at work, elaborating pictorially the idea of being watched. On reflection—though I was not aware of it at the time—I think this particular memory also expressed my unconscious wish for Sally to overthrow the symbols of oppression under whose watchful gaze she lived. My sharing this reverie led to her immediate relaxing, and her unconscious ego went to work to offer mine a response and a rebuttal. In effect, her association to the woman in a coma said, “Wait a minute, not so fast; I'm not sure I want to be iconoclastic because it frightens me.”

The patient's reply permitted me to become consciously aware of the nature of her anxiety, which I could then interpret to her in a manner that was now usable by her conscious ego. Thus, the unconscious work Sally and I were able to do together gave me sufficient conscious knowledge of her specific anxiety to enable me to address her conscious ego.

What I am calling “Bion's ego psychology” allows for the coexistence of both an intrapsychic and interpersonal point of view, without necessity to opt for one approach over the other.<sup>8</sup> There

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<sup>8</sup> Grotstein (1997, 2000), writing from a Bionian perspective, raises the legitimate concern that the increased emphasis on a two-person model may neglect the significance of a one-person point of view, partly because the former model “suggests that psychic reality owes its origin to actual events in the individual's life ... [that could] eclipse the concept of unconscious psychic determinism” (2000, p. 42).

is a tendency in the ego psychological literature (as put forth by Busch, Gray, Paniagua, and others) to favor the intrapsychic over the interactional, and an analogous bias in the American relational school that deemphasizes the role of the intrapsychic (Spillius 2004). Pray (2002) identified what he calls the “classical/relational split,” and states that in the ego psychological school, “the emphasis is on camouflaged, unconscious intrapsychic conflict, not on current interpersonal realities” (p. 252). Busch (1999) praised the important ways in which the relational schools have raised our awareness of the actual interactions between patient and analyst, but decried a leaning in this perspective “toward a treatment structure focused on the analysand's needing to grapple with the analyst's personality and associations” (p. 95).

I see this as a false distinction that denies the connection between the intrapsychic and the interpersonal. Indeed, there has long been a trend, evidenced in other American analysts who have called themselves ego psychologists, writing in the 1940s and '50s, who did not advocate a “classical/relational split,” and instead viewed the psyches of patient and analyst as interacting together. These analysts (Fliess 1942; Isakower 1957, 1963; Reik 1948—to name a few) extended Freud's concept of the analyzing instrument in important and creative ways; however, my impression is that their writings were often dismissed as throwbacks to Freud's topographical model, lagging developmentally (Gray 1994) by not paying sufficient attention to structural issues or to Freud's (1926) second theory of anxiety. In addition, their work was criticized as excessively based in countertransference (Spencer, Balter, and Lothane 1992); this is an interesting critique that still gains traction, as evidenced by Busch's (1999) comments about the American relational school.

Chodorow (2004) identified another trend that falls under the umbrella of ego psychology, which she termed *intersubjective ego psychology*. This movement combines aspects of traditional ego

psychology with the contributions of Erikson and Loewald. Chodorow quoted a relevant passage from Loewald:

The analyst in his interpretations reorganizes, reintegrates unconscious material for himself as well as for the patient, since he has to be attuned to the patient's unconscious, using, as we say, his own unconscious as a tool, in order to arrive at the organizing interpretation. [Loewald 1960, p. 241]

These intersubjective ego psychologists have offered creative extensions of some traditional concepts. For example, Poland (1992) —as though in counterpoint to the diligent attention to the psychic surface of Gray and others —argues that excessive focus on the psychic surface is itself a holdover from the topographical theory in its dismissal of the analytic space generated by the effects of the minds of analyst and analysand upon each other. Smith (1999) also argues against those analysts (e.g., Renik 1993) who advocate a radical revision of certain basic technical approaches, such as neutrality and abstinence, and encourages us to consider technique as “shaped to a large extent by the personal character of the analyst and by the practical exigencies of the analytic situation, including ... the intersubjective field” (p. 467).

My purpose here is not to evaluate the traditional and “inter-subjective” ego psychological schools, but to compare them with what I refer to as Bion's ego psychology. The Kleinian perspective (Feldman 1997; Money-Kyrle 1956), in which Bion is rooted by virtue of Klein's (1946) discovery of projective identification, has long considered that the patient's intrapsychic universe is played out in the transference-countertransference dynamic (Brown 1996), and, in this regard, it has considerable overlap with the intersubjective ego psychology adumbrated by Chodorow (and others of this “school”).

Bion's contributions, especially in *Learning from Experience* (1962) and *Transformations* (1965), extend both the traditional and intersubjective ego psychologies by emphasizing not just the impact of the patient upon the analyst's mind, but how that impact upon the analyst's mind represents the search for another mind to



transform/dream what the patient cannot manage. It is a *procrea-tive* endeavor that creates new meaning—like a child born to two parents, an offspring that owes its lineage to both, yet is simultaneously its own agency (Ogden's [1994] intersubjective analytic third is relevant here). Furthermore, what I miss in the writing of the so-called intersubjective ego psychologists is a discussion of the ego per se as a functioning structure, given that these authors tend to focus on character rather than structure. Bion's ego psychology, by contrast, minutely delineates the working of  $\alpha$  function in the context of an intersubjective matrix.

From a Bionian point of view, the analyst “rents himself out” (**Grotstein 2004a**) to the patient as a kind of processing agent to help the analysand manage emotional truth (**Grotstein 2004b**)<sup>9</sup>; however, “in practice, it is much more difficult because one does not know whether the patient is strong enough to hear the truth” (Bion 1994, p. 179). Where Bion's ego psychology differs from both the traditional and intersubjective ego psychologies is in its emphasis on the analyst's role—through the unconscious operation of his  $\alpha$  function with that of the analysand—as a partner in pursuing emotional truth, requiring “a capacity to tolerate the stresses associated with the introjection of another person's projective identifications” (Bion 1958, p. 88).

In this regard, the patient must always “grapple with the analyst's personality and associations,” but the object is not to burden the analysand with the analyst's private reactions. The patient needs an analyst who can introject the analysand's projective identifications, tolerate the transference (**Mitrani 2001**), and transform what has been projected (**Bion 1965**)—all of which is accomplished through the unconscious work of the analyst's reverie and  $\alpha$  function independent of, and in conjunction with, that of the analysand. Thus, the intrapsychic and the interpersonal are inextricably knitted together, which results in evolution and transformation in both partners: there is a constant elaboration of the analytic partnership, commensal

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<sup>9</sup> **Green (2000)** takes a similar view in stating that “the essence of the situation at the heart of the analytic exchange is to *accomplish the return to oneself by means of a detour via the other*” (p. 13, italics in original).

growth in the container and contained, and a dyadic expansion of consciousness. It has been said that every analysis is a re-analysis.

### Conclusion

This paper has explored how Bion's major theoretical writings may be seen to represent the development of his view of a central aspect of the ego's functioning. Though he did not generally subscribe to the tripartite model of the mind, in my opinion, his elaboration of the ego's relationship to reality represented an expansion of ideas inchoate in Freud's "Formulations on the Two Principles of Mental Functioning" (1911), from which Freud was later to craft the structural theory.

In postulating a function, Bion introduced an intersubjective dimension to our understanding of how the ego makes meaning of emotional events, because a function represents the internalization of the mother-infant couple's creation of meaning together through a process best described by Tronick (2005) and Tronick et al. (1998) as the *dyadic expansion of consciousness*. This leads to a deeper understanding of the unconscious exchange between analyst and patient in what Freud (1912) described as the analyst's use of his unconscious as an instrument of the analysis. Thus, there is a constant, unconscious, interactional process between the linked a functions of the analysand and the analyst, by which meaning is constantly being created and expanded. When treatment is going well, this results in the mutual growth of the container/contained (♀ ♂).

"Bion's ego psychology" has been compared to various other branches of ego psychology, and it is important to take into account all perspectives in psychoanalytic work. The analyst's attention to what is on the workable surface of the clinical hour is greatly enhanced by his gaining access, through attention to his reveries, to the parallel undercurrent of unconscious work in which the analytic couple are simultaneously engaged. Thus, there is considerable clinical utility to expanding the notion of the workable surface to include the mental functioning of the analyst.

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