

The attack on the analyst's α -function

I have pointed out that it is essential to mental efficiency to be able to 'dream' a current emotional experience, whether it is taking place while the person is awake, or while asleep. By this I mean that the facts, as they are represented by the person's sense impressions, have to be converted into elements such as the visual images commonly met with in dreams as they are ordinarily reported. Such an idea will not seem strange if the reader considers what happens in reverie—the word itself, chosen to name the experience, is significant of the widespread nature of the experience. Certain conditions are necessary for this work of conversion to be carried out, but these conditions, as we shall see later, may be denied, so that α is made either impossible, or at least difficult. The analyst needs to have these conditions in his work, for smooth working of α -function is essential. He must be able to dream the analysis as it is taking place, but of course he must not go to sleep. Freud has described the condition as one of 'free-floating attention', but it is a state that is of value in many tasks besides analysis, for, as I have said, α -function is essential to proper mental efficiency, no matter what the task.

Clearly it would be helpful to establish in some detail what goes on in α -function; an examination of the conditions required for its fulfilment might give some clues. Indirect evidence is available from the psychotic patient who appears to be sufficiently aware of the analyst's need to be able to set out to deny him it—presumably as an extension of the patient's own attempts to destroy his links with reality, and in particular that which links live objects to each other. It is well known that in many sessions the patient is at pains to behave in such a way that the analyst is given no information at all—in so far as this lies within the capacity of the patient. Frequently he will do this

by being mute, but on the occasions to which I refer, the patient is not only loquacious but is most insistent that the analyst should follow every word he says and will constantly inject comments that are intentionally evocative or even provocative. The analyst is to be so treated that he cannot stay awake, and so interrupted and importuned that he cannot go to sleep.

This is clearly a much more positive attack on the analyst than mere mutism or other forms of withholding information. It also bears a striking resemblance to the state produced if the patient cannot wake up or go to sleep—not through lack of α -function but artificially induced.

Can it be dismissed as a somewhat ordinary exercise in sadism, or should some significance be attached to the resemblance of the analyst's predicament to the state in which the patient finds himself when incapable of α -function? The resemblance may be fortuitous and not therefore of significance. It may be the repetition, this time against the analyst's α -function, of the attack that has been previously made by himself or another on his own α -function—in which case it may help us to understand how the α -function is destroyed and what vicissitudes we may anticipate in the patient's development. More probable than either of these is an attack on α -function made through the agency of projective identification, partly because projective identification is so consistently employed that it is difficult to imagine without very good reasons for the supposition that its use would be in abeyance, and partly because any other view leads us into unnecessary difficulty in explaining the skilled nature of an attack which implies the existence of a high degree of well-organized sophisticated destructiveness quite out of keeping with what we know of the patient's condition. The operation of projective identification, if we could assume it, would go some way towards resolving a contradiction that makes a supposedly insane patient behave with the organized efficiency that the diagnosis precludes. I do not mean by this that resolution of this contradiction is a matter of major consequence, but that it needs to be resolved because this would help investigation of something that is a major problem—the nature and operation of the non-psychotic part of the psychotic patient's personality.

The analyst's Odyssey

1/10/72
- 12/10/72
Comp =
18/15/72
1/12/72

The patient comes to the door and looks away so as to avoid my eyes. He is dirty and unkempt; he wears gloves but they are not a pair. His face expresses almost physical pain. He holds out his hand limply to allow it to be shaken, but he seems almost to dissociate himself from the act physically as well as mentally. He lies down on the couch. "Well", he says, "I don't seem to have much to say." There is a pause of two or three minutes. "Funny, I seem to be feeling anxious." He is tense and lies still in a posture that might, but for his tension, be described as limp. He examines his hand with detachment, as if he were witnessing a hallucination or some event from which he wishes to detach himself because he is so frightened by it. He turns his head slowly to follow the movements of his hand. He folds his hands on his chest. The operation is complete; he composes himself for slumber.

58/13

I have good reason for anxiety about this patient; I know him to be violent, and I know his fears that he may commit a murder are not groundless—or so I think. Thinking over the matter, I am not so sure. I have occasion for the same kind of misgivings about his finances; and the same kind of misgivings about my misgivings. My experience of him makes me feel reasonably sure that if I allow my attention to wander, he will quite happily—if one can apply such a word to him—let his wander too. But I decide to wait.

I may adjust my position in the chair, or even make some sound or movement much less obtrusive. At once the patient starts violently, as if I had frightened him beyond endurance, or maybe even struck him. His attitude expresses intense pain. Slowly, reproachfully, he subsides. The session has begun.

"I forget what I said", he presently announces. After a further pause, "Funny", he says, puzzled. Later on he says, "There is something I meant to say". The session gradually peters out. The tension, apparent earlier, slowly ebbs away.

1/12/72
17/12/72
1/1/73

I indicate it is time to stop. "Yes. Thank you", he says. And he goes out, leaving me to wonder if he seemed to be slightly shamefaced, or if I imagined it.

The session may take a different form. He may start talking to me softly, confidentially. "They are cutting the grass. Of

1/12/72
17/12/72
1/1/73

course", more confidentially still, "I could hardly protest; the tea was awful, really awful". There is a sudden sharp mocking laugh, stifled almost as it is uttered. "Well", he goes on in matter-of-fact tones, as if to suggest he is going to get down to business, "there it is; no home, tea all over the place. I simply will not stand it." The last sentence is uttered with a kind of desperation, as if he were attempting to break through a restraining barrier formed by an inability to express himself in terms that would link him with another person. "I will not stand it", he whispers.

On the face of it there seems to be no reason why such sessions should ever come to an end. Let us see what can be said about them.

First, I do not feel able to communicate to the reader an account that would be likely to satisfy me as correct. I am more confident that I could make the reader understand what I had to put up with if I could extract from him a promise that he would faithfully read every word I wrote; I would then set about writing several hundred thousand words virtually indistinguishable from what I have already written in my account of the two sessions. In short, I cannot have as much confidence in my ability to tell the reader what happened as I have in my ability to do something to the reader that I have had done to me. I have had an emotional experience; I feel confident in my ability to re-create that emotional experience, but not to represent it.

5/12/72

Another session: "I don't seem likely to do much." After a pause, "No. It seems very unlikely but . . . just *hark* at it!" He stumbles over some words, artificially, I thought. "Aah . . . just listen to me. I went to the art galleries in the end and the waitress said, she *said* it wouldn't be long. I was furious. I just broke the place up . . . oh, shut up. *Shut up*, I say. *Shut up* . . . I must have done something wrong." This is said reproachfully as if to indicate that as usual I am bad-tempered and hostile and trying to make him feel guilty. "Oh well, I suppose I must say something." He then becomes sulky and examines his quite remarkably filthy nails. "Another session going to waste. . . I know I had something very important to say. . . In the end I just had to get up. Oh shut up." He whispers, "Shut up: shut up".

There are many interpretations I could give, and have given in the past. They are apparently quite ineffectual; there seems

to be no particular point in repeating them. What, I wonder, can have happened to them? Years of analytic interpretations, and the patience and knowledge that go with them, have been swallowed up by him, or poured into him by me, without apparently leaving the slightest trace. He might simply be a gaping hole or mouth, with nothing beyond it. He is taking up time and space and analytic experience that another patient might use to some profit. He might acknowledge some of the effort on his behalf, but it is simply as if his mouth gaped ever wider for more and more, all swallowed without discrimination of any kind. He requires more. And all through the session he interrupts, often saying he does not want to interrupt, breaking in in a manner to which my powers of description cannot do credit, with futile, hostile commentary on his futile, hostile comment—if such disjointed phrases can be called comment. What is he commenting on? He is commenting on a relationship between two people, or on what links them. What in fact links us is endurance, fortitude, patience, anger, sympathy, love. Is the task in hand, the analysis itself, a link? It seems hardly possible because it rarely comes to a point where it might be called analysis.

Yesterday he felt it was hardly to be justified—the time, expense and effort to analyse him. He was lucid—almost—and I am reporting far more what he said than what I understood him to say. Ordinarily I have to interpret what I have understood him to say; this may be significant. It means that I am forced to have an emotional experience, and that I have to have it in such a way that I am unable to learn from it. I have consciousness, a sense organ enabling me to perceive the psychical qualities (as Freud puts it in *The Interpretation of Dreams* [1900a, SE 4, 5]), but I am not to be allowed to comprehend it. Then I cannot learn by the emotional experience, and I cannot remember it.

* * *

Take now a different patient. Out it pours—masses of semi-whispered, disjointed stuff, name after name, some of which I know, some I may be supposed to know, some presumably I can-

not be expected to know. They are mostly doing something that the patient sees: "It didn't occur to him . . ."; "I asked him, he did realize . . .". It does not require interpretation so much as loud cries of, "Help! Help! I'm drowning, not waving."

What is it all? Can anyone stem the flood? What interpretation, when there must be so many millions? He may be proving and feeling how superior to me he is, how much further he can see than I can; it may be a modernized urination, or flatus, or defaecation. It might be, as this might be, a book by Sacheverell Sitwell in which virtually nothing is done with the material. The overburdened mind just deposits it in the lap of the analyst and says, "Here, *you* do it!"

This is really an abstraction technique. This is what I am doing here in this writing, and hoping that I shall then be able to make head or tail of it. But I can't. The essential feeling is that nothing can be made of it—there is no selected fact, nothing to make it all cohere. If this is so, then perhaps the essential thing is an emotional situation in which the following features can be distinguished:

- (1) feelings of persecution,
- (2) a mass of apparently unrelated facts,
- (3) an inability to find a selected fact, or perhaps to believe it would be any good if one could,
- (4) an inability to see any value in the facts, to regard them as dead particles, bits of faeces.

But surely the point here is a lack of capacity for integrating? Is it that the content is significant? Or is it the cement—narrative, logic, selected fact? It can be content *and* . . . [breaks off here]