MAKERS OF MODERN PSYCHOTHERAPY

# The Clinical Thinking of Wilfred Bion

Joan and Neville Symington

# The Clinical Thinking of Wilfred Bion

Wilfred Bion (1897–1979) is considered a provocative and illuminating contributor to the debate on the nature of psychoanalysis. His understanding of the processes involved constitutes a radical departure from all conceptualizations which preceded him.

In a move to recognize the importance of Bion's revolutionary thinking, Joan and Neville Symington define his contribution not in terms of a theory, but as a descriptive analysis. They locate difficulties in understanding Bion's work within the conflicting theories and preoccupations which readers naturally bring with them and which they encourage the reader to set aside.

*The Clinical Thinking of Wilfred Bion* concentrates on key concepts such as the Grid in relation to clinical practice. Each chapter examines an important theme and describes the part it has to play in Bion's revolutionary model of the mind.

This book aims to define the ground-breaking nature of Bion's work and make it accessible to both clinicians and anyone who wishes to understand the main contours of his thinking.

**Joan and Neville Symington** are psychoanalysts in private practice, Sydney, Australia.

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For Andrew and David

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Lastly we would like to thank Bion himself. We had the good fortune to attend several of his workshops at the Tavistock and also at the Institute of Psycho-Analysis and were inspired by the depth of his mind and the clarity of his expression. He has enriched our understanding very considerably. We hope in this book that we can pass on a small portion of it.

The list of 'Publications by Wilfred Bion' was first published in Bion's *Cogitations*, London: H. Karnac (Books) Ltd, 1992, pp. 381–4 and is reprinted here, with amendments, by kind permission of the publishers. The extract from the 'The Thought-Fox' by Ted Hughes is reproduced from *The Hawk in the Rain* by kind permission of Faber & Faber Ltd.

# Preface

We all desire to exist, said Bion in a seminar. Life, said Bergson, is the tendency to act on matter. Human beings have evolved from apes, apes from monkeys, monkeys as a branch of mammals, mammals from reptiles and so on. Evolution marks the path along which the *élan vital* has travelled in its journey. Human beings are not the finished product; the *élan vital* is still in process. When we have demonstrated the pathway, we have not explained life itself. The pathway has an identity in virtue of a chain of causal connections, but these do not tell us about life itself. Life thrusts we know not where.

In our inquiry into Bion's thinking, we desire to be faithful to his mode of investigation. Therefore, our mode of thinking about him will not follow a causal line. We wish to grasp the thinking itself and not the pathway along which he arrived at it. You cannot see life itself but you can see manifestations of it. A man fell off his horse, which then rolled on him and he lay motionless on the ground. People gathered around and said he was dead, but he just managed to raise his little finger, which was a signal large enough to tell the bystanders that he was alive. The rising finger was a manifestation of life, not life itself.

Our method, then, is to take themes, each of which is a manifestation of Bion's thought but not the thing-in-itself. Each manifestation bears a connection with another which is not causal but interdependent. We can explain things as best we can, clear away as much rubbish as we can, point to those manifestations which seem most crucial, but only you, the reader, can grasp the thought itself – life's representation.

We believe that this method is faithful to what is central to Bion, in that he was concerned to comprehend the life of the

mind itself. This is in contrast to those analytical schools of thought whose focus has been upon pathological processes, diverting attention thereby from the mind's own life.

We have decided on this rather than following the chronological development of his ideas. This would have required scholarly research for which we have neither the time nor the ability. We are aiming this book at the educated reader who wants to understand the main contours of Bion's thinking, rather than the specialist. We hope also that this approach will be of practical help to clinicians. This book is different from that of Bleandonu (1994) in that all attention is geared to understanding in detail Bion's clinical theory. Bleandonu's book is biographical and sets Bion's epistemology into its philosophical context. We have concentrated on understanding Bion's concepts in relation to clinical practice. Our book is especially for the clinician who is trying to see the application of Bion's thinking to his or her own work with patients. A serious student of Bion would need to read both books; they complement each other. This book will not absolve the reader from hard thinking.

Psychoanalysis seen through Bion's eyes is a radical departure from all conceptualizations which preceded him. We have not the slightest hesitation in saying that he is the deepest thinker within psychoanalysis – and this statement does not exclude Freud. If the reader registers no shock, if she is not flabbergasted to realize that all she has understood is now in the balance, if she does not gasp in horror to realize that she has to start all over again, then we have failed dismally in our task and the book will have been a failure.

# The structure of the book

Bion's mature thinking developed between 1953 and 1967. In those fourteen years he wrote eight papers and three books. In that time he reached a climax of understanding. *Attention and Interpretation* (1970), *Brazilian Lectures* (1990), *A Memoir of the Future* (1991) and many other lectures and workshops in the New World and England (on his frequent visits in his last years) are all elaborations of the insights gained in this crucial period and are the logical if imaginative outcome of his central understanding. In the work on groups, moreover, one can see the first foreshadowing of his mature theory. The schema around which his mature thinking is symbolized and structured is the Grid. Conceptually, therefore, we have placed the Grid at the centre and we radiate out from it and back to it. Many people throw up their hands when confronted with the Grid. The work of trying to understand it will more than repay the effort, however. Those who make a sustained effort to understand the Grid will have a good chance of grasping Bion's thinking at its centre. In the attempt to elucidate his central comprehension of the analytic process we shall illustrate some aspects from his later works but we do not devote a specific chapter to it.

Bion formulated and condensed his thinking into the Grid. The structure of the book therefore reflects our attempt to elucidate it. Some chapters are direct expositions of aspects of it, but even others which may seem more remote from it can be seen in relation to it and to receive illumination from it. So, for instance, Chapter 2 on the character of Bion becomes comprehensible in a new way in the light of the Grid. His character reflects his belief that the only way of knowing psychic reality is through intuiting it and of knowing O by *becoming* it, which is reflected in the

simplicity in his character. His theory of the proto-mental system in his book *Experiences in Groups* (1961) foreshadows his more mature conceptualization of beta elements. The Grid, we believe, is therefore central to any understanding of Bion and it is for this reason that we have structured the book in this way. In our last chapter we try to demonstrate the unity of structure in Bion's thinking. Such a unity is the hall-mark of a great thinker. In that unity there is a disarming simplicity in which there is a great depth.

| | Definitory hypotheses 1 | ψ 2 | Notation 3 | Attention 4 | Inquiry 5 | Action 6 | ...n. |
|---|---|---|---|---|---|---|---|
| A β-elements | A1 | A2 | | | | A6 | |
| B α-elements | B1 | B2 | B3 | B4 | B5 | B6 | ...Bn |
| C Dream thoughts, dreams, myths | C1 | C2 | C3 | C4 | C5 | C6 | ...Cn |
| D Pre-conception | D1 | D2 | D3 | D4 | D5 | D6 | ...Dn |
| E Conception | E1 | E2 | E3 | E4 | E5 | E6 | ...En |
| F Concept | F1 | F2 | F3 | F4 | F5 | F6 | ...Fn |
| G Scientific deductive system | | G2 | | | | | |
| H Algebraic calculus | | | | | | | |
| | | | | | | | |

The Grid

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# Chapter 1

# The theoretical disjunction between Bion and Freud/Klein

*Insight into truth is the flash which in live conversation upon serious matters carries one beyond words.*

(Murdoch 1992: 174)

Bion said that to be without memory or desire is the mental state which prepares the analyst best for the forthcoming clinical session. We believe that to understand Bion it is necessary to adopt the same attitude of mind. Most analysts come to Bion assuming that he follows Freud's and Klein's model of the mind, but this is a mistaken assumption that blocks understanding of his insight into the life of the mind.

A Catholic priest told us this story about himself. As a child he had been told that baptism was a sacrament which washes original sin from the soul. At theological college he unlearned this definition and replaced it with one which conceptualized baptism as inner commitment to a new way of living. With the oil of ordination hardly dry on his hands he set off to teach a class of schoolchildren the meaning of baptism. At the start of the class he asked them all a question – 'What is baptism?' They all answered in chorus: 'BAPTISM IS A SACRAMENT WHICH WASHES THE STAIN OF ORIGINAL SIN FROM THE SOUL.' The priest then told them that this definition was not correct and he would now devote the class to explaining what baptism was. He explained how baptists were baptized, how the early Christians went down into the waters in white garments symbolizing death to old ways and rising up with new life and commitment to God and fellow human beings. He explained that baptism was a new birth, that it was not a washing away of sin but the beginning of new life. In his enthusiasm he displayed photographs and

explained the whole ceremony in what he believed was an interesting way. He also tried to show how baptism was a sort of conversion of the heart to a new vision of life. At the end of the class he asked the pupils 'What is baptism?' They all answered in chorus: 'BAPTISM IS A SACRAMENT WHICH WASHES THE STAIN OF ORIGINAL SIN FROM THE SOUL.'

A model or theory in the mind can obstruct learning. We believe that those most familiar with the theories of psychoanalysis are those most likely not to learn what Bion has to offer. They are like those schoolchildren whom the priest was trying to teach. We have no reason to believe that our effort to teach the thought of Bion to those in the mental health field will be any more successful than that of the Catholic priest. Just like those children we have deeply rooted assumptions that blind us to reality and unfortunately training analysts frequently inculcate their own view very firmly into the patient.

In order to paint a subject it is necessary to ditch a lot of mental assumptions. I may look and know that the table in front of me is separate from the book-case against which it rests but visually it may be the same – there is no distinction between them. Therefore in order to paint the scene in front of me I have to unlearn what I know in order to see it. Similarly, when asked I may say that a wall in front of me is white, whereas in fact it displays many shades of colour through shadows and refracted light. If I look closely there may be no part of the wall that is white at all.

Bion's starting point is the phenomenology of the analytic session itself. He examines the session and its constituent elements. These elements include the emotional atmosphere, the feeling of the session, the analyst's emotional state and his thoughts, feelings and desires. The focus of the investigation is upon the inner processes of the mind. We cannot emphasize enough that Bion's starting points are the phenomena encountered in the analytic session. In order to explicate these phenomena he uses concepts from philosophy, mathematics and psychoanalysis in the same way as we use language to convey an experience, but it is the experience itself that he is trying to elucidate. Bion describes the phenomena, making use of theories in order to do so. He uses theories, models and myths as a language to describe the activity of the mind. What Bion provides, then, is not a theory but a descriptive analysis or a descriptive synthesis.

This analysis of the phenomenology had to be conducted according to some principles; those which Bion selects are the emergence of truth and mental growth. The mind grows through exposure to truth. Bion investigates the process through which truth evolves and the process through which truth is blocked. This is the foundation and it is the *only* assumption that Bion makes. He analyses all processes with these two co-ordinates as his basic assumption. Theories that he employs are used to represent stages in these processes; they are never used as the basic orientation upon which the rest is built. Therefore any use of theory is always a provisional means of representing a stage in the development or degeneration of truth. What follows in this chapter is an attempt to clear the mind of those theories that occupy so large a position within psychoanalysis.

Freud was what philosophers term a hard determinist. This means that an event must always be explained by an efficient impersonal cause. So, for instance, Freud theorized that a symptom arises because the sexual drive has been dammed up and found a substitute satisfaction in the symptom; so the symptom is caused by the damming up of the sexual drive. In Bion's conceptualization there is no such causal connection. A patient entered analysis because he suffered from asthma and believed that psychological factors underlay it.[1] This was the articulated reason that brought him to analysis; the real reason, however, was just as real but much more difficult to define. Another patient wanted to train to be an analyst and requested analysis because it was a condition of training. Yet another patient sought analysis because of obsessional symptoms that obstructed his capacity to work. In each of these cases the analysis was slave to a defined objective which was quite describable in a straightforward way. In all these cases these were the symptoms and the internal difficulty for which these patients wanted treatment had not been defined. It is as if the patients had come to the analyst and said, 'I want an analysis but I do not know why.'

The analysis reveals the inner situation which constitutes the problem. The symptom then is the cover-story for the analysis. It sounds all right if I say: 'I am having analysis for my asthma', or: 'I am having analysis because I want to train as an analyst',

[1] Unless specified otherwise, case study examples are drawn from our own clinical experience.

or: 'I am having analysis because I was depressed after my marriage broke down.' This sounds more respectable than saying: 'I am having analysis because I am not able to think', or: 'I am having analysis because I have spent my life deceiving myself', or: 'I am having analysis because I have made a fuck-up of my life.'

The analysis is the diagnosis of the inner truth. The patient with asthma displayed the following attitudes which were connected with it: he withheld information about himself from the analyst, he had black moods which drove his wife to the edge of despair, he was in a constant rush, he poured out language from which thought was absent, he demanded that the analysis cure the asthma within two years. Now what underlay these symptoms was not a dammed-up sexual drive but a diabolical spitefulness which he hid from himself. All we can be certain of is that the asthma, the obsessional symptoms or the desire to be an analyst is not it. Underlying this is a view that the symptom is 'caused' by a specific something rather than a cover-up for the real reason. No patient has ever come to us in a consultation and said, 'I have come for analysis because I am unable to love.' The patient comes with a cover-story instead: 'I have asthma and I have begun to think that there may be psychological reasons behind it.' So the symptom is a cover for the truth. It is also a hidden sign of the truth for the patient. The idea that it is because of a dammed-up sexual drive fits with a physicalist anthroposophy. This kind of causal explanation, said Bion, rationalizes a sense of persecution. It's as if I say, 'All my troubles are due to the fact that my mother was depressed after I was born', or: 'My asthma is because my sexual drive is all dammed up', or 'All my troubles are because . . .'

Whatever the reason – and it does not really matter what it is – it justifies an inner sense of persecution. Therefore the supposed cause is part of a paranoid constellation. Bion says that this persecution is denied in order to evade a depression which the individual dreads. A patient who, as soon as a piece of behaviour became evident, immediately demanded the reason for it from the analyst did so to fend off a depression which threatened to overwhelm him. When a person realizes how persecuted he is and the illusory nature of this, he often becomes very depressed.

We try to draw this out with a clinical example. The patient is a woman who hated her father. Apparently he accused her of things that she had not done, was rude and vulgar, and created

scenes in the home. This 'caused' her to leave home as soon as she could, carve out a career for herself as a lawyer, putting no demands, financial or otherwise, upon her father. She married when she was 21. She had eczema, bronchitis and frequent bouts of coughing. She came to analysis because after she had tried a medicine chest of remedies her GP suggested to her that her condition might be psychologically based. On undergoing analysis she found breaks in treatment either at weekends or during holidays panic-making and she had bouts of *tussis nervosa* as soon as the analyst went away. In his absence he existed in her mind as an object fixed in the consulting-room, and she knew for certain that she did not exist in his mind. The tie between her and the analyst was felt by her to be physical and not mental and this was strengthened when he gave her extra sessions at weekends and during breaks in the early stages of treatment. She would often sit eating on a park bench near our London home. The interpretation that she was a baby clinging desperately to Mummy – holding onto her physically – made sense to her. 'When the session ends and I push you out the door – out of the bedroom – little Mary is not going to be beaten and stays on Mummy's lap [bench].' This interpretation also enraged her because she hated the analyst being able to see the child in her. She believed she was a mature and independent woman.

Now these factors – a physical clinging to the analyst, inwardly tortured by believing that the analyst would seduce her sexually; an idealization of the analyst; an inner omnipotence; an indignant self-righteousness; the eruption of eczema; the absence of mental representation for outer figures and the consequent absence of a capacity for thinking – are all elements in an emotional constellation. It is part of psychoanalytical experience that it only becomes possible to understand an emotional constellation when it begins to cede to a different pattern. Now in this patient a different pattern did emerge. Its constituents were as follows: a de-idealization (seeing the analyst as a person who made mistakes); a confidence that the analyst would not seduce her; an image of the analyst as a person existing with others; a substitution of humility for omnipotence; a capacity to accept responsibility for 'bad' things that had happened between herself and others; a significant decrease in asthma attacks and a diminution of eczema; a mental representation of the analyst and the development of a capacity to think. In the light of this new pattern she