'THE VIOLENCE OF THE REAL' IN UNREPRESENTED EXPERIENCE

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ABSTRACT

The title of my paper, *The Violence of the Real*, borrows a phrase from Francis Bacon, used to explain his artistic intention to reinvent realism to make 'the violence of the real' or the 'brutality of the fact' visible as well as emotionally tangible. I use this expression to emphasise both the sense of aliveness and the opposition to separateness that resides (mostly) in all of us. When the presence and absence of this emotional force cannot be represented for whatever reason, we are left with severe lacks and deficiencies in the capacities for verbalising, symbolising, employing projective identification and making emotional contact with another. This paper explores the clinical work with a patient who suffered these defects and existed in a silent autistic-like inner world. The patient remained mostly silent for many years of his long analysis and the silence stripped bare elements of the analytic encounter and concentrated the horror and violence of both the patient's and my inner reality and the analytic lived experience – and it is this lived experience that 'the violence of real' evokes. I plan to track the evolution of transformations in his relationality through Money Kyrle's model of conceptual development.

Introduction: Frozen space and time

The title of my paper, *The Violence of the Real*, borrows a phrase from Francis Bacon, used to

explain his artistic intention to reinvent realism to make 'the violence of the real' or the

'brutality of the fact' visible as well as emotionally tangible. Bacon's works expose in raw and

visceral forms, as Zweite writes, an 'undirected energy that brings forth life as vitality and also

a destructive force that annihilates all differentiation, transforming it into pure unarticulated

matter' (2006, p. 10). This is of course akin to the life and death instincts of psychoanalysis –

but I would like to set aside the issue of causation and use the expression to emphasise both the

sense of aliveness and the opposition to separateness that resides (mostly) in all of us. When the presence and absence of this emotional force cannot be represented for whatever reason, we are left with severe lacks and deficiencies in the capacities for verbalising, symbolising, employing projective identification and making emotional contact with another (Van Buren and Alhanati, 2010). Those patients suffering these defects and lacks are commonly described as having psychotic, autistic and schizoid aspects to their personalities.

Such patients, contra to the values of present-day culture for the 'quick fix', for ever-changing stimuli, for movement and momentum, are prepared to exist in a kind of suspended timelessness. This poses a problem for an analysis which values and privileges time and space to reflect (or reverberation time as described by Birksted-Breen (2009)), as it dovetails (too) closely with these patients' defensive use of time – that is, rather than conceiving time and memory as generative, they see it as traumatic. These patients inhabit a sensuous and timeless world, where words do not appear to have a transformative and fully symbolic function. They present as feeling terribly alone in both their inner and outer worlds. They are caught in an impasse between the avoidance of emotional pain and dependency and a terrible fear of isolation and fragmentation; neither emotional connection nor separateness can be tolerated. On the surface, these patients appear to negate a world of internal objects; of internalising anything of value - no paternal function with limits, boundaries and the passing of time; whilst, at a deeper level, maintaining a refusal and /or inability to symbolise the maternal object. They are caught in the drama of a never-ending lawless world.

At the same time, this state of 'nothing' (that is, a thing -in-itself rather than the recognition of absence necessary for symbolisation (Bion, 1965)) is both desired and feared, leading these

patients, I suggest, to attempt to use their analyses as an encapsulated space, a carefully controlled and static environment to keep them alive. Yet, these analyses have paradoxical aims: on the one hand, there is to be no psychic movement with the obliteration of time past and future; on the other, some movement is necessary to avoid the catastrophic despair of non-existence. When some traction on a sense of an alive inner world is emotionally experienced, the patient becomes overwhelmed with the threat of intrusion and violence and there is a regression to the nothing state. For the analyst, this nothing state is usually experienced as very perturbing and alien, either because felt emotions are experienced as deadened or conversely feelings are over-aroused. During and after sessions the analyst is often left troubled and tormented by the sense that something is missing. Botella and Botella (2005) suggest this experience reflects the patient's experience of non-representation. It differs, for example, from the experience of over-closeness linked with enclaves described by O'Shaughnessy, (1992) and sadness associated with empty spaces described by Perelberg (2003, 2007) but like the descriptions of empty spaces and enclaves, these analyses risk becoming a substitute for life (Perelberg, 2003). Margaret Rustin writes of the importance of keeping in mind that the structured reliability of the analytic setting is double-edged for certain patients because 'the regular sessions can become part of the patient's organised evasion of life' (2013).

The challenge of symbolisation

In such analyses, the tripartite structure of the analysand, the analyst and psychoanalysis (Britton, 2015) is crucial but constantly at risk of deforming and collapsing. For example, we can become too over-identified with the patient's passivity, apparent helplessness and deadness and join them too fixedly in their concrete worlds, surrendering our own freedom to associate, think, and articulate our understandings. Alternatively, we can become too stirred up with

frustration and over-identify with the patient's punitive superego. This can result in an intellectualising and moralising style of interpreting or, even, in the belief that in the service of being 'firm', we prematurely set a termination date. In these continually collapsed spaces with thin but adhesive transferences, symbol formation is limited and often difficult to discern, if present.

With an insufficient sense of separateness, symbolism when it occurs usually takes the form of symbolic equations where the thing to be symbolised and the sign /symbol are equated (Segal, 1957). Klein saw symbolic equation as a potential resource for developing true symbols invested with phantasies, writing 'owing to this equation these in their turn become objects of anxiety, and so he is impelled constantly to make other and new equations, which form the basis of his interest in the new object and of symbolism' (1930 p.220). Riccardo Steiner (2007) has noted that in the Kleinian tradition the same terminology is used for normal and pathological developments in symbolization, for example, he notes that there is no language to classify aberrant symbolic equations. Segal (1950) does descriptively make a distinction between the failure to form symbols (as described by Klein in her clinical example of Dick (1930)) and the formation of a symbol that cannot function as a symbol (illustrated by her clinical example of Edward). I suggest that how we differentiate conceptually the chronic intransigence of some symbolic equations from those that have the potential to initiate the process of symbolisation is a complicated clinical issue as it most likely relates to some ineffable quality of the intersubjective analytic space. That is, symbolising potential relies on the other/ object's capacity for receptiveness and understanding. Roussillon (2011) elaborates that in the analytic encounter, the analyst / object is both an object to be symbolised and a function for symbolising.

Authors from different psychoanalytic models (Salomonsson, 2014; Silver,1983; Steiner, 2007) have suggested the conceptual dichotomy of symbol proper and symbolic equation is perhaps not sufficiently nuanced to capture the early signs of symbolic development. In this regard, the American philosopher, Charles Sander Peirce's theory of semiotics is considered a useful resource to orient the clinician to the early signs of symbolic development. Peirce's theory of semiotics (1940) encompasses not only verbal utterances but unformulated phenomena such as emotions, images and action. His theory proposes a diachronic tripartite structure of signs: 1. the sign which can take three forms; 2. the object that the sign stands for; and 3. the interpretant, that is, the sense made of the sign, with the interpretant in an iterative and expansive process becoming the object in the next semiotic series. The three types of signs are: icon (as in examples of likeness, empathy and enacted iconicity (Muller, 1996)), index (as in the proximity of ideas in time and place) and symbol (as in the conventional usage). Iconic and indexical phenomena capture emerging properties of thought, akin to Kristeva's notion of pre-narrative envelopes (2000). In my limited experience of attempting to apply Peirce's semiotic framework to clinical material, the categories and distinction often dismantle because of the complexity of lived moments. For example, Muller (1996) extends the formal Peircean properties of the terms to include complex states such as empathy in his description of enacted iconicity. From a philosophical perspective, this is a contentious move (personal communication……).

Along similar lines, Money Kyrle has proposed that the capacity for thought develops by means of a three-stage model of conceptual development:

> The theory of conceptual development has to be extended to include, not only the
> growth in the number and scope of concepts, but also the growth of each single concept

through three stages: a stage of concrete representation, which strictly speaking is not representational at all, since no distinction is made between the representation and the object or situation represented; a stage of ideographic representation as in dreams; and a final stage of conscious, and predominantly verbal thought (Money Kyrle, 1968, p. 694).

According to Money-Kyrle, this process can be impeded either by the failure to internalise a container /contained relationship in which an infant's projection can be transformed by maternal reverie into less toxic forms, or, by the mind being so saturated with misconceptions that there is no space for empty thoughts. I am proposing that Money Kyrle's model may contribute to extending our thinking about the phases in the symbolising process especially for patients whose functioning is dominated by autistic and archaic states of mind. In these patients, their capacity to symbolise often develops slowly and in fragile and limited ways and it is important for the analyst to be able register and respond to these developments in the clinical encounter.

In this paper, I plan to track the evolution of the concept of relationality through the clinical discussion of a patient who remained mostly silent for many years of his long analysis. For me, his silence brought into being underlying potent and frightening states in all their stark reality – in a way, the silence stripped bare elements of the analytic encounter and concentrates the horror and violence of both the patient's and my inner reality and the analytic lived experience – and it is this lived experience that 'the violence of real' evokes. My patient, William has a predominantly schizoid and autistic-like mode of being, especially the sense of dwelling in a glassed off inner world (Guntrip 1968, Rey, 1988). Francis Bacon's painting, Head VI (see slide) conveys something of this inner situation.

This painting depicts a space that conveys both power and restriction. On one hand, power, represented by the authority of a pope, no less, and, on the other of encasement and restriction. In the painting, the pope's scream, an unintelligible discharge along with the gaping mouth and hollow eyes proclaim the sense of panic, abjection and despair. This leads to a series of questions: what motivates the terror and is encapsulation an attempted solution or an imposed entrapment? Is it fear of the other who is unable to contain the terror, so imprisonment is sought as a solution to non-existence? Or, is it the fear of the awfulness of one's own aggression and violence so imprisonment and punishment is sought? Or, is it the result of a life lived in an imprisoned state cut off from human connectedness? But, leaving aside the motivational uncertainties, what is apparent is the aloneness, the sense of disconnection and fear. I suggest that analyses with such patients become, as it were, an externalisation of the patient's inner encapsulated experience, used both to constrain their violent and terrifying affects and to express in defended ways their need for recognition and understanding.

I shall now turn to the case example: first, describing the clinical situation where no or limited contact appeared possible and I experienced being trapped , at times, in an unintelligible space and at other, in a deadly one; and second, re-counting three progressive moments in the analysis that represent some emergence from this trapped space and a movement towards symbolisation and thought, in the attempt to illustrate Money Kyrle's model of conceptual development. I hope to show the transformation from the use of the analysis as an encapsulated space; that is, an analytic process, conceived as 'it *just* is' to secure survival, a symbolic equation in Klein and Segal's terms (Klein, 1930; Segal, 1957) to one where some level of symbolic 'as if-ness' of the analytic relationship, self and other is possible.

CLINICAL CASE ILLUSTRATION

William was referred at age 17 and was spending his days in bed, apparently mostly sleeping and perpetuating a sensuous and timeless world, unbounded by the differentiation between day and night, and wakefulness and sleep. He had not long been discharged with a 'difficult to diagnose but not schizophrenic' diagnosis from a psychiatric adolescent unit after a long admission. Of the long admission, he reported that this period was the 'safest' he had felt in his life and it was this verbalisation that captured my attention, leading me to think about the possibility of the provision of an analysis as a safe space. Since discharge and before commencing his analysis, there had been serious suicide attempts, including walking into the ocean. He presented on assessment as depressed, despairing and helpless. He could give a history, but overall it sounded rather rehearsed and well-worn and in accord with his parents' account. William had a long history of childhood vulnerability on a background of inter-parental conflict and of sleeping with his mother for the first 8 years of his life.

Following the assessment, William accepted my offer of analysis and use of the couch. The analysis, soon, developed as an externalised version of William's inner retreat with the frequency of the sessions providing a 'rhythm of safety' (Tustin, 1986). He experienced holiday breaks as a disruption to his routine, rather than as a loss of his analyst's presence. Any disruption caused panic and fear that he would not survive. In sessions, he was mostly silent and passive - waiting for me to ask a question, as he put it. My attempts to talk with him, however, were met with silence, physical responses, for example a shrug, or verbal responses such as 'don't know' or 'nothing'. Occasionally he might offer up an utterance such as 'geometric patterns' but, on enquiry, he was unable to elaborate and my attempts at meaning making went apparently unrecognised and / or were deadened. This type of utterance appeared to function somewhat like an internal version of an autistic object, that is, he appeared to be using his mind to swirl around with this hard object to numb his awareness of terrifying anxieties. My talking disturbed his 'comfortable', 'drifting' state of mind, that is, he drifted as if lost in space in his own inner world. In his sessions, he claimed if 'I talk (aloud) my thoughts go away'. If I did press my separate existence, he dissolved into non-existence. I think that this state was concretely enacted in his walking into the ocean. At other infrequent times, there was an awareness of otherness and, in this state, my talk was met with irritation, at best, and contempt and paranoia, at worst. It seemed he believed he was entitled to dwell in his object in a very particular way - there was to be no outside place and no thinking so as to evade any sense of frustration. His chronic prolonged silences were experienced in countertransference as at times without form, conveying a sense of lost-ness and at others as motivated to attack any links to his own mind or to me and generating an atmosphere hostility and persecution. While there were variations of the emotional climate in his sessions, there was a pervasive sense of non-movement.

About 6 months into his analysis, a conflict emerged for William between a cold, cynical controller who sees nothing and another saner part wishing for change. For example, he said 'don't know what I want, don't want to be bothered yet, feel lonely'. Utterances, such as this one, were, nevertheless, rare in the early years. His sleeping, even at times snoring, was more usual. I shall describe a session from around this time where conflict and projective processes were more evident. The session begins with William arriving on time; indeed, I imagine he has been waiting for quite a while for his session to start. He enters the consulting room and lies on the couch without acknowledging me. There is silence for almost 10 minutes when I decide to speak saying that he appears to be in a place in his mind where he does not want to be disturbed. William startles. I then say that when I speak it frightens him because in his mind he has given over to me all bad and disturbed thoughts. This means that when I begin to speak he feels that I am shooting them back to him. He responds with a slight shrug and then there is another period of silence for about 5 to 10 minutes. Again, I break the silence by speaking. At the sound of my voice, he almost jumps out of his skin with shock; he momentarily recognises some sense of separateness between us, challenging his phantasy of fusion. I say that he so hates the idea of anything happening between us so to stop any contact he shuts down, goes to sleep but this leaves him very frightened that I am angry with him. He does not respond. Next after some minutes, I speak saying that part of him is very frightened of making me angry at his sleeping and shutting me out and that another part is very satisfied with his sleeping because he believes there is a war going on in the room between us. After a moment, I continue that the war is between what he sees as my way to talk and relate and his way to shut down and live in an inside place. He makes a slight movement that I consider indicates that he has heard me. He does not respond verbally. A lengthy silence ensues. I break the silence with the verbal observation that I can see that he is much in his way – sleeping, shutting down and allowing no contact. The session ends a little later and he leaves unusually acknowledging me, saying

'see you Monday'. In the Monday session, he is more communicative; perhaps suggesting something of the previous session penetrated his silent retreat. There were many similar sessions going on and on for years.

I experienced a terrible bind in working with William where my attempts to engage verbally with him appeared to be experienced as intrusive, putting pressure on him and intensifying his distrust - for example, he said that, if he was open to communicating with me, 'suppose think (my) thoughts might get stolen'. On the other hand, not to attempt to reach him was experienced as my lack of interest in him, leaving him alone and isolated in some frightening weird inner world. As William put it, 'words are too real', that is, they were experienced as the equivalent of physical actions or symbolic equations (Segal,1957). Any use of words appeared to stand for a concretely experienced enactment that either caused suffering or, if they did fleetingly bring relief, the transformative potential of emotional contact could so easily miscarry and be converted into concretised 'dead' facts' in contrast with potentially generative selected facts (Bion, 1962). For example, he conveyed his contempt and confusion for my approach, giving the story that, when an arrow wounded a soldier, he just wanted it taken out and did not want others to stand around talking about it. William made it clear he just wanted relief and that my words got into him like arrows, hurting and disturbing his inner refuge. For him, words were arrows, just to be pulled out without any full symbolic meaning although the visual imagery might be thought of as an intermediate stage in the symbolising process. that is, between symbolic equation and symbol proper (Steiner 2007). William appeared very self-satisfied with this communication, which made it clear that he was not to be marked by experience. The questions about the nature of these 'word arrows', however, resided with me: questions such as: who fired the arrow, who was the hunter, who was the injured one and what was the nature

of the wound and damage. In William's mind, who's who was so muddled and interchangeable because of rapid-fire projective cycles (Sodré, 2004).

In one of the early years, I had an extraordinary experience in a session with William. I had the urge to reach out and place my hands around his neck to strangle him. I experienced this murderous urge or wish as an idea to act in a physical way and not as a feeling or fantasy. I experienced a visceral desire to do violence. While this experience did not appear to change the nature of the subsequent sessions - it prefigured no transformational moment - it did affect me profoundly as I imagined my extreme concrete state of mind figured what was at stake for William. I was left to ponder who was who; who was murdering whom? I have pondered for years on the motivation for this murder. Initially when I reflected on the nature of my hatred, I thought of it as raw violence of the paranoid schizoid position but later I wondered about the possibility of hatred also fused with love and concern; something between and /or bringing together the paranoid-schizoid and depressive positions - akin to the state of mind of the distressed and depressed m/other who is at the limits of bearable grief and anguish; of a reality that can no longer be faced, as, for example in those cases of infanticide where the infant is disabled and suffering. But, my 'hallucinatory psychic activity' is, perhaps, best understood as a regressive non-verbal experience that represents my 'working as a double' to William's experience and represents what Botella and Botella refer to as the work of psychic figurability (2005). As time passed, the negative transference became more organised with William conceiving his transferential object as hostile to him, a 'parasite' who not only did nothing for him but also did not need him. This left him feeling arrogant, suspicious and violent. He appeared to exist between the poles of autistic-like withdrawal and of violence without an object to hold him (he did worry at times that he might kill someone if he exploded, but in the early years he always denied that it would be me). William seemed to live on this terrible

tightrope between non-existence and the phantasy of explosive violence - states of intolerable suffering that both threatened his psychic survival and, at times, his life (although from the beginning of his analysis there was only one non-serious attempt at self-harm).

The idea of a murderous figure was elaborated years later when William reported his first dream. At this time, there had been some movement in his external life: he had completed his matriculation and started university. He harboured the suspicion that if he made progress in his life, I would exploit this to abandon him. He dreamt: 'I was a terminator, not the Terminator, hunting down monstrosities'. When I asked for his associations, he continued that the monstrosities were not frightening but that he was worried about what they might do to other people…hurt them…drive them mad. He continued that the terminator was moving from place to place along a road or a bridge, perhaps the Harbour Bridge hovering, flying above cars. He further said that he often had dreams in which something flies. He talked about the sense of something 'just keeping on going'. In the dream the only thing that can move is the terminator, standing for a figure that hovers over him threatening to terminate himself or his analysis. In the transference, I become a watching, hunting figure ready to terminate him or his analysis if he dared to move. The bridge appeared to represent his position where he was stuck in some strange borderline state not able to move on for fear of attack.

For years, William continued bringing his powerful silence to the analysis. It gradually became clearer that sometimes the silence captured his state of 'no way out', 'lost-ness' and apathy, that is, he would rather lose himself in a sensuous autistic-like retreat than risk emerging from his retreat to find a murderous explosion. He believed that he had the choice between a sensuous fused bedroom scene with prospects of no future development or the anguish of a

violent, abandoning world. William both feared attack from within and without and, in the last years of his analysis, he was quite forthright about his belief that I might physically attack him. At other times, the silence was more consciously motivated and represented his on-going battle and grievances with me as a malignantly misunderstanding object that he was punishing by destroying his life. In this complex constellation, there appeared to be no good object, no good couple, and a collapsed sense of thirdness.

The transformative process with my patient was uncertain and limited. I shall now focus on the types of transformations that were possible and which gave some hope to the idea of 'keeping on going' in a progressive way. I want to illustrate the 'keeping on going' through three moments in William's analysis, named the tear, the dream and the mental image or in terms of Money Kyrle's model a concrete representation, an ideographic representation and a verbal thought which represent different and enlarged ways of symbolising his relationship to the glassed-off state of mind and the 'here and now' psychoanalytic encounter. The somatic event, the dream and mental image capture the way William represented his relational orientation.

TRANSFORMATIONAL MOMENTS

1.The somatic event

Some years into William's analysis, I announced a break not in keeping with my usual routine. After a pause, William responded by saying that he was taking a one week break in a few weeks' time as he had the opportunity to holiday with friends and this was the only time the holiday house was available. (William rarely missed sessions). He was then silent for several minutes. I decided to initiate speaking. I said that I noticed that when I announced my upcoming break, he seemed to jump over registering it and instead spoke of his own break, perhaps to

block out his mind his feelings that my break would disrupt him. (From previous work, William and I understood the routine of his sessions was very important to him, even if, when in the session, he might not speak to me). William was silent. As I waited for about 15 minutes, another thought occurred to me about William's holiday announcement. I then said that I thought he was wanting to tell me about his desire to be like me, someone who had studied, worked and holidayed with family and friends. William responded by saying 'a tear', that is, he was referring to a tear that was running down his face.

In this sequence, the analyst moves out of routine and William imitates the analyst by doing likewise. We see William responding to his analyst's break by substituting his own break to negate its disruptive impact on him. The analyst's interpretation points to the denial of separateness but this interpretation falls flat, becomes a 'no-thing'. In the ensuing silence, I have a thought about desire which I articulate to the patient. William responds with a somatic production, a tear that leaks out of his walled off silence. The tear communicates that William has been touched emotionally. A tear potentially condenses a variety of meaning, for example we cry with joy, we cry in grief, sadness and pain. It signs a likeness to a feeling state/ an emotional connection (the iconic /indexical sign). I could imagine that William's tear communicated his relief at being understood as an individual with desires and aspirations but also his sadness, grief and uncertainty about his future and whether his desires would be realised; the interpretant. At this moment in his analysis, William expresses himself non-verbally through a somatic production with his poignant affects leaking out of his walled off prism into a more relational space. He is also able to name the somatic experience. In this analytic exchange, an iconic enactment occurs (Muller, 1996).

2.The dream

During his analysis, William rarely reported dreams, although, in the last years, he perhaps reported one every few months. Many years after the tear moment of contact, William started a session by describing how he had experienced the previous day as difficult because he had struggled to stay motivated at work. He went on to report the following dream. He said: 'I had a dream last night, but I only remember fragments. In the dream, I was carrying gelignite, but it must have been nitro-glycerine. I was carrying it in a bottle like Mr Franklin's water[1], a very thin bottle which might be all right for carrying water'. He continued 'I was carrying the bottle in the dream and knew I had to be very careful, but I did spill some on my hand and it was burning (my hand). I can't remember anymore'.

William's association to the dream was that something needed containment but it was being held in a flimsy way. He then remembered a further dream fragment: 'I was in a holiday house with friends and I said something to one of my friends that caused offense. It (the offensive claim) was going to be published in a newspaper'. William then went on to say he was not sure in the dream whether he intended to give offense or whether he was trying to be helpful, but the friend took offense. I observed the ambiguity around his intentionality in the dream and a little later, connected this with his flimsy inside state that he fears cannot contain any negative feelings, that is, they spill out causing damage. William added that it was not just negative feelings but also positive ones that gave trouble. He said there was always a backlash, by which he meant a punitive self-attack if he experienced strong feelings. I then interpreted that he was trying to let me know that he believed that he carried an explosive bomb inside him and that

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[1] The actual name of the water brand is Mount Franklin. William's slip of the tongue points to the beginning representation of the paternal function and its potential role in containment.

he was uncertain about my ability to keep us safe. Later in the session, I added that he felt that his attempts to protect by cutting off contact with me would offend me. This left him feeling that I shall judge and publicise his badness. William replied with an enthusiastic 'yes', saying 'I always judge me too'. After this point of contact, William moved away emotionally and became excited by his suffering; the backlash was in action.

In this dream, we see something of William's representation of his inner world. As well, he appears more present and alive in the session than in the tear one. The dream which does not have a fully 'as if' quality carries a warning to his analyst that, if she attempts to get too close, his dangerous emotions will spill out in a destructive way. We see his belief in action that there is no sense of real containment for his deadly emotional life, only publicised condemnation.

3. The mental image

In one of the final weeks of William's analysis, he described what he referred to as a 'mental image'. He started his session by talking about his plans for his summer holiday and then said he felt 'dull and flat'. I commented that he had jumped over the ending of his analysis. William then described accurately the number of sessions remaining. He continued that he did not know what to say and that he had an impulse 'to go still and silent and flatten things out'. Further, he observed that it was hard to stay engaged and 'to find things to hang onto; just a big empty space that will swallow everything up; a hole in the world'. After a pause, he went on to say: 'I guess I am anticipating missing you…missing being here…a hole something missing'. I talked to him about his despair that he might not be able to keep an alive image of me and our work together and in its place, there would be a hole. He responded that it was difficult enough

to keep our contact alive when we were together in the room. He continued: 'I just had a mental image of two people working in a jar and they wanted to open it, but one was not strong and was turned in the wrong direction, making it harder for the other person'. When I asked for his thoughts about the image, he said that 'the two people are you and me and I put myself in the position of the first person working hard in the wrong direction and that makes it more difficult for everyone'. Here, William is recognising his desire to leave the restricted jar space, a version of his retreat, his awareness that he can work in the wrong direction by turning away from contact and his understanding that this may create difficulties for others in relating to him. After this moment of contact, William reported that he had 'wandered off' to think about 'spirals, helixes, springs and scars'; that is, he had returned to his autistic-like world.

In subsequent sessions, William could return from spiralling away from contact and talk of the positive developments that had occurred during his analysis. Of his inner world transformations, he included 'much better awareness of how important relationships are to me, more able to see the destructive shutting down pattern' and that, when it does happen, 'it does not surprise me' (that is, he is no longer completely overwhelmed and helpless). In another session, he talked about his propensity for anger and shutting down, saying 'always wonder whether that part of me will be always there …better now…can understand …back then so alone, no-one to talk with about it ...no perspective, no that's not the right word, no understanding, no resilience, no strength'. He also talked about how important it would be not to leave his analysis in the 'wrong way'. By this, he meant that he wanted to turn to his analyst and to risk offering his hand for her to shake in a goodbye gesture. Poignantly, after a long analysis, William struggles with uncertainty as to whether his positive transferential feelings are acceptable to his analyst.

DISCUSSION

Through three examples - the tear, the dream and the mental image - a transformative process in action is seen; a movement from concrete representation to a dream to a verbal thought (Money Kyrle, 1968). William's tear is an iconic/ indexical sign of his emotional response (object) which leads to an understanding in that moment of his wish for connection (interpretant). He moves from his encapsulated, relationally disconnected inner world to a relational world where he wishes to identify with the other in an imitative way. In the dream, William's relational mode is further expanded and is elaborated through anxieties about misunderstanding, destructiveness and safety. He is concerned centrally with the problem of containment: is his destructiveness too great to be contained; is the analyst/ container strong enough to manage his emotional life; and can there be a safe relational space for understanding. Interestingly, Tustin has described how autistic reactions defend against deep-seated traumatic effects that exist in the somatic psyche 'like an unexploded bomb' (1991, p.586). In the mental image, William recognises his autistic-like propensity to turn away from relating and he appears to have overcome his sense of persecution. Alvarez (2018) argued that it represents a significant step when paranoid phenomena can be separated from schizoid ones in such patients as William. In tear, dream and mental image, we see the development of an idea about the nature of relationality. In the non-verbal bodily gesture of the tear, elements such as contact, imitative identifications and tenderness can be found; in the dream, deadly and explosive affects with only flimsy, ineffective containment; and in the mental image, a sense of two-ness rather than isolation albeit not a co-operative twosome, but, along with this, there is also awareness and concern.

There is a transformation in William's object relational world. At first, William is glued to the analyst as a function, like an incubator to keep going. In the tear example, there is a need for

sameness which is both defensive (Britton, 1998) but also, we can think of it as imitative (as in infant development) which is necessary to promote development. In the mental image example, there is a representation of difference; even if it is a representation of his weak internal situation. I am not suggesting that these transformations represent a simple chronological unfolding but rather they represent the work of a complex dynamic process that is instigated by the transference- countertransference relationship.

Toward the end of his analysis, William no longer relies solely on non-verbal projective modes to communicate but can articulate his inner experience which points to an expansion in his ego capacities. William is in contact with his on-going struggle to stay in contact with an alive and vital inner and outer world. His version of aliveness is experienced by him, at times, as deadly as nitro-glycerine with no sense of adequate containment. In Bion's terms, the container and the contained, always in a dynamic relationship, are problematic leaving him uncertain about his relational capacities, for example working in the wrong direction to move out of the jar. Nevertheless, William can think and articulate his dilemma through the mental image; he can share his experience. He is no longer 'surprised' by this state of mind and he is not left in a state of frozen and hopeless collapse where he believes the only way out is death or non-existence. With some 'self- experiential understanding' (Bell and Leite, 2016), he has a better capacity to struggle for himself to stay in the 'right' orientation. Nevertheless, at the end of his analysis, William's representational capacities are insecurely formed.

CONCLUDING THOUGHTS

There is a debate in psychoanalytic theorising between the so-called deficit (or models of inadequate early containment) and motivated conflict models. I suggest that this is false dichotomy for thinking about patients such as William as the problem for them is 'not either/or'

but 'both'. I suggest, for William, both the inability to represent experience and a motivated refusal to do so by attacks on linking entwine to motivate the experience of terror. This makes it very challenging to find a sufficiently calibrated register to connect with these patients and to find a meaningful relational distance (Manica, 2018).

The psychoanalytic clinical literature has a rich tradition of describing the development of symbolic processes. Terms such as pre-symbolic, symbolic equations, pseudo-symbols, a-symbolic and de-symbolisation are commonly deployed to convey states of mind where symbols do not function as conventional symbols. Psychoanalysts usually rely on their countertransference responses to parse clinical phenomena, for example to distinguish archaic states of mind capturing autistic phenomena with their meaningless very sensual and repetitive patterns from those that may hold the possibility to advance a nascent symbolic process. I suggest that greater understanding of semiotic accounts may contribute to the analyst's understanding in identifying such distinctions. Further, I suggest that more fine-grained understanding of our conceptual resources may implicitly interact with our emotional attitude towards the patient to allow more empathic responses, for example, compare the differing types of emotional connections that were possible in the clinical examples of the arrow and tear vignettes. I am left with the question about what enabled emotional contact between the patient and the analyst in the tear experience as opposed to the arrow one. Additionally, I propose that the analyst's implicit and explicit responsiveness and attitudes are significantly implicated in whether over time a patient's symbolic equation becomes a potential resource or an aberrant phenomenon. The intersubjective analytic context, then, complicates the development and reliability of how we conceive formal conceptual categories. We can develop conceptual models but the way they parse in clinical practice is dependent upon the nature of the relationship between analyst and patient.

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