

Riccardo Lombardi, MD

Roma, Italy

Few or Thousands of Theories in Psychoanalysis?

The Dark Night of the Soul and the Body

Since every clinical contribution inevitably involves the role of theory, I shall dedicate a few lines to the latter, in an attempt to shift the emphasis from the psychoanalytic theories to a vaster epistemological problem oriented towards stimulating awareness and inquiry in the analyst.

Bion (1962) was the first to bind thought to the presence of emotion – so that, as he saw it, if there is no emotion, there is no thought either – and he called for an epistemological approach in psychoanalysis that would require – absolutely – coming to terms with the need for *theoretical simplification*. This simplification should arise from the problems posed by listening to the difficult patient in the psychoanalytic session, and from the continuous series of personal choices that the analyst is called on to make in regard to the established parameters of the psychoanalytic tradition. In other words, the analyst needs general parameters pared down to their essentials, which he can then manage in his own way – “a theoretical framework of psychoanalysis which is yet capable of flexibility in action”, as Bion describes it (1962, 40) – in order to remain in control of and responsible for his own choices.

With the increase in the number of theories to be found, comes an increase in the margin of arbitrariness to which the analyst is exposed as

regards the theories. There is a greater risk of intellectualization, as well as of a defensive use of the theories themselves, to the dangerous point of “pasting” theories onto the clinical context, so as to avoid the anxiety of the unknown or the travail of an authentic emotional transformation.

The logical and scientific thinking that the Western tradition has built up starting with Aristotle forms a necessary but not sufficient condition for realizing a mental functioning with its roots in the unconscious: “Confronted with the complexities of the human mind, the analyst must be circumspect in following even accepted scientific method; its weakness may be closer to the weakness of psychotic thinking than superficial scrutiny would admit” (Bion 1962, 14). Bion’s awareness of the problems of psychoanalytic thinking is quite close to Matte Blanco’s (1975) reflections on the limitations of basically Aristotelian asymmetrical thinking: in psychoanalysis, asymmetrical thinking cannot ever be entirely free of a variable percentage of symmetrical thinking, even though the latter, by its very nature, characteristically dissolves – like an acid – the ability of thought to differentiate.

The analyst needs a personal list of the theories he most often makes use of (Bion 1962, 39), so as to remain connected to the discoveries of his predecessors. This is a ‘theoretical’ necessity that must perforce take account of the analyst’s ‘clinical’ need to keep his mind unsaturated and available for the reception of what the analysand is communicating. Bion (1955), in his essay on the development of schizophrenic thinking, provides a rigorously concise list of psychoanalytic theories which is still decidedly up-to-date: 1) the importance of the *reality principle* in setting the psychic apparatus in motion, i.e., the theory that consciousness is connected to the sense organs (Freud 1911); 2) the radical conflict between life instincts and death instincts (Freud 1920, Klein 1952), a concept that has been abundantly criticized in psychoanalysis, but seems to be of great use in

understanding the most severe clinical situations; 3) the key importance of projective identification (Klein 1946), as well as of communicative projective identification (Bion 1962) together with *reverie*, identified by Bion 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” (Bion 1962, 36); 4) Melanie Klein’s clinical description of the sadistic attacks that the baby makes on the maternal breast, reinterpreted by Bion (1959) as ‘attacks on linking’, ‘hatred of thought’ and ‘hatred of psychoanalysis’; 5) the distinction between the psychotic and the non-psychotic areas of the personality, which are present in everyone, from those who are phenomenologically psychotic to those who are considered generally sane and integrated with reality (Bion 1957).

Bion was influenced by the ideas of poets and mystics such as Meister Eckhart and St. John of the Cross, so that the “dark night of the soul” – *Oh, night more lovely than the dawn* – became an essential guide to psychoanalytic experience, just as, in the mystical tradition, casting aside the light of the intellect allows one to draw nearer to or become one with God. Somewhat earlier, Thomas Aquinas reflected that too much information hindered the act of comprehension. Tolerance of the unknown and of mystery became, for Bion, the intimate essence of a psychoanalytic process conceived as a continuous ‘terrifying’ evolution, which lends itself only at times to accessibility through consciousness. Bion borrowed his notion of *negative capability* from a letter by Keats¹, who defined it as being capable of “being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (quoted by Bion 1970, 125). Exercising the negative capability is, for the analyst, the definitive remedy

¹ John Keats, letter to his brother, December 21, 1817

for a “failure to observe” and an “inability to appreciate the significance of observation” (Bion, *ibid.*).

For Bion, each session should be considered as a new session, oriented towards gathering new data: hence the analyst must protect himself against the risk of mental congestion by theories of uncertain reliability: ideally “the fact that any session is a new session and therefore an unknown situation that must be psycho-analytically investigated is not obscured by an already over-plentiful fund of pre- and mis-conceptions” (1962, 39). The negative capability thus turns out to be decisive for the analyst’s being able to “relate to what is unknown both to him and to the analysand” (*ibid.*, 124).

Mental models and abstraction are, for Bion, the mental tools that the analyst generally uses in his practice for organizing observed data. These are much more elementary and limited tools than psychoanalytic theories: their flexibility allows them to stand up to the impact of the analytic dialogue and helps to keep thought processes going in the course of the session: “the defect of the model as an instrument adds force to the need to produce abstractions” (Bion 1962, 64). Models and abstractions are mediators in a system for which *experience is like scaffolding that is able to support a process of nourishment of the mind* that can generate mental growth, whereas psychoanalytic theories are simply too complex to be used in the practical context of analysis (cf. Lombardi 2003).

Bion underscores the constantly expanding subversive nature of psychoanalytic experience and the risk of forcing clinical reality to fit the Procrustean bed of what is considered an orthodox system. “This is the characteristic of the mental domain: it cannot be contained within the framework of psychoanalytic theory. Is this the sign of defective theory, or a sign that psychoanalysts do not understand that psycho-analysis cannot be contained permanently within the definitions they use? It would be a valid

observation to say that psycho-analysis cannot ‘contain’ the mental domain because it is not a ‘container’ but a ‘probe’ ”(Bion 1970, 72-73).

This problem becomes even more radical as one approaches a topic like the body, which by its very nature is like a constraint on the mind. The body plays a decisive generative role in terms of the mind, but is per se a ‘non-mental’ object, which cannot be contained or consumed in any conceivable mental sphere (Lombardi 2002). “There is ambiguity about the body”, as Paul Valéry (1973) wrote “It is what we see of ourselves. What we always feel attached to us. But also what we do not see and never will see”.

My approach is intended to place the body and the body-mind relationship in the rather exclusive company of those hypotheses, focused on the forms and functions of mental activity, that can be considered orientative. All the same, this is an unknown with unexplored significance: even more so than the alpha, beta, etc. symbols that Bion considered “as unknowns whose value is to be determined” (1970, 73). It is this mysterious quality of what we wish to investigate that gives rise to the need to *favor an epistemological approach* – in which an unsaturated orientation is central – over a traditional approach focused on psychoanalytic theories. So the center of attention of our current research could be the generative aspect of clinical experience, as well as finding such constants as may emerge from analytic communication (cfr for example, Lombardi in press).

The question now is: how can we recapture the free spirit for the clinical exploration of psychoanalysis? I think that only trusting the relevance of our daily clinical experience and facing the ‘formless Infinity’ (Lombardi 2015) of our levels of depth, we could be able to respond to our patients’ most primitive needs and to describe their clinical evolutions in original ways, in order to open our science to new and unforeseen perspectives.

References

Bion, WR (1957). Differentiation of psychotic from the non-psychotic personalities. In *Second Thoughts*. London, Karnac.

_____ (1959). Attacks on linking. In *Second Thoughts*. London, Karnac.

_____ (1962). *Learning from Experience*. London, Karnac.

_____ (1970). *Attention and Interpretation*. London, Karnac.

KLEIN, M. (1946). Notes on some schizoid mechanisms. *Envy and Gratitude and Other Works 1946-1963*. London: Hogarth Press, 1975.

_____ (1952). Some theoretical conclusions regarding the emotional life of the infant *ibid*.

FREUD, S (1911). Formulation on the Two Principles of Mental Functioning. S.E. 12.

_____ (1920). Beyond the Pleasure Principle. S.E. 18

LOMBARDI, R (2002). Primitive Mental States and the Body. A personal View of A B Ferrari's Concrete Original Object. *Int. J. Psycho-Anal.*, 83:363-381

_____ (2003). Mental models and language registers in the psychoanalysis of psychosis. An overview of a thirteen-year analysis. *Int. J. Psychoanal.*, 84:843-863.

_____ (2015). *Formless Infinity. Clinical Explorations of Matte Blanco and Bion*. London, Routledge.

_____ (In press). Working at the Frontiers of Nothingness. Homicidal Transference, Fear of Death, and the Body. *Psychoanal Psychology*

MATTE BLANCO, I. (1975). *Unconscious as infinite sets*. London: Karnac.

VALERY, P (1973). *Cahiers*. Paris, Gallimard.