

WHAT I WOULD NOT PART WITH¹

Thomas H. Ogden, M.D.

I could give all to Time except - except
What I myself have held. But why declare
The things forbidden that while the Customs slept
I have crossed to safety with? For I am There,
And what I would not part with I have kept.

Frost, 1942/1995

Paradoxically, in the analytic setting, the analyst attempts not to be judgmental; and yet, he must bring to the situation values that provide the underpinning of analytic work, values that he "would not part with." When I speak of analytic values, what I have in mind is not a psychoanalytic morality nor a code of ethical conduct; neither am I referring to a set of concepts that I believe to be essential to psychoanalysis (for example, the notion of the dynamic unconscious, transference, and defense). Rather, in speaking of psychoanalytic values, I am referring to those ways of being and ways of seeing that characterize the distinctive manner in which each of us practices psychoanalysis. In this chapter I will attempt to convey to the reader the values that lie at the core of the way I practice psychoanalysis, and of who I am as a psychoanalyst.

Being Humane

Each element of an analytic value system is inseparable from all of the others, and yet, to my mind, there is a hierarchy of importance among the elements of that system. For me, what is most fundamental to psychoanalysis is the principle that an analyst treats his patient — and all those his patient's life impinges upon — in a humane way, in a way that at all times honors human dignity. This principle is the North Star of psychoanalysis; it is a point of reference in terms of which all else is located.

When an analyst is not being humane, what he is doing with the patient is not recognizable to me as psychoanalysis.

¹ This chapter is reprinted from Thomas Ogden's recently published book, *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries*, New Library of Psychoanalysis, London: Routledge, 2005.

Being humane in the psychoanalytic setting is more easily illustrated in its breach than in its fulfillment. For example, I believe that it is inhumane for an analyst to abruptly discontinue the analysis of a patient by explaining to the patient that the patient's having developed a serious physical illness has made his problems "real" and therefore not amenable to psychoanalytic work. Another form of inhumane behavior on the part of the analyst involves his treating the patient's psychological illness as a moral failing that warrants the analyst's scorn (as expressed, for instance, by loudly opening and reading his mail as the patient is speaking).

The analyst recognizes that a patient's inhumane behavior (often directed against himself) is usually a reflection of the psychological illness for which he came to the analyst for help. The analyst neither condones the patient's inhumane behavior (for example, the patient's relentless self-debasing thoughts and actions or his burning himself with cigarettes), nor does he respond to the patient with an expression of revulsion. Rather, he treats the behavior as an urgent plea for the analyst's aid. Up to a point the analyst responds by engaging in conscious and unconscious psychological work in which the patient's inhumane behavior is treated as an unconscious communication. There reaches a point, however, when the way in which the patient is communicating his pain is so cruel (to himself, to the analyst, or to others) that it would be unconscionable for the analyst to proceed with "analysis as usual."

I believe that there is no such entity as psychoanalysis under conditions in which the analyst allows extreme inhumanity on the part of the patient to take place, such as leaving very young children unattended for long periods of time or torturing animals to death. Under such circumstances, it is incumbent upon the analyst not to cease being a psychoanalyst, but to become an psychoanalyst doing something else (Winnicott, 1962/1965). When a patient's inhumane behavior reaches an unacceptable level, the analyst must treat the situation as an emergency requiring decisive action. By behaving in this way, the analyst shows the patient, in an un-self-righteous way, who the analyst is, what matters most to him (and, by implication what is important to the values inherent in psychoanalysis).

Being humane in the analytic setting is not synonymous with diminishing the patient's psychological pain (unless the pain reaches unbearable proportions or duration); psychological pain is necessary to the analytic process. Pain marks the path and determines the sequence of the psychological work that needs to be done. The patient's effort to make psychological change is

inherently frightening and painful, for it means giving up ways of protecting himself that in infancy and childhood had felt to be critical to his effort to maintain his sanity (and hence, his very survival). Those ways of being that the patient had felt, and continues unconsciously to feel, necessary for his sanity/survival are also what severely limits the ways in which he is able to live his life. Often the patient unconsciously, ambivalently consults the analyst for help with this dilemma — the incompatibility of safety and generativity.

As I view it, an analyst continues to be an analyst when engaged in forms of relatedness to the patient that are not viewed as "standard psychoanalysis," e.g., visiting a seriously ill patient in the hospital or attending a memorial service for the patient's wife. (I have had occasion to experience the former analytic event.) Such interventions, when preceded by thoughtful consideration and (when possible) discussion with the patient, have been — in my experience as an analysand, an analyst, and a supervisor — some of the most important events in an analysis.

These interventions are not of analytic value simply because they are humane; they are of analytic value because they are both humane and facilitative of significant conscious and unconscious psychological work.

Facing the Music

Among the ways of being that I value in the analytic setting, perhaps second in importance only to the analyst's being humane, is the effort on the part of the analyst and the patient to face the truth, to be honest with themselves in the face of disturbing emotional experience. Doing so is one of the most difficult of human tasks. This striving to face the truth lies at the heart of the analytic process and gives it direction. In the absence of the effort on the part of patient and analyst to "face the music," what occurs in the analysis has a shallow, desultory, as-if quality to it.

I view psychoanalysis as most fundamentally an effort by patient and analyst to put into words what is true to the patient's emotional experience. This articulation holds such great importance because the very act of thinking and giving "shape" to what is true to the patient's emotional experience alters that truth.

This perspective underlies my conception of the therapeutic action of interpretation: In interpreting, the analyst verbally symbolizes what he intuitively feels to be true to the patient's unconscious experience and, in so doing, alters what

is true and contributes to the creation of a potentially new experience with which the analytic pair may do psychological work.

Patient and analyst are not in search of truth for its own sake; they are principally interested in what is true to what is happening in the transference-countertransference. The analytic pair is doing so for the purpose of creating a containing human context in which the patient may be able to live with his past and present emotional experience (as opposed to evacuating it or deadening himself to it).

In helping the patient to face the truth of his emotional experience, the analyst is respectful of the ways the patient (beginning in his infancy) has found to protect his sanity. The rhythm and pace of the patient's efforts to face the truth of his emotional experience is set by the patient. A large part of the analyst's role involves holding the tension between the patient's need for safety and his need for truth.

Being Accountable

The analyst holds himself responsible for his own behavior and holds the patient responsible for his (the patient's). Accountability does not end at the edge of one's conscious control over oneself.

That is, the analyst holds himself responsible for behaving seductively or jealously or competitively or arrogantly with the patient regardless of whether he is conscious of doing so at the time or had it in his power to refrain from doing so. Similarly, the patient is held responsible, for example, for his being verbally abusive to his wife whether or not his behavior is within his conscious control at the moment he is doing it. Moreover, we ask of ourselves (and of the patient) that over time there be an increase in the degree of control exercised over such behavior and an increase in the degree of conscious awareness of the previously unconscious context for the behavior.

The analyst's responsibility is not to "psychoanalysis" but to the welfare of the patient. The patient has come to him — though often unaware of it — not "to be analyzed" but for help in doing the psychological work that he needs to do in order to live his life differently. Living differently may mean living in a way that is less tormented, or less lonely, or less empty, or less devoid of a sense of self, or less destructive, or less selfish. The analyst's aim is not to carry out the dictates of a set of analytic rules (often codified

by the analytic school to which he "belongs") but to attend analytically to the patient's human dilemma.

The analyst not only lives and works within the terms of the analytic situation, he also lives and works in the context of the social/political situation of his time. (David Rosenfeld's [2004] analytic work during and following the "disappearances" under the military dictatorships in Argentina and the Pinochet regime in Chile bears witness to the weight borne by the analyst in recognizing and being alive to both the patient's individual psychological state and the external social context.) The analyst is responsible not only for remaining receptive and responsive to the truth of what is occurring in the consulting room, but also to what is happening in the outside world. The analyst does not necessarily directly address the current social/political realities of the time, and certainly does not attempt to convince, debate, or proselytize; but there is an "ethical instinct — [a sense of] when [one] must do good" (Borges, 1975/2004) — that he embodies in the analysis. What Robert Pinsky (1988) writes concerning the responsibilities of the poet holds important bearing on the forms of responsibility carried by the psychoanalyst. The poet, for Pinsky,

needs not so much an audience, as to feel a need to answer, a promise to respond. The promise may be a contradiction, it may be unwanted, it may go unheeded ... but it is owed, and the sense that it is owed is a basic requirement for the poet's good feeling about the art. The need to answer, as firm as a borrowed object or a cash debt, is the ground where the centaur [the imagination] walks. (p. 85)

While the analyst ordinarily does not make his social/political views known to the patient, his "promise [to himself] to respond," his "ethical instinct" is a felt presence in the analysis as the patient wrestles with his own complex set of kept and unkept promises to himself concerning his efforts to face and respond (in both thought and action) to what it is true to his internal and external worlds.

Dreaming Oneself Into Being

The patient's psychological growth, as I view it, involves the expansion of his capacity to experience the full range of his emotional experience, his "joys and griefs ... and shipwreck too" (Goethe, 1808/1984, p. 46). Randall Jarrell (1955) describes this span of feeling in Frost's poetry:

To have the distance from the most awful and most nearly unbearable parts of the poems, to the most tender, subtle and loving, a distance so great; to have this whole range of being treated with so much humor and sadness and composure, with such plain truth; to see that a man can still include, connect, and make humanly understandable or humanly understandable so *much* — this is one of the freshest and oldest of joys. (p. 62)

A psychoanalyst must be able to recognize with sadness and compassion that among the worst and most crippling of human losses is the loss of the capacity to be alive to one's experience — in which case one has lost a part of one's humanness. The awful reality (which is never entirely a psychic reality) that lies at the source of such a catastrophe may involve the patient's having been deprived in infancy and childhood of the opportunity to receive and give love. For others, it may have its source in experiences of unimaginable, unspeakable pain such as that experienced in concentration camps or in the death of one's child — pain so terrible that it is beyond the capacity of a human being to both fully take it in and remain fully emotionally alive.

Being alive to one's experience is, as I conceive of it, synonymous with being able to dream one's lived emotional experience. I am using the term *dreaming* here in a way that is informed by Bion's (1962/1977) work. To the extent that one is capable of dreaming one's experience, one is able to generate an emotional response to it, learn from it, and be changed by it.

As discussed in the previous chapter (Ogden, 2004), I believe that central to psychoanalysis is the analyst's participation in dreaming the patient's "undreamt" and "interrupted" dreams. Interrupted dreams (metaphorical nightmares) are emotional experiences with which the patient is able to do genuine unconscious psychological work. However, the patient's dreaming (his unconscious psychological work) is disrupted at a point where the capacity for dreaming is overwhelmed by the disturbing nature of what is being dreamt. At that point the patient "wakes up," i.e., ceases to be able to continue doing unconscious psychological work. We observe this phenomenon in a child's sudden play disruption that occurs when the content of the play becomes so distressing that it overwhelms the capacity for playing (the child sweeps off the table all of the figures with which he had been engrossed).

In contrast to interrupted dreams, undreamt dreams are emotional experiences with which the patient is unable to do any unconscious psychological

work. Undreamable experience is held in psychologically split-off states, such as pockets of autism or psychosis, psychosomatic disorders and severe perversions. Undreamt dreams are comparable to night terrors in that the latter are not genuine dreams (they occur in non-REM sleep) and achieve no psychological work; the "dreamer" does not awaken from them and in a sense only awakens if he is eventually able to dream the formerly undreamable emotional experience. Undreamt dreams remain amorphous, ominous, unimaginable threats to one's sanity and one's very being. (Winnicott [1967] described this sense of foreboding as a "fear of breakdown.")

To dream one's experience is to make it one's own in the process of dreaming, thinking, and feeling it. The continuity of one's being — the background "hum" of being alive — is the continuous "sound" of one's dreaming oneself into being. Psychoanalysis, from this vantage point, is a form of psychological relatedness in which the analyst participates in the patient's dreaming his previously undreamt and interrupted dreams. The goal of psychoanalysis is not simply the dreaming of the patient's undreamt and interrupted dreams in the analytic setting. The analyst's participating in dreaming the patient's previously undreamable experience is a means to an end: the patient's development of his capacity to dream his experience on his own. The end of an analytic experience is measured not so much by the degree of resolution of intrapsychic conflict as it is by the degree to which the patient has become able to dream his experience on his own.

Thinking Out Loud

Critical to a successful analytic experience is the development of the use of language that is adequate to the task of communicating to oneself and to others something of what one is feeling and thinking. There is no ideal form for the analytic dialogue. Quite the contrary, the way analyst and analysand speak to one another is something that they must invent for themselves. When analysis is a "going concern" (Winnicott, 1964, p. 27), their invention is unique.

When analyst and analysand are able to think and speak for themselves, they do not use "borrowed language," e.g., jargon, cliché, and technical terms. Their language tends to be alive, their metaphors freshly minted and unassuming. Their use of language serves to communicate, not obfuscate; to generate understandings, not confusion; to say what is true to one's emotional experience, not to pervert the truth.

The analyst, when talking to a patient in his own voice, does not sound "like an analyst"; his voice is that of an ordinary person speaking to another ordinary person in a way that is personal to the other person and to the history of their relationship. A quality that often characterizes this kind of analytic dialogue is the feeling that the analyst and analysand are each finding out what he thinks in the very act of speaking. I find that I rarely know how I am going to end a sentence or what the next sentence will be when I begin talking to a patient.

While psychoanalysis depends heavily on the use of language, talking and self-reflective thinking are not enough to sustain a generative analytic experience. What the patient and analyst think and say must be tied directly or indirectly to the patient's emotional growth, growth that is reflected in action, i.e., to actual changes in the way the patient lives his life, in the way he conducts himself in the world. Otherwise, thinking and talking — however insightful they may be — are mere mental gymnastics; the patient and analyst are involved in a simulation of psychoanalysis.

Not Knowing

Psychoanalysis — significantly shaped by Bion over the past quarter century — has come to place great value on the analyst's and the analysand's capacity not to know. In this state of mind, one is capable of marveling at the mystery, the utter unpredictability, and the power of the unconscious which can be felt, but never known. The unconscious is an immanence, not an oracle.

When an analyst is incapable of sustaining a state of "not knowing," the past eclipses the present, and the present is projected into the future. An analyst unable to tolerate not knowing may "know" even before the analysand arrives for his Monday session that the patient — as he has so often in the past — has felt lonely and intensely jealous of the analyst's (imagined) wife.

What's more, the patient once again will feel that the analyst cruelly flaunts the patient's exclusion from his family by having his consulting room in his home. The patient may in fact have felt all of this, but in order for that set of feelings to be talked about in a way that is personal to the patient, the patient's experience must be sensed by the analyst and spoken about as if for the first time. For the event is in fact occurring for the first time in the context of the unique present moment of the analysis.

The analyst must be able *not to know* himself too well. For example, the analyst's eight-year-old son may have been in a bicycle accident the previous day in which the boy had broken his arm. The analyst's awareness of the fact that he is still strongly reacting to the event is only a starting point since the meanings of the event are many and are still in the process of being generated. Only by not knowing the meaning of his thoughts and feelings about his child's accident will the analyst be able to discern the way in which his experience of that event is different with each patient and that his thoughts and feelings regarding his child are generated freshly with each patient and shaped by what is happening in each session. For example, with one patient, the analyst's reveries may center on a conversation with the orthopedist in which the analyst felt ashamed of his wish to be treated as a medical colleague by the doctor; with another patient, the analyst's reveries may take the form of fears about the possibility that his son's fracture will result in permanent limitation of arm movement; and with still another patient, the analyst may feel a mixture of sadness and admiration as he remembers the courage that his son had shown in telling the doctor (in a very sweet way) about how he had gone about deciding to go home and not to go to his friend's house after the accident, even though the friend's house was much closer by.

Each of these various reveries unconsciously makes use of the analyst's emotional experience with his son in a way that is a product of what is happening at an unconscious level (at a given moment) between himself and a particular patient. The experience of the accident and its sequelae are no longer the sole possession of the analyst. They have become an experience of "the analytic third" (Ogden, 1994, 1997), a subject co-created by patient and analyst whose thoughts and feelings are experienced by the analyst in a form of waking dreaming (i.e., his reveries).

Not knowing is a precondition for being able to imagine. The imaginative capacity in the analytic setting is nothing less than sacred. Imagination holds open multiple possibilities, experimenting with them all in the form of thinking, playing, dreaming, and in every other sort of creative activity. Imagination stands in contrast to fantasy, which has a fixed form that is repeated again and again and goes nowhere (for example, as seen in sexual impotence derived from fantasies that sex is lethal to oneself or one's sexual partner).

To imagine is not to figure out a solution to an emotional problem; it is to change the very terms of the dilemma. For instance, a patient may feel that

he must choose between maintaining his own sanity and being loved by his
m o t h e r .

To alter the terms of this human dilemma may take the form of recognizing that love that requires giving up one's mind is a form of love that is impersonal in that it obliterates who one is.

* * *

The analytic values that I have discussed together comprise for me a bedrock, "what I would not part with" in practicing psychoanalysis. The reader will have his own analytic values derived from his experience. For me, these values are "the very ground where the [psychoanalytic] centaur walks (Pinsky, 1988, p. 85), the living soul of psychoanalysis.

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