

# Forces of Destiny

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## CHAPTER 3 – Off The Wall

Many of Winnicott's colleagues have said that to read him is like being with him. He is there in his prose. It was the same with Bion.

When we speak to the other about our self, we stand at some slight remove from this self that we are, and we address this object that is our self.

Finding a way to be a subject, in oral or written discourse, means finding a way to express one's inner status in the moment.

- *The successful establishment of the therapist as a subject in the therapy process depends on the integrity of the therapist's relation to his or her own subjectivity. This evolution of the self-analytic moment, into prose or interpretive work with clients, is a discipline that is achieved only by rigorous work.*

This compatibility of idioms (person and narrative) authorizes the value of the self-analytic element and differentiates it from a seduction.

There must be integrity to the self-analytic process for it to be of use to us, either as clients or as therapists reading someone's writings.

- *As a client narrates their life, how does the therapist imagine the client as a participant in their own history?*

If a client tells us about visiting a friend, of how this friend is critical of the client about something, and how the client responded to this criticism – do we simply identify with the client, experiencing the friend as critical? Do we identify with the friend and agree with his criticism of the client?

Do we accept the narrative at least as a process (if not the content), reasonably at peace with simply listening? Or does the objection occur to us, stopping us from simply listening, moving us to an interrogative position, or into an affective response to the narrative?

### Off The Wall

**What are the origins of an interpretation?** Much of our work explores issues that are not immediately clear.

I must begin with a question. I ask myself, "Where were you?" No answer springs to mind.

The therapeutic space is somewhere between physical and psychic reality. The room changes each day.

How do I say what the act of therapy is? It boggles the mind.

I would gaze at the wall, often invited by the figurations of light, or I would look into it as a material eternity, with different clients over different periods of time. I felt confident that my interpretations were 'off the wall'.

Where was I during those hundreds of hours listening to the client talking to me or undergoing a particular articulation as the transference object? We must ask – *who is speaking to whom, about what, and why at that particular moment?*

- *I can recall that extraordinary experience of not knowing what therapy was, and yet I was being the therapist. I developed an increasing respect for this position and over time regarded it as an important, indeed essential, feature of being a therapist.*

Does it mean being someone who does not know his own being? To some extent I think it does. Bion spoke of that mental frame of mind that is the therapist's responsibility to be without memory or desire. This absence of knowing is perhaps true of that psychic state accomplished by evenly hovering attentiveness.

If we are evenly hovering many hours a day over thousands of hours in a therapeutic lifetime, it's fair to say that our sense of our being as a therapist will be rather odd.

### **The Sources of Interpretation**

Where did they come from? I think I never knew. I do not mean that I never knew what I thought. I knew what I thought, but I did not know why I had that particular idea at that moment.

*This 'not knowing' is essential to therapeutic practice, which leads us to wonder if our interpretations came from the inner life the client creates for us. We are used as a function of an element of the psyche.*

Our interpretations are inseparable from the client's use of us in the transference. There is no such thing as interpretive neutrality.

- *Our interpretations come from our understanding of the meaning implicit in the client's discourse.*

Many interpretations with certain clients originate from our soma, our body's intelligence. Therapists are mediums for the psychosomatic processing of the client's psyche-soma.

Interpretation involves the therapist in a transformation of the client's use of the therapist as medium, a countertransference into meaning and language.

- *Winnicott claims that he often made interpretations to inform his clients of the limits of his knowledge. But we also make interpretations to hear the voice of reason amidst a most confusing situation.*

Much of the work in a therapeutic process takes place entirely *within* the therapist as he or she processes his or her own inner turmoil, or useless ignorance, or ineffective remove, etc, in order to address the client.

- *Sometimes a client will need a long, benign, undirected thoughtfulness on our part.*

They will need us to find and use those internal resources within ourselves, before they can actually make use of us.

### Knowing & Not Knowing

How is the therapist's 'not knowing' any different from any other person's not knowing in the client's life?

- *This type of therapeutic 'not knowing' is an accomplishment. It can take years of experience as a therapist to value this frame of mind and to know it for what it is – a necessary condition for the creation of a potential space, an inner therapeutic screen that we sustain, and which registers the client's idiom.*
- *The force of the true self, and the scripts of self and other, can only be established through the 'not knowing' of the therapist.*
- *Interpretation does not emerge from the client or from the therapist. It is a dialectic of two unconscious systems, exchanging with each other.*

Those clients who have truly changed very deeply are the ones who have 'grasped' this therapeutic sensibility. They find a freedom that emerges with a particular kind of 'not knowing' that is essential to progressive registrations of the self, and incremental intimacy with the other. It amounts to a kind of pleasure.

It is a pleasure in the formation of potential space, as from this discipline – essential to the life of the subject – the person can entertain ideas and feelings that arrive with the integrity of conviction.

Of course, there is a dynamic tension between the therapist's urge to know and the essentials of not knowing.

- *Not knowing implies a healthy acknowledgement and respect for the presence of unconscious forces.*
- *It is quite right that the therapist, in working with a particular interpretation with a client, will have to do so repeatedly, with variation, many times. It is important to 'hold one's ground'.*

Every therapist who comes to know their client through a coherent therapeutic understanding must also be able to 'unknow' the client.

This unknowing process, perhaps akin to the concept of unbinding, is essential to any further generative knowing, and to any further symbolically complex binding.

Unknowing is essential to the creation and (internal) maintenance of the interior analytic screen.

That which has been known after a while must be assumed to be still available to both client and therapist as they rid themselves of such organization of the unconscious in order to receive new unconscious communications, made possible through unknowing.

This establishes something of an essential dialectic between knowing (organizing, seeing, cohering) and unknowing (loosening, not perceiving). *Knowing and not knowing are indispensable to each other.*

### The Dialectics Of Difference

- *At any one moment, regardless of how certain we feel, of how passionately we hold a view, or of how correct we indeed are, such certainty is the function of our knowing – but the equally significant function of ‘not knowing’ must also be represented.*

*How do we bring the receptive capability of unknowing, which maintains the therapeutic screen, into the interpretive situation?*

This can be accomplished only if the therapist takes himself as a subject in the therapeutic field. However valuable our conclusions we come to, that are processed into interpretive content, this is less meaningful than the processes which lead up to such an interpretation.

Whenever a client needs to know how we have arrived at our comments, we should be able to say how we have composed our particular interpretation.

We need to be able to trace our footsteps back to through our thinking process. This is one of the important features in both authorizing and limiting the function of our subjective interpretation.

It is also important to be able to differ with ourselves as the therapist. We should be able to criticize ourselves on behalf of our client.

- *When we differ with ourselves, we destroy a previously established point of knowing. We can then create its opposite, a space that now contains not knowing, but recognizes the presence of an ‘unthought knowledge’ that may find its way to knowing.*

It is important to actively support our client’s right to disagree with us. *“So you disagree.”*

By endeavoring to introduce the factor of difference, we slowly establish the dialectics of difference. We want to be free to differ with our clients, and we want them to be free to differ with us.

This can be established early on in the therapeutic process, and it can be established in a series of steps:

1. *The therapist establishes a relation to his own subjectivity.* He becomes a subject in the therapeutic field and thinks about what he has said (his associations) in a manner that is similar

to the way he considers the client's associations.

2. The therapist recognizes each moment that the client disagrees with him and very carefully articulates the client's corrections. *"But something about what I have just said is not quite right."*
3. The therapist disagrees with the client. To establish this as a non-traumatic and essential factor in the therapy, the therapist needs to state it simply, in a relatively inconsequential moment, and as early as possible within the therapy. *"I have a different way of looking at what you have said, from your own understanding of it."*

By establishing difference as an important part of the therapeutic sensibility, we will be more able to be openly confrontive of an individual than might otherwise be the case.

- *Establishing a 'dialectics of difference' with a client, particularly those who are very disturbed, is crucial to the successful management of the client's regressive use of the therapist in the transference.*

This allows the therapist to be a subjective object with a working 'not me' element that allows for the intersubjective processing of conflict. Therefore, **when a client needs to be ill or disturbed in our presence, we can both sustain this client's need, and maintain our function as an interpreting therapist.**

- *Disagreement with a client, undramatically delivered yet processing appropriate affects, may be crucial to the working through of a transference psychosis.*

The dialectics of difference is in part an unbinding process that checks the binding work of interpretation, and lessens the likelihood that interpretation itself could become a resistance to the free association process.

Free association is somewhere between knowing and not knowing, binding and unbinding.

- *Perhaps the inspired thought, the deep reflection, the de-repression of a memory, emerges from an optimal state of tension between the binding and unbinding process.*

This can be thought about as a tension between the conservative and the transformational processes, between the part of us that stores the experiences of life (in an unchanged state) and the part of us that transforms our experiences through symbolic representations.

### **The Therapist's Use of Free Associations**

When the therapist takes himself as an object of reflective consideration and therapy, he shares the client's privileged position. This is not an indulgent and gratuitous sharing, but a discipline: a placing of one's self in a situation allowing for a rigorous examination of the material.

- ***The therapist's associations are musings.*** "It occurs to me that..."

We proceed from there with what we have to say, we need further elaboration to take place, and we look for the client's assistance with this.

The client is free to discard associations that he or she thinks are on the wrong track, and to select the ones with which he or she agrees, or those that speak to him or her, and to choose meanings from our musings.

All clients need to destroy the therapist's associations in order to create out of such ideas a compatible set of views which feels about right to him or her. The client develops a sense of trust in the process of thinking, and uses this eventually to his or her own advantage.

This process is less relevant with the neurotic client, than to the schizoid, borderline and narcissistic client – the individual who either cannot speak, or who is so suspicious that he does not.

By providing associations to the client's being or material, by musing on his or her presence, by remembering previous sessions, by posing certain questions, and seeking particular clarifications, we transform facts, or 'thing presentations', into psychic elements.

- Un-reflected upon elements are 'undigested facts'.

The therapeutic process is a procedure for the making psychic, which involves transforming facts into reflected objects, into mental objects that in turn line up with other mental objects, to become part of an intersecting chains of signification that enriches a person's symbolic life, that can enhance a person's mental processing of the facts of their existence.

- *How do we make our associations available to the client without constituting an intrusion or subtle takeover of the client's psychic life?*

The therapist reporting their thoughts and associations must be momentary, set against the background of the client's discourse, and the silence that creates the therapeutic screen. A continuous, incessant flow of thoughts and associations would not be appropriate.

The clinician must choose the right moment, select from and speak associations in such a way as to create a set of mental objects that can be reflected upon by the client.

It is important for the therapist to stop, in order to create a boundary around the association being made. In this way, it is left as an object to be considered by the client, to be returned to after a period of hesitation, for potential usage.

The process of rendering something psychic – that is, processable – constitutes a valid communication of what we can term the 'therapeutic sensibility'. This sensibility is characterized by a paradox in our lives – that we are both subject and object.

We provide the associations and then we reflect upon them therapeutically. *To be our own enigma is vital to our creativity.* To be unknown to ourselves is not necessarily a lacking.

- *We need unconsciousness in order to make a creative use of consciousness.*

The therapist's tasks and functions:

- *Make associations to facts.*
- *Transforms facts of life into psychic material.*
- *Links past psychic material to the present.*
- *Supports the rightful function of unconscious work.*

We are also to comment on a client's presence and manner of being in a session. "You seem perplexed", "You seem tired", "You look happy", are remarks to be made to sponsor reflection.

Sometimes the client will seek to analyze us, perhaps in an triumphantly paranoid way, and if so, we can listen careful to their angry comments and agree with them where appropriate, thus validating their estranged right to disagree, and to have their own views.

### **The Rights Of Idiom**

Psychotherapists make interpretations, they invent meaning, but they do not discover the meaning conveyed by the client.

By establishing difference (with self and with the client) as a crucial factor in therapeutic work, the therapist enables themselves to introduce a differentiated intellectual affectivity in the sessions.

- *Sometimes we have no choice but to be bewildering. (The role of the maverick.)*

A person who is abnormally normal, who aims to de-subjectify the self in order to become a thing-object – needs to experience the pleasures of entertaining the subjective, which then has to come from the therapist.

We all know cases where the therapist comes up against a client who, for one reason or another, is bereft of signs of life, and the therapist's speech and affect are the life of the hour. Being strange to such a person, through one's comments, evokes their interest and brings to the therapeutic situation a certain imaginative freedom.

- *Some clients need us to establish the right of idiom, which we then represent to them, not only through the content of our remarks, but through our relation to subjectivity itself.*

A sense of judgment and tact is essential here. We may find that we will be more mentally concentrated and thoughtful when representing the subjective (of content or personal idiom) than when we work in more traditional ways.

Our commitment to our own discipline, to our own manner of practice, is conveyed to the client, and, as long as we are mindfully observing the client's response to our presence, and correct ourselves when we are wrong, we minimize any misuse of this approach. (A commitment to our own aliveness.)

In a way, the therapist's associations may be the 'missing link' in a client's chain of associations, which is consistent with one view of projective identification – that the therapist carries split off ideas projected onto him by the client.

*The therapist should be an imaginative partner to the client*, who will appreciate the therapist's effort of intelligence as the work of an independent mind involved in the complex interrelating that is the therapeutic process.

By establishing a working dialectic with the client, one which cultivates rhetorical positions that affirm the difference between any two human subjectivities, the therapist sustains the intermediate nature of an interpretation, as it can only be a comment 'placed' between therapist and client.

- *The ultimate source of any interpretation must always be uncertain to us, as any interpretation is always only partly true.*

By associating to a client's comments, we aim to reveal more of the nature of those processes with ourselves that eventually go into the making of an interpretation.

- *We want our clients to participate in the evolution of our own thinking on the way to knowing.*

Vital to this endeavor is the establishment of the right to disagree, so that neither client nor therapist is foreclosed by a policy of adaptation.

Our clients sense the particular ways we as their therapist organize their material. By establishing ourselves as a subject in the therapeutic field, we as therapists can give a more honest and fruitful place to the subjective origins of personality, unconscious organization, and therapeutic practice.

By establishing more openly how we think about what we do, a client is free to *think me* as an object. As we self-correct, as the client corrects us, as we challenge the client, as they challenge us – we can find a more trustworthy therapeutic mutuality in our sessions.

This is a form of play that can take place in the therapeutic situation. We can be free to work with way if we can be comfortable with it, and if we believe in it.