# Psychic Reality and the Nature of Consciousness

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# Psychic Reality and the Nature of Consciousness

# Abstract

In this paper we make the case for a psychoanalytically informed reconsideration of the phenomena of consciousness. Classically, following Freud, who viewed consciousness as merely a reflection or perception of unconscious mental activity, psychoanalysts have tended to regard a focus on conscious experience as potentially reductionistic and at risk of overlooking the mind’s deeper structures. We describe the case of Mr. K, a patient who experienced disturbances of consciousness that forced us to consider the possibility that the capacity to experience ourselves as conscious, intentional agents in a coherent world of objects is not merely a modality of perception but rather a maturational and developmental achievement that to some degree depends on adequate experiences of caregiving and is vital in ensuring the possibility of human communication. As such, it is a capacity that is vulnerable to experiences of neglect and maltreatment. We suggest that as well as compromising the capacity to think about one’s own and other people’s feelings, such experiences may have the further adverse consequence of leading the individual to experience and risk becoming conscious of certain dangerously maladaptive, destructive states of mind which in normal development remain inaccessible to conscious experience. Phenomenologically, such states of mind are experienced as fragmentation and disturbances of consciousness. We discuss the clinical implications of these reflections and the limitations they place on psychoanalytic work in the context of their impact on the work with Mr. K.

# Introduction

Classically, psychoanalysis has not paid the phenomenon of consciousness the attention it deserves. Freud took the view that mental activity was unconscious in itself, and saw consciousness as merely a reflection or perception of this unconscious activity (Freud, 1915). Since his time, the unconscious has been considered the appropriate object of psychoanalytic investigation, and understanding and interpretation of the unconscious a *sine qua non* of therapeutic change. To the extent that other therapeutic approaches (such as cognitive behaviour therapy) have concerned themselves with the patient’s conscious experience, they have been regarded by psychoanalysis as barely scratching the surface, leaving the ‘deeper structures’ untouched and therefore failing to effect lasting change (e.g. Milton, 2001).

Cognitive behaviour therapy and other therapeutic approaches that concern themselves with conscious experience have been criticised for taking a view of the mind that is too mechanistic, and for targeting the rational (adult) part of the patient too exclusively. Attention to the experiential, emotive dimension is felt to be missing, resulting in a therapeutic encounter that lacks depth. Within psychoanalysis, comparable criticisms have been directed toward approaches, including our own, that are felt to be losing sight of the dynamic unconscious and focusing too exclusively on conscious experience, and/or paying too much attention to the mechanisms or functions underpinning subjectivity without proper consideration of the patient’s subjective experience or psychic reality (e.g. Holmes, 2006, Weinberg, 2006). Attempts to bring psychoanalysis into dialogue with empirical research and neuroscience have been criticised for similar reasons. Ron Britton (Britton, 2010) has suggested that the tendency to talk in terms of mechanisms, functions, etc. reveals something about the position of the speaker vis-a-vis the mind: ‘In talking of mechanism and mentalism he is outside looking in, in talking of organism and symbolism he is inside looking out.’ Throughout the history of psychoanalysis, there has been concern that paying too much attention to consciousness and the mechanisms of mind will result in an impoverished picture of the individual’s psychic reality.

This paper describes the case of Mr. K, a patient who forced his analyst (PF) to confront the potential for reductionism that is arguably inherent in mentalization theory with its focus on the developmental processes that result in the constitution of subjectivity and its concern with the patient’s ability to think about thinking. In working with Mr. K, attempting to enhance his capacity for mentalization by applying the principle that change is brought about through the patient’s recognition of his own mind in the analyst’s mind failed miserably. The patient got worse, not better. As with any analysis in difficulty, the first step in addressing this clinical impasse was to consider what it might be like to be inside the patient’s mind, looking out. However, we suggest that in order to take this position and gain a full appreciation of Mr. K’s psychic reality, a consideration of the nature of his consciousness could not be bypassed. This leads us to some more general reflections on the nature of consciousness and its relations with the unconscious. The clinical implications of these reflections are discussed and their impact on the work with Mr. K are described.

## Introducing Mr. K

As a child Mr. K was severely neglected. His parents were devout followers of a now fortunately almost forgotten cult-like group that incorporated a fundamentalist Christian ethic with profound deliberate self-deprivation, regarding emotion itself as an unacceptable deviation from a ‘righteous path’. He had no friends and his parents ignored him. It is unclear whether this neglect was part of their own profound pathology or an understandable reaction to Mr. K’s rejection of them.

Mr. K. was an ‘analytic patient’. He referred himself after a careful internet study of various clinicians and chose his analyst for a combination of his experience with ‘difficult’ patients and affordability. He asked to come four times a week. Although he experimented with the couch and the chair opposite mine, after a few sessions he preferred sitting on the couch sideways, looking ahead of himself but at eye-level with his analyst. For most of the session we did not look at each other; he preferred it that way. Initially, I[[1]](#footnote-1) found this combination of the analytic and psychotherapeutic setting strange, but within a few weeks I became accustomed to it and found it quite comfortable and almost a natural way of being with him.

Although Mr. K. was not psychotic, he seemed perpetually on the edge of a catastrophic breakdown. He was highly intelligent and had obtained an unusual number of academic and professional qualifications, but was unable to hold down a job. Repeatedly losing his position, he remained at the most junior levels of his profession at 42. He was chronically suicidal; ending his life was his central ambition. It was striking that unlike most of the individuals with severe borderline personality disorder that I have seen over the years, I rarely experienced Mr. K’s suicidality as manipulative. It felt independent of my actions. He considered his life to be an impossible challenge, and suicide the only reasonable decision.

Mr. K was remarkably unreflective. He had absolutely no curiosity about the contents of his mind and no sense of any continuity in his thoughts and feelings. He brought the same ideas and emotions repetitively session after session, almost like an amnesic patient each time experiencing his thought anew. He dealt with tension through callously reported violent actions towards himself or others, whether the source of the perturbation was anxiety, anger, sadness, shame or guilt.

### A tiny example

Sessions with Mr. K. were characterised by an oppressive feeling of deadness and meaninglessness. He arrives to a Monday session, filled to the brim with the unnameable and the intolerable. He describes his impossible weekend, doing nothing but sleeping for hours, crying, lying in bed and drinking until he lost consciousness. For the hundredth time he declares that it is unreasonable for the world to expect him to be able to function. I say, ‘I have the sense that you are feeling quite alone with the memories of the weekend, even when we are here together.’ He acknowledges but at the same time ignores my comment, and recounts a dream that he designates as ‘nothing special’.

*He is looking for someone in a large building, opening many doors but finding the rooms all bare.*

He has no associations except to assert how obvious the dream’s implications are. There is nothing there for him. He should be dead. He feels certain that my other patients bring far more interesting material.

I comment that his dream tries to convince me of his emptiness, because it is only in that emptiness that he is able to feel special. He talks of his need of me, but also explicitly of the total inadequacy of what I have to offer. It is truly too late for him; I should be able to see this. He depicts himself as ‘a black hole’ that can suck in any amount of commitment. I feel struck by just how clearly I see an image of Mr. K as a dark mysterious whirlpool. He makes me feel pathetic, impotent, totally without resources, passively awaiting my fate. I fall silent, crushed under the weight of the hopelessness of our situation. He complains that I am saying nothing. I respond, trying to make use of my countertransference identification, that he feels himself being sucked into the black hole where he can cease to exist. I add that perhaps there is also a concern that he will succeed in getting me sucked into the black hole and he is frightened that it might be too late. He acknowledges with a grunt that I seem to understand. But the relief is momentary and ultimately feels false. The monumental burden of his futility returns.

### A theory goes down the drain

I have to report that after 18 months of analysis Mr. K was significantly worse than when he first came to see me. By the end of the second year of his treatment he was too depressed and suicidal to able to work and he went on long term sick-leave. His primary care physician suggested hospitalisation, quite a dramatic request these days, and we were both frightened that we would not be able to preserve his life.

As I sat with him, I puzzled over how poorly our theory of failure of mentalization in personality disorder (Fonagy and Target, 1996, Fonagy and Target, 2000, Target and Fonagy, 1996, Fonagy, 1998) fitted Mr. K. There was plenty of evidence of failures at mentalizing. He found both other people’s and his own reactions deeply puzzling. However, the theory appeared to yield misleading advice concerning technique. Attempts to enhance his capacity for mentalization appeared to make him worse rather than better. Nothing I said seemed to fit; my comments were experienced as unhelpful and disorienting attempts at expansion of his awareness.

I was in the presence of a staggering lack of self-recognition and self-consciousness. His wish for death was a wish to *end* consciousness. Sleep was a short-term substitute and he regularly slept ten hours or more a night. Applying the general principle that the therapeutic engine of psychoanalysis was the patient’s recognition of his own mind in the therapist’s mind got us nowhere. In Mr. K’s case he was either unwilling to see or unwilling to look, or unwilling to extend his consciousness to include my thinking about him. And this led me to wonder about the nature of his (and our) consciousness.

Mr. K’s consciousness appeared to be profoundly distorted. He claimed to see things in fragments, feeling that objects changed as he looked away. There was an absence of elementary object permanence. He could be panicked by slight modifications in my room (e.g. when I very occasionally cleared my desk, usually piled high with papers). Unusually, he often recounted experiences in terms of bodily sensations rather than substantive experience. ‘I walked in the street and I felt the soles of my feet on the ground.’ Most striking were the affect states that imbued his environment. He experienced the world as devoid of articles of interest and felt it to be a dangerous, insecure place: barren, empty, unwelcoming, hateful, without concern or sympathy. Mr. K and I experienced our physical environments, just as much as the people in them, emotionally entirely differently. The plain office chairs in my consulting room felt to Mr. K. like electric chairs, Zimmer frames for the elderly infirm, medieval stocks or the chair in Van Gogh’s painting in the asylum. He would be quite disturbed just by looking at them.

Ultimately the distortion of consciousness was not about anything in particular but permeated his entire conscious experience – he wanted to end his life because he found all he was aware of unendurable. He felt that he was surrounded by death, nothingness, meaninglessness and chaos. Such disturbances of conscious experience have been described by several authors (Bion, 1962 – minus K, Grinberg, 1978 – persecutory guilt attacking associations; O’Shaughnessy, 1999 – ego destructive superego that destroys external connections; Eigen, 1995 – psychic deadness; Grotstein, 1990 – black hole experience). For the sake of simplicity, we will refer to this kind of disturbance simply as negativity.

In the countertransference I experienced this as Mr. K permeating my consulting room with his death-infused consciousness. Perhaps to keep myself alive, and certainly to try to keep Mr. K alive, I started thinking about what made him different and how his experience of the entire world could become so negative. My understanding of his condition was made a great deal easier when I started seeing his negativity not as an attitude towards me or towards the world at large, but as a disturbance of consciousness. To understand and help him, it was necessary to examine the unique qualities of human consciousness and then consider mental states that do not have these qualities against this background. We usually take for granted our experience of ourselves as conscious, intentional agents in a coherent world of objects, but in order to begin to understand Mr. K it was necessary to reflect on the question of how such acts of self-reflection or perception are achieved.

In what follows, we will suggest that the capacity to experience ourselves as conscious, intentional agents in a coherent world of objects should be regarded as a sometimes quite vulnerable developmental process which crucially depends on reasonable experiences of caregiving. Although it is a genetically pre-programmed capacity, it can nevertheless be compromised and undermined to varying degrees by experiences of neglect and maltreatment. Such experiences may have two adverse consequences. Firstly, as we have argued on many previous occasions, they may result in a compromised capacity for mentalization – to think about our own and others’ feelings (Fonagy and Target, 2000, Fonagy and Target, 1997, Fonagy *et al.*, 2002, Fonagy and Target, 2006, Fonagy *et al.*, 2007, Fonagy and Target, 2007a, Fonagy and Luyten, 2009). However, in this paper we will draw on the work with Mr. K to suggest that a second adverse consequence of experiences of neglect and maltreatment is that they may lead us to experience and therefore risk becoming conscious of certain dangerously maladaptive, destructive states of mind which in normal development would appropriately remain unmirrored and thus inaccessible to conscious experience. Phenomenologically such states of mind are experienced as the fragmentation and disturbance of consciousness sometimes observed in severely depressed patients such as Mr. K. In other words, we are suggesting that ‘looking from inside out’ severe depression should be seen and treated as a disturbance of conscious experience.

In order to elaborate this idea we should distinguish consciousness from how we think about its absence – the not conscious. When considering mental phenomena that are not conscious, we will propose that a threefold differentiation can usefully be made. (1) It is a feature of brain function that certain brain activities are not associated with awareness; we will refer to these as *non-conscious*. (2) We will refer to the non-conscious states of fragmentation, incoherence and negativity characterised by properties of the death instinct as the *primary unconscious*. In normal development this content appropriately remains inaccessible to conscious experience. (3) We will call the intrusive, disturbing, disruptive mental contents that we as psychoanalytic clinicians struggle to decode, interpret and work with the *psychoanalytic unconscious*. Since these contents have achieved a degree of phenomenological status, they can and do intrude on, disturb and disrupt consciousness.

## Neuroscientific and psychoanalytic conceptualisations of consciousness

To understand and help patients like Mr. K, we need to focus on the unique qualities of human consciousness and to consider mental states that do not have these qualities. Non-conscious brain function is an acknowledged scientific fact in modern neuroscience (e.g. Bargh, 2014), but neuroscientists use the term ‘non-conscious’ to describe an implicit, procedural, out-of-awareness set of mechanisms. This is not the dynamic unconscious that Freud might have recognised or we are as analysts are concerned with. But is there evidence for the ‘dynamic unconscious’? The idea that unconscious thoughts and feelings, especially those related to sexuality and aggression, are pivotal to pathology (because of the disruptions that they cause to conscious function) is still disputed by neuroscience. Perhaps a psychoanalytically informed reconsideration of the nature of consciousness can shed some light on the dynamic unconscious and the relation between these two realms.

As Mark Solms (1997) pointed out in his brilliant review of the psychoanalytic concept of consciousness, the Freudian view is that all mental activity is unconscious in itself. Freud thought that mental processes were ‘only made conscious by the functioning of special organs’ (See also Freud, 1915, p. 171; 1917, p. 143; 1924, p. 198; 1925, p. 216; 1939, p. 97; 1940, p. 283, p. 286). Consciousness is therefore not a part of mental activity, but rather a reflection or perception of it. Solms (1997) went on to advance a radical interpretation of Freud’s view that both external sensory self-awareness and internal states of mind were ‘perceived’. For Solms, a single neural process produces both external awareness (sensation and perception) and internal awareness (thought and affect). In other words, the contents of consciousness may be external or internal – they include the data of the senses, the data of memory and the inward appreciation of affects – but consciousness itself is unified.

However, as the Danish phenomenological philosopher Dan Zahavi (2005) has argued, it is improbable that exactly the same process produces both our awareness of ourselves and our perceptions of external objects. This model of consciousness is problematic because it does not specify a mechanism whereby mental phenomena become available to internally directed perception. In what follows, we attempt to address this problem by proposing just such a mechanism.

# Thinking psychoanalytically about consciousness

## Consciousness construed as a psychoanalytic phenomenological construct

What is it that enables us to experience an object as such, as opposed to a confusing and random flux of sensory givens? Phenomenology, the study of the invariant structure of phenomena, can help us here. Firstly, to see an object as an object requires an integration of all the possible ways of seeing it into an entity, referred to as the ‘*inner horizon*’ within an object. For example, the unseen sides of a book must be assigned a character that is confirmed when I pick it up and turn it. If the sides do not conform to my expectations as I adopt different perspectives then the ‘perception will explode’ as I realise that I am not holding a book but a box of chocolates made to look from the top and one side like a book.

Secondly, for the subject to be able to experience an object as an object, it must have a wholeness about it, which is referred to as ‘*coherence*’. Acts of consciousness of objects (including internal objects, like the self) involve syntheses into a coherent whole. Furthermore, for one person to communicate to another about a third object or person, there has to be coherence of experience. The disorganisation of experience undermines symbolisation but of course we also know from accounts such as Helen Keller’s description of her experience of being deaf, blind and without language how symbolisation has the capacity to create coherence of experience.

Thirdly, consciousness is of, or about, something, a quality that phenomenologists capture with the term ‘*intentionality*’. As an experience of or about something, consciousness strives towards wholeness through the synthesising capacity of the act. From a phenomenological perspective the unique feature of consciousness is this striving for wholeness, or a certain quality of three-dimensionality; the mental experience that one may ‘walk around’. Many psychoanalytic views of consciousness have recognised its role in bringing coherence and integration. In 1933 Freud famously wrote that the aim of psychoanalysis was ‘to strengthen the ego, to make it more independent of the super-ego, to widen its field of perception and enlarge its organisation, so that it can appropriate fresh portions of the id. Where id was, there ego shall be.’ Kleinian-Bionian psychoanalysis has laid particular stress on the role of consciousness in combating the early ego’s ‘tendency towards disintegration’ (Klein, 1946). In Bion’s view (1962) the distinction between consciousness and the unconscious is not a given. Rather, consciousness is established as separate from and (relatively) unencumbered by the unconscious through the ‘digestive’ work of alpha-function, by means of which the undigested facts of experience (‘beta elements’) are made available for thought. Individuals in whom this process does not occur are left unable to dream, think or learn, in a psychotic state.

An act of consciousness can be viewed as an intentional synthesis of sensory givens into a coherent whole in readiness for sharing with a fellow human. That is to say, the intent to communicate is implicit within it. When it comes to perceiving and communicating about internal events, the challenge is even greater, but an answer to the puzzle of the nature of consciousness may lie within that domain. It is the communication of internal experience that arguably sets us apart from other species and makes social collaboration as well as competition a core part of our nature. In order for us to be able to function in social groups that can love and work, our subjective experience must acquire the qualities of coherence, intentionality and an inner horizon to enable its communication: its transmission and reception.

## The evolutionary significance of subjective experience

Do relationships have a role to play in producing consciousness? The suggestion that they might sits uneasily with Freud’s notion of consciousness as part of the perceptual apparatus.

We learn from phenomenology that consciousness entails a processing of experience. Before this processing has taken place, experience is too complex and idiosyncratic to permit the rapid exchange of knowledge and information that collaborative actions require. The mind needs a mechanism for highlighting experience that is useful and sharable, a kind of searchlight for picking out socially relevant information. It is our contention that consciousness serves as this kind of filter of experience. We are able to become aware of things that other people can become aware of as well. In this way the sharing of subjectivity that enables collaboration becomes possible. The ‘inner horizon’ serves to separate out the communicable from the latent field of all possibilities. Consciousness lends the experience of an object sufficient coherence for relating. Intentionality, the central structure of conscious experience, which gives it its quality of being directed towards something, in essence is a process of highlighting social relevance. Conscious experience strives for wholeness so that it can serve the communicative function that is at the core of what it is to be a human being. Without the ability to create coherence within our world of experience, it is inconceivable that we would be able to communicate with fellow members of the species. Consciousness creates units or unity to permit communication. Thus, self-awareness is intersubjective in its essence.

## How is subjective experience created?

Consciousness is socially created, at least as far as intentional/mental states are concerned. The infant has to turn outwards in order to learn how to recognise the aspects of its internal experience that will become the foundations of his capacity for collaboration with others. By watching other people’s reactions, he learns which elements of his idiosyncratic and inchoate experience other people are also sensitive to. The elements of the baby’s internal experience which are picked out by other people’s mirroring responses will become the building blocks of the mental function that will enable him to survive in a world that demands social collaboration from him.

 The obvious mechanism for creating self-awareness, then, is to piggy-back on the other’s awareness of the self. I become aware of the parts of my mind that others are able to understand and meaningfully respond to. The infant needs closeness to another human being who can create an external image congruent with the infant’s internal state via *contingent marked mirroring actions* (Fonagy, Gergely, Jurist and Target, 2002, Allen *et al.*, 2008, Allen and Fonagy, 2006, Bateman and Fonagy, 2006, Gergely and Watson, 1996, Fonagy and Target, 2007b). Once internalised, this image can serve as a representation of it – gradually creating what Sandler and Rosenblatt (1962) called the ‘representational world’. This initially dyadic consciousness of affect enables a symbolic representational system for affective states to emerge, assists in developing affect regulation and selective attention and creates that quality of representations captured by phenomenological descriptions of coherence or the possessing of an intentional quality. For the normal development of phenomenal experience, the child needs to be exposed to a mind that has his mind in mind, mirroring and enabling him to reflect on his unfledged, embryonic conscious intentions without overwhelming him.

 *The corollary of the assumption that subjectivity is constituted through mirroring is that internal states will only achieve adequate representation in consciousness if they are confirmed by contingent, marked and congruent responses from the object world.* It is the infant’s unmirrored, unreflected internal states that constitute what Freud conceptualised as the seething cauldron of the id. We suggest that these unmirrored states are of two kinds. Firstly, the object defends against certain kinds of internal states and these are consequently only partially mirrored (or mirrored only in imagination). Sexuality and aggression come to be partly excluded from consciousness because they generate too much ‘unpleasure’ in the caregiver, triggering a biologically formed reluctance to respond fully contingently. The *psychoanalytic unconscious* is thus an inherently transgenerational system serving to maintain human culture alongside its totems and taboos (Freud, 1913).

Although it is ‘unmetabolised’, the *psychoanalytic unconscious* acquires a partial quality of intentionality or ‘aboutness’ through the process of projective identification. When aspects of sexuality or destructiveness are communicated by the infant to the mother, she does not mirror but recognises the experiences, transmitting them back infused with intentionality from her unconscious associations to the feelings (Laplanche and Pontalis, 1968). Thus, there is a contingent response without full marked mirroring (Fonagy, Gergely, Jurist and Target, 2002, Gergely and Watson, 1996). In this way sexuality and hatred come to be experienced as personal and directed, although they are not represented fully consciously. They acquire a degree of the coherence and intentionality and the inner horizon associated with symbolisation/mentalization and this gives them the capacity to disrupt consciousness. These are the disruptions of consciousness that we are familiar with through analytic work.

As Bion recognised and Britton made explicit (Britton, 1998), a degree of meaning or symbolisation is achieved through the reinternalisations of projections in projective identification. In our language, it is the partial mentalization of internal experience through pathological projective identification (Bion, 1962) which defines the content that constitutes *the psychoanalytic unconscious*. But perhaps these ideas can be taken further both developmentally and clinically. The failure of the struggle to help Mr. K to experience his internal world in terms of mental states forced us to consider the possibility that there might be a second category of failure of contingent marked mirroring, which we needed to take into account in order to understand his difficulties better and address them more effectively.

### The absence of intentionality and the primary unconscious

Beyond the failed receptiveness associated with the object’s distortion or denial is a second kind of unmirrored state. The vast bulk of what is not mirrored is what *cannot* be mirrored, which we might describe as the content of the *primary unconscious*. The fragmentary character of primary unconscious material, by our definition, precludes the possibility of creating a genuine *internal horizon.* The content of the primary unconscious can only be manifest as disturbances of consciousness since it is inherently destructive of the coherence and intentionality constitutive of consciousness. Above, in our description of the distortions of consciousness that Mr. K experienced, we referred to descriptions of similar phenomena by several Kleinian authors. However, we would like to stress that in trying to describe the primary unconscious, the language of ‘destructiveness’ or ‘negativity’ is potentially confusing, as these expressions carry the echoes of intentionality and imply an attack on an object: we have in mind a more fundamental hostility, an undoing of the synthetic processes by means of which objects are constituted as such. Without the sense of meaning conferred through projective identification, there is no intentionality in the process.

Defining the *primary unconscious* with reference to consciousness in this way yields as emergent phenomena some of the properties that Freud proposed in his metapsychological theory of the death instinct[[2]](#footnote-2). As we move towards the primary unconscious, the mental world loses its ‘aboutness’, its intentional character, the quality rooted in the dyadic consciousness of marked contingent mirroring or even its failed derivatives through projective identification.[[3]](#footnote-3) Analytic encounters with this type of ingrained negativity are most common according to most descriptions in cases of profound deprivation and trauma.

### The impact of trauma on consciousness

Why do traumatic environments threaten the establishment of synthesising consciousness and create a part of the psychoanalytic (experienced) unconscious? Traumatic environments have sometimes been characterised as situations where the unimaginable is made real, the inconceivable happens, nightmares come true. Neglect, physical abuse, emotional maltreatment, and all forms of adversity mirror and thereby, in our model, render potentially accessible to consciousness states of mind that would (‘within an average expectable environment’ Hartmann, 1950) remain far from conscious subjectivity in the primary unconscious. Neglectful, aggressive, sexually seductive parenting part-mirrors the states of destructiveness, isolation and despair that are perhaps ubiquitous, if occasional states of mind. *When the child’s environment is contingent with (matches) such devastating mind states, the part-mirroring will bring these negative states of mind closer to subjectivity.* Such negativity disrupts ‘normal’ object relations and inevitably challenges the coherence and intentionality of conscious experience, manifesting in intrusive thoughts and disruptive images. The frequency of such experiences may vary depending on the degree of experienced severity, but at the extreme, when disruption becomes the norm, there is a challenge to the entire experience of subjectivity. As Freud described in Chapter 7 of *The* *Interpretation of Dreams* (Freud, 1900), the mind elaborates the intrusions and relationship representations become distorted, primitive defences begin to dominate object relationships, and pathological and pathogenic psychic structures emerge. Such contents, although experienced as disruptive and intrusive to conscious experience, are ‘intentional’ in structure, and therefore experienced as meaningful. They are the distorted expressions of the ‘drives’ moving towards consciousness (Sandler and Sandler, 1983). They are expressed as wishes and needs, thoughts and feelings – in other words, as mental states, regardless of their distance from conscious experience. They are, of course, progressively defensively distorted as they approach consciousness so their links to ‘drives’ are made less direct. Yet, because of its ‘aboutness’, unpleasurable experience is less destructive of consciousness than the intrusions of the primary unconscious; it has been bound and made more accessible to regulation, the mind is given a handle to help manage it. This was what Sandler (1986) described as the stabilising (‘gyroscopic’) function of unconscious phantasy. The implicit great threat posed by the primary unconscious is to the intentional quality or aboutness of experience – the feeling that it is being directed toward something. We take the view that *the primary unconscious is not object related*, and here we diverge from the Kleinian position that phantasies, that is, representations of instinctual aims towards objects, are the ‘primary content of unconscious mental processes’ (Isaacs, 1948). The intrusions of the primary unconscious undermine the implicitly purposeful character of human experience, replacing intentionality with diffused meaninglessness, imparting a two-dimensional, fragmented, impermanent and partial quality to our experience of the world. This is why we defend our consciousness with such desperation. But this is also why the primary unconscious appears to desire both to hide and to reveal itself, and why bringing consciousness to bear on the psychoanalytic unconscious (or unconscious phantasy) has the potential to help in bringing coherence and meaning to the experienced confusion[[4]](#footnote-4).

Some patients, such as Mr. K, represent an extreme of this form of distortion of consciousness. For these patients, the disruption has no shape, no phenomenological content. The temptation for the clinician and occasionally the patient is to delve into the experience, attempting to add meaning to meaninglessness. We come forward with suggestions in relation to distressing experiences of blankness and negativity, but these suggestions ultimately feel futile to both patient and clinician. The closest psychoanalytic clinicians have come to describing this state is via the familiar metaphors mentioned above (Bion’s ‘minus K’, Grotstein’s ‘black hole’, etc.). We should remember that although these descriptions are attributed to the patient, they are the interpersonal experiences of a clinician (one person) attempting to make sense of the feeling state of another. They are not the patient’s descriptions of his or her subjective experience. They are attempts by analysts to give meaning to something that has none. They describe the experience of someone capable of empathy in the face of someone incapable (at that moment) of entering a transitional space where experiences can be meaningfully (intersubjectively) experienced. This is the essence of the problem, as there is no appropriate language to describe the negative, the subjective experience that is not one. In order to help Mr. K and make him accessible to more traditional analytic help, it was necessary to understand the extent to which his conscious experience had been disrupted by intrusions from the primary unconscious, arguably because the unimaginable had been made real in his developmental history.

## Genuinely helping Mr. K

### First understanding him

I came to understand Mr. K’s negativity not as an attitude towards me or towards the world at large, but as a disturbance of consciousness. A combination of genetic and environmental factors enabled him to experience thoughts and feelings that for most of us remain in a realm that cannot be thought or felt (consciously). Bizarrely, Mr. K. appeared to be able to experience physical objects in a non-intentional way, seeing them as fragmented rather than whole, and imbued with affect rather than neutral of affect as inanimate objects should be. His consciousness was profoundly distorted, perhaps because early neglect had undermined the creation of robust representations of self-states via marked mirroring and, even more perniciously, had reflected back states of destructiveness that should remain the preserve of that which cannot be experienced. His experience of his consciousness as fragmented into impermanent, unusual sensory domains was felt by both myself and Mr. K to be excessively negative. Should an inventory be conducted, the contents of any of our minds would not be qualitatively less negative than Mr. K’s, but our negative states of mind have not been given access to consciousness by being reflected and therefore becoming experiential. For Mr. K the states of mind that Laplanche (1999) saw as not being in his own biological interest are nevertheless part of his psychic reality.

### Decoupling the therapist’s consciousness

In dealing with Mr. K’s problems therapeutically I had, for a while, consciously to adopt a different strategy from the one I have found helpful with other patients with intense suicidal ideation. First, I had to rid myself of the sense that his negativity was part of our interpersonal relationship.

During the initial years of his treatment (which in all lasted 8 years) I would bring his negativity ‘into the transference’. For example, I might suggest that peaks of sadness or disappointment corresponded to moments of great disappointment with me. Understanding that the negative experiences in all contexts were non-agentive, a consequence of a bizarre internal configuration within Mr. K’s mind rather than a communication in the transference allowed me to take a step back and develop a degree of empathy with his struggles. This approach could be construed as profoundly non-analytic. I specifically eschewed trying to ‘understand’. I accept that this involved a degree of dissociation from the patient’s experience that may well also have had a self-defensive quality. Nevertheless, it also safeguarded the analytic process, since without it I doubt if I could have survived in his company for 8 years.

### Non-mentalizing interventions

The second step I needed to take went even more against the grain. Our usual therapeutic approach with borderline patients calls for mentalization of subjective experience (Bateman and Fonagy, 2006). Tragically, it took me years rather than months to fully appreciate that my attempts to enhance Mr. K’s capacity to mentalize his confusing internal experiences led to no progress and probably even undermined what he might have been able to achieve *without* my ‘assistance’. Elaborating the negative interpersonal experiences he recounted, clarifying the mental states of the protagonists involved, presenting alternative perspectives as to their states of mind, were all a complete waste of time for quite some time with Mr. K. Mentalizing the transference, using an incident within the therapeutic relationship as the basis for elaborating Mr. K’s understanding of my state of mind, was similarly unhelpful for some years. On one occasion at least 2 years into his treatment, when I started on my routine of being curious and wanting to know more about his disappointment with minor changes in the furniture in my room, he surprised me by making it clear that he knew what I was trying to do and he also knew that it would make him feel worse, not better. Adding a sense of intentionality and coherence to the disruptive non-intentional, incoherent primary unconscious content made the patient’s mental functioning worse. In doing so, I was colluding with the process of binding and strengthening his experience of harbouring an alien monster.

### Containing the negative by expanding the scope of consciousness

The third, and most important, therapeutic step, which in my view was essential before Mr. K could make further progress in self-understanding, entailed developing a therapeutic collaboration with him. This involved a genuine recognition that we were on the same side, fighting a force greater than either of us. His experience of the unconscious part of his mind could not be ‘unmirrored’ and made ‘unexperienced’. At this stage, trying to bring understanding to bear on the contents aggravated his conundrum rather than solving it. Effectively, the appropriate therapeutic step involved taking the side of the patient’s ego and colluding with him (some might say) in admitting that the malevolent internal state was too powerful for either patient or analyst to fight and that all I could do was to try and help him to live with these experiences in a slightly more comfortable way. This phase in Mr. K’s analysis took quite some time – certainly years rather than months. It was also an exceptionally fragile process that could collapse in moments rather than days or weeks.

As a first move (which again took some months) we had to gradually delineate what the negativity of Mr. K’s disturbed state consisted of, when it was in the room with us, when it had been around with Mr. K in other places outside the session. We referred to it as Mr. K’s ‘badness’ and talked about it metaphorically as something like the mantle beneath the earth’s core that existed in everyone but was alive in him. Somehow he had a vulnerability, a fissure which allowed the magma to surface. Seeing the badness as external gave Mr. K a sense of freedom that he claimed he had never before experienced in his life. We anticipate that many readers will consider this to be collusive. In my defence, all I can say is that trying to adopt a more targeted interpretive approach seemed even more so. It would be ‘lapped up’ by Mr. K and join the destructive forces rallied against his wish for survival.

The second aspect of containing the negative involved Mr. K. ‘making friends’ with his negative state. Having a label for the body of conscious experiences that had no right to be conscious was an essential prior step to this. Our collaborative confrontation of the unconscious mind was radically different from the interpretive assault that one would direct at the hidden unconscious of the neurotic. We were acknowledging the presence of the negative without aiming to understand it or locate it in a narrative. My consistent intent by this time was to make ‘conscious objects’ out of Mr. K’s monstrous subjective universe; we may call this a broad rather than a targeted analytic narrative. To my surprise this seemed both a feasible and a relatively happy affair. This way of approaching his difficulties was in part inspired by the Anna Freudian tradition of *developmental help* offered to individuals whose capacity to constitute an experience of psychic reality has been undermined by their exposure to inadequate or malign environments (Edgcumbe, 2000, Hurry, 1998). In this patient’s case, I could not take the objects of his psychic reality, including the ego/self, as given. His difficulties gave me an insight into the forces (both internal and external) that can undermine the constitution of these objects, which had to be taken into account in order to be able to help him effectively.

### A final tiny example

This is a more or less verbatim moment from a typical session about 4 years into Mr. K’s treatment.

Mr. K.: I am hated, I am so odd. I am a robot not a person.

The analyst: Oh dear, it sounds like your bad feelings have captured your mind again

Mr. K.: Where are you? You are gone! You have disappeared! You are undermining me. You don’t know how disturbed I am, you think you can help me but no one can. I am an alien being. I cannot be helped.

The analyst: I want to understand again and perhaps better this time what it feels like to be an alien. What sort of feeling is it? Frustrating, anger making or a sad or a shameful feeling.

Mr. K: (After a moment’s reflective silence): It is a cold feeling. An icy feeling. There is nothing alive. Everything is dead. It’s just a corpse. Silent.

The analyst: A corpse? It sounds like it is very still inside you. I am surprised.

Mr. K: It is still. But it hurts. It hurts me so much (he starts sobbing and sobs uncontrollably for a minute).

The analyst: (after a while as the crying decreases in intensity) This feeling of being hated for being different, this icy coldness, it can hurt you so much.

Mr. K: (stops crying) Hmmm…

The analyst: How is the robot feeling?

Mr. K: (stopped sobbing sounding relieved) It is better now…but I am disappointed with myself and with you that it still comes back and it is so strong.

The analyst: When the feeling comes it takes over your mind and I disappear. I think I disappeared a moment ago.

Mr. K: It is terrible, how I can do this. It is so frightening but I feel better now. It was incredible how I could feel dead for a minute just then. I don’t understand it. Do you understand it?

The analyst: No, I don’t.

What I hope is obvious in this fragment is that there is nothing particularly analytic, yet I think it needs the intensity of an analytic relationship for Mr. K to allow his analyst into the phenomenological proximity of his monster which could then be jointly experienced by patient and analyst. There is no attempt at achieving insight in terms of bringing an intentional stance to bear on unconscious phantasy. There is a lack of purpose and absence of agency. No unconscious wishes, fantasies or desires are explicated as part of the clinical process. Arguably, the stance taken by the analyst is not merely un-analytic but could be construed as a positive act of anti-therapeutic or at least anti-analytic collusion. Would the term ‘acting-in’ or enactment describe the interaction? The field may still be too confusing to give a definitive judgment (Bohleber *et al.*, 2013). Our suspicion is that the challenge presented by the limitations of the analytic stance in the face of the negativity that we are pointing to in this paper may not be as uncommon as we may wish to maintain. We suggest that the kind of interventions described here, while extreme in Mr. K’s case, may be part of other analyses when faced with a therapeutic ‘impasse’. Certainly Freud’s final appraisal of the therapeutic value of analytic technique (Freud, 1937) has resonance for all our experiences as analysts faced with patients similar to Mr. K. In our view the therapeutic work described hereis analytic in the sense of requiring the analyst to venture as close as possible to the edge of the volcano of negative subjective experience the patient brings, and to have the moral courage and fortitude to stay with the sheer meaninglessness of that experience for long enough to create the possibility of symbolisation through mirroring, however basic and inadequate that process might be. The analyst’s ability to stay the course ‘without memory or desire’ in this instance brings with it a minimal rudimentary level of mentalizing that can be sufficient to help the patient move beyond their perilous state. Following this model, the analyst’s work has the key elements which we have described as fundamental to the dyadic process of understanding at the root of analytic technique (Fonagy, Gergely, Jurist and Target, 2002, Fonagy and Target, 1996, 2000, , 2007a, Target and Fonagy, 1996, Fonagy, 1990).

We both accepted that these thoughts should not be there, but once they were, like unwelcome guests, they had to be accepted (almost befriended) and treated with respect in order to minimise the turmoil they created.

Several months into this process, Mr. K brought a rather obvious dream. In the dream he encountered a curious beast which in terms of his associations turned out to be a condensation of Cerberus, the beast protecting the gates of the underworld, and a friendly but bizarre extra-terrestrial creature like ET. He was all set to fight the creature to death. He knew that if it came to it they would both perish. He then had the inspiration to put an arm around the creature, which required tremendous courage. The dream ended with the depressing thought that he would have to keep an arm around the creature for the rest of his life.

There were lots of levels to the dream that were obvious to both of us. Putting an arm around the creature was precisely what his conscious mind was trying to achieve in relation to the seething cauldron of experiences of negativity that would not diminish, regardless of interpretive work. He was disappointed by this in reality as well as in the dream. All we had been able to achieve was to help him encapsulate this monstrous part of himself and perhaps that is all which is realistic for him to have achieved through analysis.

### Understanding the results of the work

I continued this type of work with Mr. K., alongside other work that you might more likely recognise as analytic, for almost 4 years. I am not trying to say that these consciousness-expanding efforts at containment within consciousness were all that contributed to a change. Feeling accepted and acquiring some degree of insight into his masochistic but markedly passive aggressive stance were also helpful. But my strong feeling remains that it was not change in unconscious processes that marked the change, but change in conscious function – an accommodation his consciousness made to the negative, which we achieved in the manner I have described.

Mr. K’s external circumstances improved remarkably following my adoption of this strategy in his analysis. He started and completed an extensive and extremely demanding professional training which allowed him to take a job consistent with his age and ability. His suicidality is greatly diminished and his mood state seems clearly far better regulated. He has far fewer attacks of panic, self-harm or impulsiveness. I would not say that we have transformed his core experiences of negativity, which permeate his life probably only slightly less than before. But being able to talk about the experience using his reflective conscious mind, to at least harbour rather than fight the destructive aggressive chaotic core, has dramatically altered Mr. K’s existence. In terms of objective indicators I would not claim a more significant therapeutic success in 30 years of clinical practice. In terms of understanding unconscious dynamics I do not think I would claim Mr. K to be a substantial achievement.

So why are we bringing Mr. K to you? Mr. K represents an extreme, but his case is on a continuum of what may be a common aspect of analytic work. Perhaps in all analyses, alongside the benefits we derive from achieving healing of splits and shifts in the constellation of object representations, the recognition of and reflection on derivatives of unconscious mentation per se brings a more generic benefit that arises out of change within and through consciousness. Perhaps in some analyses, in trying too hard to heal, we fail to show humility in the face of the experienced (derivatives of the primary) unconscious. In our therapeutic zeal we may sometimes inadvertently re-traumatise very severely disturbed individuals like Mr. K by mirroring their intrusive unconscious rather than reinforcing their conscious capacity to pinpoint and contain overwhelmingly negative subjective experiences that threaten the coherence of consciousness. At these times decompensation might follow, as it did with Mr. K. Consciousness has a power of healing and adaptation which we might not always fully harvest when we prioritise understanding of the unconscious over respect for conscious experience. Perhaps a more concerted effort to link our clinical approach to advances in phenomenology and sharpen our thoughts about ‘the fact of consciousness’, what Freud (1938) referred to as ‘a fact without parallel, which defies all explanation or description’ (p. 157), might pay dividends for our understanding of the dynamic psyche and our ambitions in relation to our patients’ wellbeing.

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1. PF. [↑](#footnote-ref-1)
2. For relatively clear historical reasons Freud’s metaphor of a death drive has been used by him and others to explain three different types of phenomena: aggression, unanalysable behaviour and psychological entropy (Lear 1996).. [↑](#footnote-ref-2)
3. The distinction we are drawing attention to here has been pointed to by many others since Freud. For example, Winnicott’s concept of privation was intended to account for the different quality of the psychic reality of individuals who have suffered a failure of early basic environmental provision. Our account of the primary unconscious may seem to be close to Andre Green’s (1999) concept of the de-objectalising function, ‘expressing the unbinding which was Freud's description of the destructive or death-drives, which robs objects of their specificity by taking away their singular, unique characteristics, such as appear in love’ (p. 137-8) (Green 1986). However, Green’s approach differs from ours in that he assumes that there is coherence and intentionality to that which is attacked. [↑](#footnote-ref-3)
4. This idea is perhaps most elegantly elaborated in one of Sandler’s less well known papers, which elaborates on Freud’s ‘identity of perception’ concept in explicating both the nature of dreams conveying unconscious phantasy striving for discharge and the actualization of internal object relationships in social experiences such as the transference (Sandler 1976a, 1976b) . [↑](#footnote-ref-4)